

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 | 31/12/2018 09:28 |
| Date Of Accident | 30/12/2018 18:00 |
| Exact Location Of Accident | CLEMENTI AVENUE 2 TOWARDS WEST COAST ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLZ4339T |
| Insured/Policyholder | |
| Name Of Registered Owner | NG SEK YEO |
| NRIC No | S7100309D |
| Email Address | JAZTON@HOTMAIL.COM |
| Mobile Phone No | (LOCAL) +65-94318552 |
| Alternative Phone No | OTHERS-83226303 |

Vehicle Particulars

| | |
|--|-----------------|
| Manufacturer | HONDA |
| Model | VEZEL |
| Exact Purpose for which vehicle was being used at time of accident | ON THE WAY HOME |
| 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 | MT101103 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | JAZTON CHERN JIE SERN |
| NRIC No | S9610495B |
| Date Of Birth | 19/03/1996 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/12/2015 |
| Driving Experience | 3 YEARS AND 0 MONTHS |
| Gender | MALE |
| Mobile Number | +65-83226303 |
| Fax Number | |
| Contact Number | OTHERS-94318552 |
| Email Address | JAZTON@HOTMAIL.COM |

| | |
|---|--|
| Address | BLK 604 CLEMENTI WEST STREET 1 #09-45 |
| Postcode | 120604 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - COUSIN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|--------------------------|
| Type Of Accident | COLLISION - HEAD TO REAR |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|------------------------------------|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | |
| 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) | 3 |
| Passenger 1 | NAME: : FRIEND GENDER: : FEMALE |
| Passenger 2 | NAME: : FRIEND 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

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 | SKF612Y |
| Vehicle Make/Model/Colour | BMW 528I |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | SEAH KOK BENG, DANIEL |
| NRIC/Passport Number | S7322002E |
| Contact Number | 82332953 |
| Address | |
| Postcode | |

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

Accident Sketch Plan

SKETCH PLAN

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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.
- (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:
 - (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.

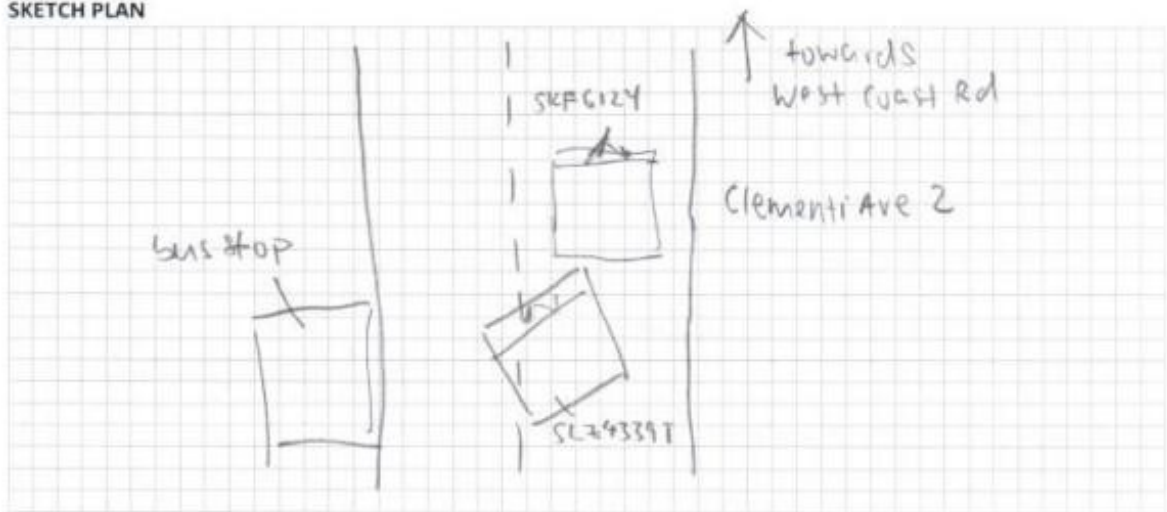
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/12/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along Clementi Ave 2, I was intending to filter out to the left lane, suddenly, the driver in front braked hard, and I immediately braked as well. However, he braked very heavily and I tried to swerve out of his way while braking, causing the front right of my car to bump into his left rear.

DECLARATION

I/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: 31/12/18

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GA/ACC SketchPlanForm_V16

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9610495B



Name
JAZTON CHERN JIE SERN

曾捷升

Race
CHINESE

Date of birth
19-03-1996

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Vehicle Number S9610495B

Name
JAZTON CHERN JIE SERN

Birth Date: 19 Mar 1996

Issue Date: 19 Dec 2015

002504837



SG 50

4887905



NIC No: S9610495B



Date of issue
25-02-2011

Address
APT BLK 604 CLEMENTI WEST STREET 1
#09-45
SINGAPORE 120604

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

| Class | Vehicle Description | Effective Date |
|---------|--|----------------|
| Class 3 | Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$ | 19 Dec 2015 |

NP 428A

Licence No: S9610495B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S46550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : 118161320 Vehicle Registration No: SLZ4339T
Name (as shown in NRIC) : JAZZON CHEN JIN SHAN NRIC/FIN/Passport No : S9610495B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 82226303
Email Address : _____
Date of Accident : _____ Time of Accident : 18:00
Place of Accident : CHANNAYI AVE 2 TOWARDS WAP COAST ROAD
Insurance Company : TOKIO MARINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P VEHICLE NUMBER TO SKF 612 Y

Policyholder / Driver's Signature
Date:

21/12/2018
Reporting Centre Personnel's Signature
Name: Rishi Kumar
NRIC/FIN No.:
Date: