

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 withholding 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	08/10/2018 14:22
Date Of Accident	05/10/2018 13:30
Exact Location Of Accident	OPEN CARPARK AT BLK 2A EUNOS CRESCENT LOT NO 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2519E
Insured/Policyholder	
Name Of Registered Owner	MS TAN WHEE SIANG
NRIC No	S1565845B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91002978
Alternative Phone No	OTHERS-91002978

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-MU012306-R00
Cover Note Number	

Driver

Name of Driver	MS TAN WHEE SIANG
NRIC No	S1565845B
Date Of Birth	24/04/1962
Occupation	INDOOR
Date Of Driving Pass	19/06/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91002978
Fax Number	
Contact Number	OTHERS-91002978
Email Address	NOEMAIL

Address	BLK 649 JALAN TENAGA #13-155
Postcode	410649
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH WORKSHOP
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN6264X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

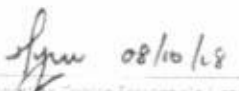
1. Please report **immediately** the details of the accident to speed up the claims process.
2. This Form must be **completed** by the Policyholder and/or the **Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation and/or providing of material facts may allow the insurer to **repudiate policy liability**.
4. The **signature** acceptance of this Form by the insured company 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. The 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 lodging of this report to the Insurers, you hereby consent to the archiving of this report at the Centre and its disclosure to the report being made available if requested.
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 statutory or 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 be disclosed by any of the Insurers and/or GIA to third party service providers or agents (including other insurers/law firms), which may be used outside of Singapore, for one or more of the above purposes.
- (d) my personal information will be disclosed and used to compile and maintain a file for the purpose of fraud detection, fraud prevention, management of claims and a future claims.
- (e) the information collected under (a) to (d) may be shared with:
 - (i) third parties and/or 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.

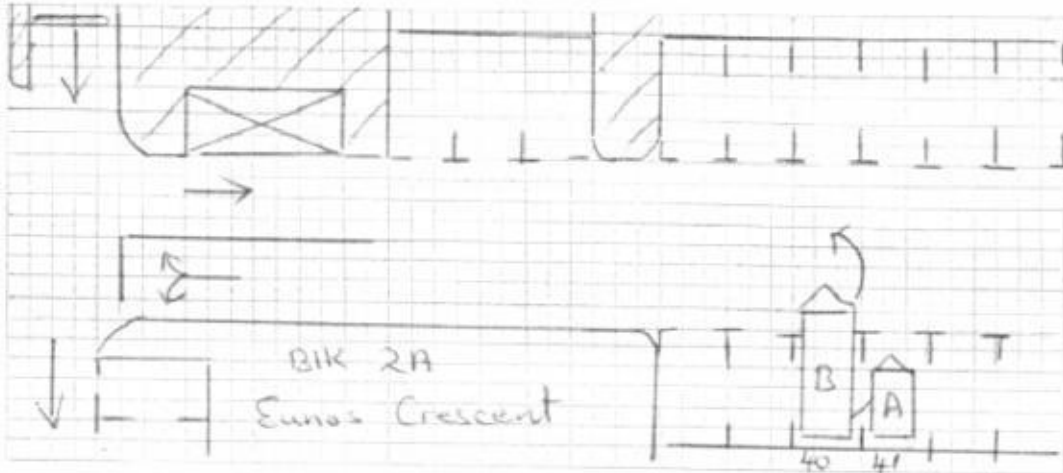

Policyholder's Signature
Date & Time:


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


Recording Centre Personnel's Signature
Name
NRIC/IN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/10/2018 at about 1330 hrs at Open Car Park of Blk 2A Eunna Crescent lot no. 41 & 40. My vehicle was stationary parked at the above mentioned lot no. 41 and while assisting a handicapped passenger boarding up into the Rear Left Seat, suddenly a Vehicle (B) on my left parking lot no. 40 exited out from the parking lot without cautious and making a wide turning hence collided onto my whole left Rear Door causing damages to my vehicle.

(A) SLU 2319 E
(B) YN G264 X


Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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


Police Officer's Signature
Date & Time:


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

 05/10/18
Reporting Centre Person's Signature
Name:
NRG/PS No.: