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 <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	26/10/2018 14:08
Date Of Accident	25/10/2018 20:15
Exact Location Of Accident	ALONG BUKIT BATOK WEST AVENUE 6
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBG6050E
Insured/Policyholder	
Name Of Registered Owner	EIKOH ROLLER INTERNATIONAL (S) PTE LTD
Co Reg No	199806232Z
Email Address	CHUNGSK12@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92270501
Alternative Phone No	OFFICE-68612001
Vehicle Particulars	
Manufacturer	FIAT
Model	FIORINO CARGO SEMI GLAZED 1.3 SX
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT106709
Cover Note Number	
Driver	

Name of Driver CHUNG SEOW KOON (ZHUANG SHAOKUN)

NRIC No S7215046E

Date Of Birth 01/05/1972

Occupation OUTDOOR

Date Of Driving Pass 30/08/2002

Driving Experience 16 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92270501

Fax Number

Contact Number OFFICE-68612001

EMail Address CHUNGSK12@GMAIL.COM

Address BLK 28 JALAN KLINIK

#01-45

Postcode 160028

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 COLLISION - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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 FBM4436H
Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver MUHAMMAD AFI HANIF BIN JURAIMI

NRIC/Passport Number S9338292G Contact Number 84444337

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 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)

l 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 & Time:

2600/2008
Reporting Centre Personnel's/Signature

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN	BUKI BATHC NETT A	> TEAFFIC FLOW
	1 A (B)	
	A	689 6050E FBM 46
	MARARIC BBU?	
DESCRIBE CIRCUMSTANCE		0
BATOC CA WHILE C CRIGHT ABA 6050 TO SHIFF STOP AT ON THE LINFORT SAW [LATTO OF THE M	RPARCE BBUZ TO BURIT E RPARCE BBUZ TO BURIT E CROSSIMK TO BURIT BATOC U TURN), MY VEHICLE A E AUTO EMISSION FAIL ME CHAME TO BEAR Z THE MIDDLE OF THE ROSE DRAWING TURNTEN MOTOR CYCUM F TO CAME AND TOWARDS WHATEN MOTOR CYCUM F AND DROVER SIDE DOOR. OTOR CYCUST AND JUN FAIL NO OTHER UKHICLE WAS I CYCUST SUFFER SINE B HAMD.	ATOC WEST AVE 6 SET AVE 6 BE 6670 BUY E, GEAR TUNABUE AND MY VEHICLE AND AS SHOWN BM 4436H, I AND BANG AND ONTO THE GROUND
DECLARATION I/We declare the foregoing pa	articulars are true in every respect.	20/10/2018
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Beporting Centre Personnel's Signature/ Name: NRIC/FIN No.: Feful WATTAL



















































