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	05/11/2018 18:21
Date Of Accident	03/11/2018 18:50
Exact Location Of Accident	TPE TWDS SLE B4 PASIR RIS DR 12 EXIT 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLS2657A
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166000
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PRIUS
Exact Purpose for which vehicle was being used at time of accident	WORK
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 HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MI000894-R01
Cover Note Number	
Driver	

Name of Driver TAN JIEREN, KEN KEN

NRIC No S8412761B
Date Of Birth 30/04/1984
Occupation OUTDOOR
Date Of Driving Pass 08/05/2008

Driving Experience 10 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90788819

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 523D TAMPINES CENTRAL 7

#08-115

Postcode 524523

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident CHAIN 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? 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) 5

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2 NAME: : UNKNOWN

GENDER: : MALE

Passenger 3 NAME: : UNKNOWN

GENDER: : FEMALE

Passenger 4 NAME: : UNKOWN

GENDER: : FEMALE

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)

Remarks/ Reasons:

Are accident photos available for attachment? YES

Was there any video captured by Car Camera?

YES WITH WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGF2004L

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJN3045J

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)

DETAILS OF INJURED PERSON 1

Name TAN JIEREN,KEN KEN

Approximate Age

Injuries Sustain BACK & NECK
Injured person in which vehicle? SLS2657A
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 3. Consent under the Personal Data Protection Act (PDPA)

t understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurence 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 low 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' inwyers/law firms, may/are permitted to option, use, disclare and/or process my Personal Information for one or more of the above Purposes; and
- 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 outride of Singapore, for one or more of the above Purposes.
- (4) Inv 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 spicoflected under (b) above may be shared / displayed:
 - 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.

Folloybolder's Signature Data & Time:

Oriver's Signature (If driver is not the policyholder)

(If driver is not the policyholder) Name.
Date & Time: NRIC/FIN No.:

g Centre Personnel's Signature

Individual Statement

1) SES 2657A S) SEF 2004L C) SIN 3045J

SKETCH PLAN

THE HOUSE OF STREET BOTH 12 EXIT S

BY A D C D

On 03/11/2018 at about 1852 has at along TPE towards SLE

before Posir Ris Dr 12 Exit S. I was travelling on the extreme

Right Lane and when my front vehicle slow down and stop due

to heavy traffic hence I follow suit and came to a complete stop

Suddenly I heard a loud bong from behind and the great impact

Socied my Vehicle (A) forward to hit outs the Rear Partism of

Vehicle (C). When I alighted, I recilised that it was behicle (B)

who hit onto my Rear Partion of my Vehicle CA) causing damages to

my Vehicle. It was a chain collision of total 3 vehicles involved.

I have It possengers inside my vehicle.

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 doctage the languing particulars are true in every respect.

Policyholder Lightcure

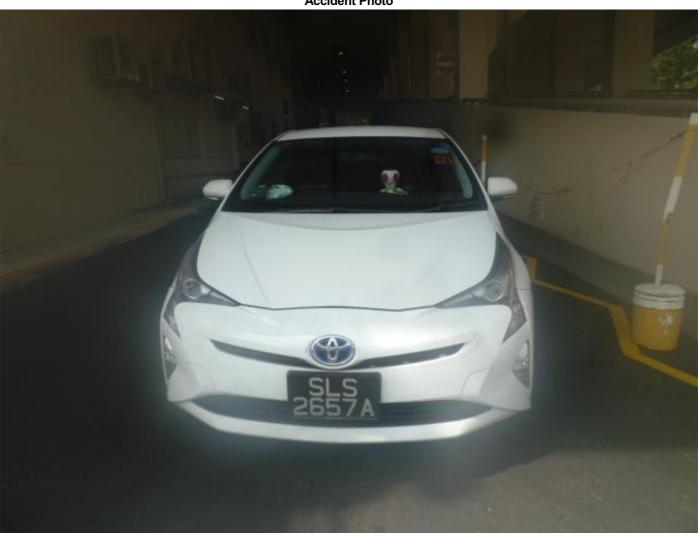
Date & Time: (if driver is not th

(If driver is not the policyholder)

Oate & Time:

