SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	05/10/2018 09:16
Date Of Accident	04/10/2018 19:30
Exact Location Of Accident	GRAND COPTHORNE WATERFRONT PLAZA CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBD3553G
Insured/Policyholder	
Name Of Registered Owner	ALL LINK (21) ENGINEERING PTE LTD
Co Reg No	200312740M
Email Address	JASMINE.CHEN@ALLLINK.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62424920
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200 DX 1.6 AT ABS AIRBAG 2WD 5DR LGV
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT001564
Cover Note Number	11/03/2018-10/03/2019
Driver	
Name of Driver	ONG SIEW KIANG (WANG XIUJUAN)
NRIC No	S8217264E
Date Of Birth	04/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	+65-91375531
Fax Number	
Contact Number	
EMail Address	SIEWKIANG.ONG@ALLLINK.COM.SG

Address	BLK 565 ANG MO KIO AVENUE 3 #11-3413
Postcode	560565
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

ON 04/10/2018 AT ABOUT 1930HRS, I WAS DRIVING MY VAN GBD3553G AT GRAND COPTHORNE WATERFRONT PLAZA BASEMENT CARPARK. I WAS WAITING FOR THE NO.91 PARKING LOT, AND THERE WAS A BLACK MERCEDES CAR (SKX9866C) AT THE LOT AND IT WAS MOVING OUT THE LOT. I WAITED AT THE SIDE FOR THE BLACK MERCEDES TO MOVE OUT, AS THE CAR WAS MOVING OUT IT DID NOT SIGNALED HENCE I WAS UNSURE WHICH WAY IT IS GOING TO TURN. THE BLACK MERCEDES WAS TURNING TOWARDS MY DIRECTION AS IT IS MOVING OUT, AS IT GOT TOO NEAR I THEN HORN MY VAN WARN THE DRIVER. I REVERSED MY VAN A LITTLE AS THE BLACK MERCEDES WAS MOVING OUT. I WAS GOING TO REVERSE MORE BUT THE BLACK MERCEDES JUST DROVE OUT AND HIT THE LEFT SIDE OF MY FRONT BUMPER. THE DRIVER DID NOT STOPPED AND CONTINUED TO DRIVE AWAY. I ALIGHTED AND SAW THAT MY FRONT LEFT BUMPER WAS SCRATHES. NO ONE WAS INJURIED DURING THE ACCIDENT. I DO NOT HAVE AN IN-CAR CAMERA IN MY VAN. REQUEST FOR ANY CARPARK VIDEO FOOTAGE, PLEASE CALL TO 62331143/62331145 (GRAND COPTHORNE WATERFRONT HOTEL SINGAPORE)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX9866C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

   (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

   (ii) investigating the accident and/or my claims;

   (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

   (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

   (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

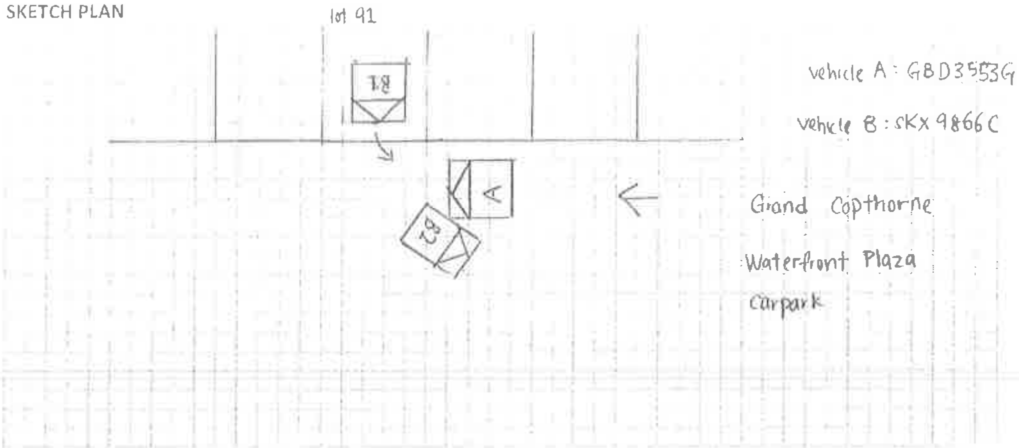
   (e) the information so collected under (d) above may be shared / disclosed:

   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

	Reporting Only
	Claim OD
✓	Claim TP
	Claim OD/TP at other workshop

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

HOCK WAH MOTOR WORKSHOP PTE LTD

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: