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 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.	
	ACCIDENT STATEMENT
Date Of Report	07/12/2018 16:20
Date Of Accident	06/12/2018 18:30
Exact Location Of Accident	PANDAN LOOP MERCEDES SERVICE CENTRE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF3388A
Insured/Policyholder	
Name Of Registered Owner	TAN HWEE HWEE
NRIC No	S7408184C
Email Address	CLAUDIATHH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94500898
Alternative Phone No	OTHERS-94500898
Vehicle Particulars	
Manufacturer	SUZUKI
Model	SWIFT SPORT
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	18-MW004767-R03
Cover Note Number	
Driver	

TAN HWEE HWEE Name of Driver NRIC No S7408184C Date Of Birth 23/02/1974 Occupation **INDOOR Date Of Driving Pass** 19/07/2001 **Driving Experience**

17 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-94500898

Fax Number

Contact Number OTHERS-94500898

EMail Address CLAUDIATHH@HOTMAIL.COM

21 WEST COAST CRESCENT Address

#01-05 128045

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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? NO Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJW2947R Vehicle Registration Number Vehicle Make/Model/Colour **TOYOTA**

Details Of Properties

PRIVATE CAR Vehicle Category Name of Driver LEE MEE FOOK NRIC/Passport Number S1431418J **Contact Number** 96877951

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

GENDER:

2

Accident Sketch Plan

SKETCH PLAN

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.
- 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. 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 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:

- 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
- 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.
- 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:
 - (i) 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:

Reporting Centre Pe

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	PANDAN LOOP MARCHORS SARVICK CARITER
	Guerral Apruspe 1
	百1,4400年
	(Front)
	(Reor) 1
DESCRIBE CIRCI	MSTANCES OF THE ACCIDENT
PESCRIBE CIRCO	I parked my our (SKF 3588A) at Mercedes Sorvice Centre
amik	Chaiting orea), my our was facing in the direction
of tu	Gued house as shown above. I was natting for my husband to
alket b	is car. There was a car believed me parked with boot facing
my car	, witting too (SJW 2947R). I saw a lady marked timesels
the car	(STW 2947R) and got into the car. Next moment, I saw
ne	cal (SJW 2947R) reversed and banged acto my
	cal at the rear. The time of accident was 6.30 pm
I	get out of my our and went to check. I noticed there was
cracks	on my car plate and both sides of the bumper came out.
DECLARATION I/We declare the	oregoing particulars are true in every respect.
Slyte	07/12/2018
Policyholder's Signa Date & Time:	Driver's Signature Reporting Centre Personnel's Signature
CITARIAN SAMEINING	Date & Time: NRIC/FIN No.: LEX LI WAY







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3 Motor Cars and Motor Trackers the weight of 19 Jul 2001 which unleden does not exceed 2500 kilograms

Liconce No: \$7406184C

