Reporting Centre Personne's Signature

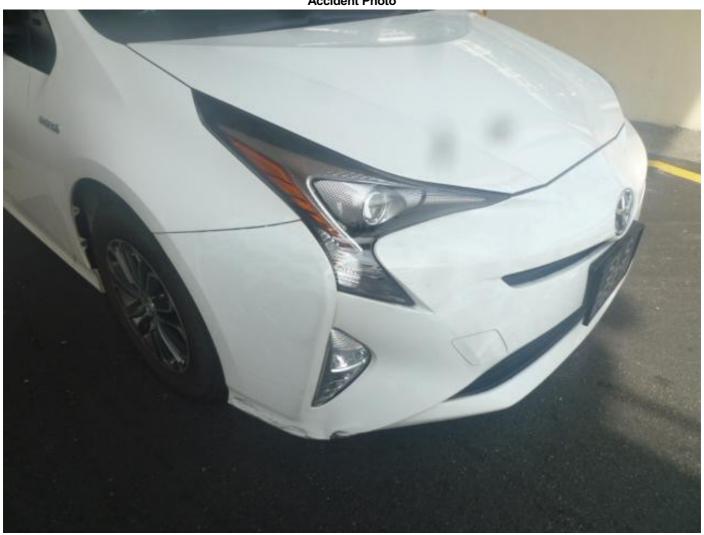
Name: NAIC/FIN No.:













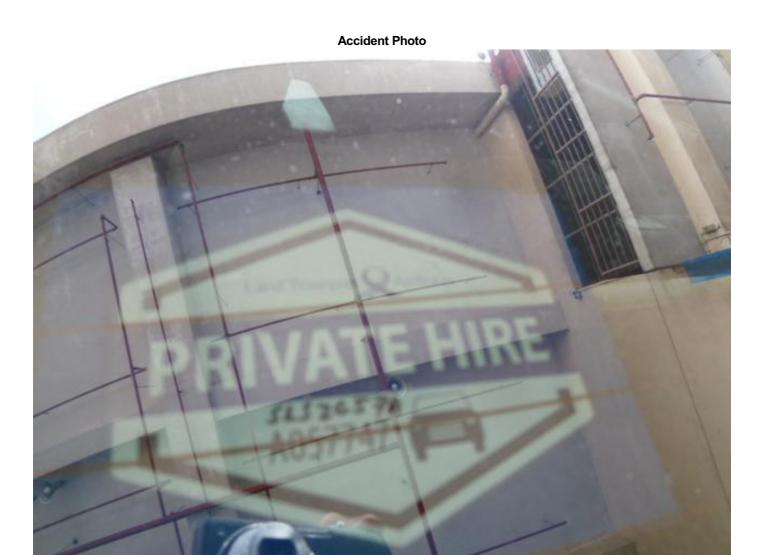


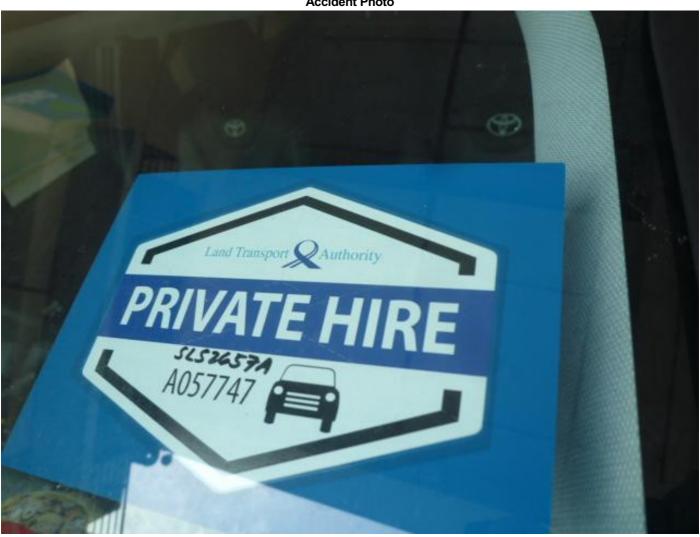
















Identification Card



Direct SLS 2657A



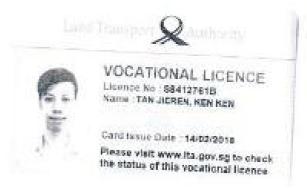
Driving License



DAVE S252657A



Driving License



Disolar STR ARLA

This card is not handerable and is the property of the Land Transport Authority (LTA), it must be corrected to LTA as request. If found, please return to LTA, 10 S is Ming Drive, Singapore 375701.

Type 13 Description

PRIVALL HIRE CAR VL

14/02/2018

