SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number EMail Address

- 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/10/2018 17:48
Date Of Accident	19/10/2018 03:30
Exact Location Of Accident	PIE TWDS CHANGI B4 TAMPINES AVE 5 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN3083Z
Insured/Policyholder	
Name Of Registered Owner	MS LIM KIM ENG
NRIC No	S1337321C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98437141
Alternative Phone No	OFFICE-98437141
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS E MANUAL
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MW000945-R03
Cover Note Number	-
Driver	
Name of Driver	HASSAN BIN MANSOOR MOHAMMED AMEEN
NRIC No	S9139717Z
Date Of Birth	05/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	06/04/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88685089
Fax Number	

NOEMAIL

BLK 506 PASIR RIS ST 52 #09-191 Address

510506 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - VALET

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION Weather Conditions **RAINING**

Road Surface WET

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : POH KAH HENG

GENDER: : MALE

Passenger 2 NAME: : ONG YUAN HEN

> GENDER: : MALE

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

NO

ROAD: 30 BEDOK NORTH ROAD, POSTCODE: 469676, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-2440000 - FAX NO: 64443009 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour **DIVIDER**

Details Of Properties

NA/UNKNOWN Vehicle Category

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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- 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.
- 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.
- By the lodgment 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.
- 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:
 - 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:
 - 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 5. Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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ECLARATION								
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ECLARATION We declare the foregoing	particulars are tru	e in every re	spect.					
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POLICE REPORT





POLICE REPORT (NP299)

Police Station Of Origin Bedok Police Divisional HQ 30 Bedok North Road SINGAPORE 469676 Tel No:1800-2440000

Report No. G/20181020/7013

Date/Time Report Made 20/10/2018 13:31	Vide Report No.		Station Diary No.		
Name Of Informant HASSAN BIN MANSOOR MOHAMMED AMEEN	Address APT BLK 506 PASIR RIS STREET 52 #09-191 SINGAPORE 510506				
ID Type / ID No. NRIC NO / S9139717Z	Contact No. Home/Office: Mobile: 88685089				
Nationality SINGAPORE CITIZEN	Email Address hassan.mx99@gmail.com				
Occupation GRAB DRIVER	Sex Male	Age 26	Date of Birth 05/11/1991	Race Indian	
Institution/School Name	Language English				
Date/Time Of Incident 19/10/2018 03:30	Location Of Incident PAN ISLAND EXPRESSWAY				
Brief details	PAN ISL	AND EXP	KESSWAT		

Brief details.

As i was driving along the highway PIE towards Changi before exit Tampines Ave 5 on 19/10/2018 at around 3.30am, raining at that time I was on lane 2 when suddenly a taxi swift into my lane and i applied emergency brake as a result my car skit and hit towards the divider on the highway. After the accident, my car stop at lane 1. I got 2 passenger on board and they are Poh Kah Heng, Ong Yuan Hen . There are no injuries involved in this accident.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 20/10/2018 13:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





























