

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	23/10/2018 18:30
Date Of Accident	22/10/2018 16:30
Exact Location Of Accident	JUNCTION PAYA LEBAR ROAD AND EUNOS AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4032G
Insured/Policyholder	
Name Of Registered Owner	PATRICK LOW KAR LEONG
NRIC No	S8322112G
Email Address	KARLEONG.LOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81120076
Alternative Phone No	OFFICE-81120076

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI CVT (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT105610
Cover Note Number	

Driver

Name of Driver	PATRICK LOW KAR LEONG
NRIC No	S8322112G
Date Of Birth	22/07/1983
Occupation	INDOOR
Date Of Driving Pass	12/12/2006
Driving Experience	11 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81120076
Fax Number	
Contact Number	OFFICE-81120076
Email Address	KARLEONG.LOW@GMAIL.COM

Address	BLK 349 BUKIT BATOK ST 34 #12-178
Postcode	650349
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?	YES
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	
Police Station Name	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBA3266B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KAMARU ZAMAN BIN ABDUL RAHIM
NRIC/Passport Number	S2188666A
Contact Number	97784732
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KAMARU ZAMAN BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	ABRASION ON HANDS
Injured person in which vehicle?	FBA3266B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Vehicle No _____

SKETCH PLAN

Annex D

IMPORTANT NOTICE

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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.

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

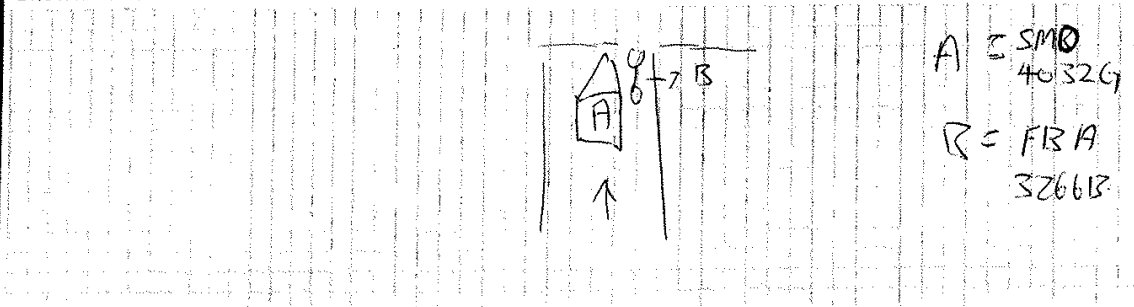
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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



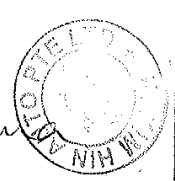
Witnessed by Reporting Centre Personnel

Sketch Plan



Please continue to Annex E

Sketch Plan Pg. 2

Vehicle No _____	Annex E	
Describe Circumstances of the Accident		
Refer to Police Report.		
<div style="border: 1px solid black; padding: 5px; width: 30%; float: left;"><p>You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a <u>Fourteen (14) days clause</u> whereby the claim must be made within the stipulated timeframe from the day of occurrence.</p></div>		
Declaration		
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	Witnessed by Reporting Centre Personnel

Annex D

NOTICE OF REPORTING

This is to confirm that PATRICK LOW KAR LEONG, NRIC/FIN S8322112G, has reported to the Police a non-injury traffic accident which

occurred at

on 22/10/2018 at 1630hrs pm involving the following vehicles:

V1) SMD4032G – COMPLT VEHICLE

V2) FBA3266B – OTHER PARTY

ON THE ABOVE, DATE, TIME AND LOCATION, I WAS DRIVING ALONG THE SECOND LANE OF THE ROAD AND I SLOWED DOWN AS I WAS APPROACHING THE TRAFFIC LIGHT JUNCTION AS IT WAS TURNING RED. ALL OF A SUDDEN, I SAW ANOTHER MOTORCYCLE (V2) DROVE PAST THE RIGHT SIDE OF MY VEHICLE AND HIT MY RIGHT SIDE VIEW MIRROR. HE STOPPED HIS VEHICLE AND I CAME OUT OF THE VEHICLE AND CALLED OUT TO HIM. I TOOK DOWN HIS PARTICULARS AND HE INFORMED HE WILL SETTLE IT PRIVATELY HOWEVER I NOTICED SOME ABRASION ON HIS HANDS. HE DID NOT WANT TO TAKE DOWN MY PARTICULARS WHEN I OFFERED. HE THEN LEFT TELLING ME TO CONTACT HIM. MY VEHICLE SUFFERED SCRATCHES ON THE RIGHT SIDE VIEW MIRROR AND DENTS ON MY DRIVER SIDE DOOR.

IN ADDITION, MY VEHICLE HAVE AN IN-CAR CAMERA FACING THE FRONT SHOWING THE INCIDENT. I WISH TO STATE THAT I AM MAKING THIS REPORT FOR INSURANCE PURPOSES.

THE OTHER PERSON IS NAMELY KAMARU ZAMAN BIN ABDUL RAHIM, S2188666A.

THERE ARE NO PROPERTY DAMAGE AND NO ONE CONVEYED BY THE AMBULANCE.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt(2) Low Kong Wee

Date: 22/10/2018 Time: 1900hrs

S/D Ref: 29

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

