

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	26/02/2019 19:52
Date Of Accident	26/02/2019 12:55
Exact Location Of Accident	MOUNTBATTEN RD (L/P 74) @ TRAFFIC JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDE7123J
Insured/Policyholder	
Name Of Registered Owner	OH HONG LYE
NRIC No	S6938642C
Email Address	HONGLYE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97573069
Alternative Phone No	OFFICE-97573069

Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	17-MU005473-R00
Cover Note Number	

Driver

Name of Driver	TEO CHEE LENG
NRIC No	S7148682F
Date Of Birth	23/12/1971
Occupation	INDOOR
Date Of Driving Pass	05/01/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97503446
Fax Number	
Contact Number	
Email Address	SGLIZARD@YAHOO.COM.SG

Address	BLK 250C COMPASSVALE ST #14-57
Postcode	S543250
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

NOBODY INJURY DURING THE ACCIDENT

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	SHA9232M
Vehicle Make/Model/Colour	HYUNDAI/I40/YELLOW/TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO SAIK HWEE
NRIC/Passport Number	S1715816C
Contact Number	96969293
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle Number: SDE7123J

SKETCH PLAN

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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:
 - (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: 26 Feb 2019
4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 26 Feb 2019
4pm

Reporting Centre Personnel's Signature

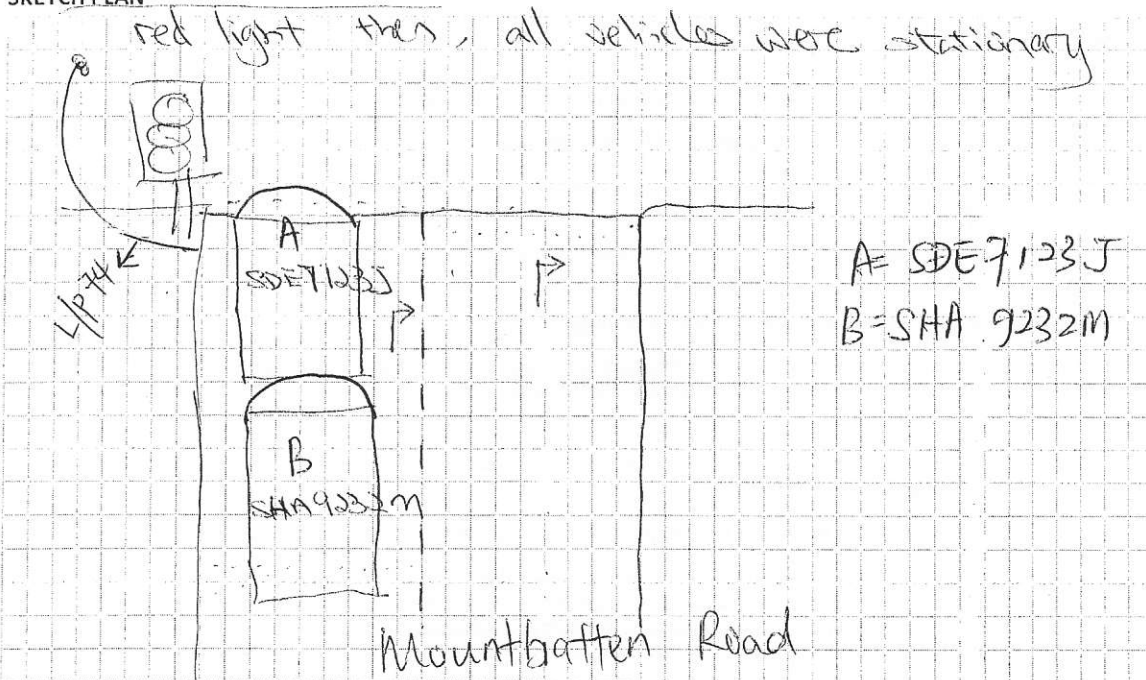
Name: ARY CHUA

NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SDE 7123J

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

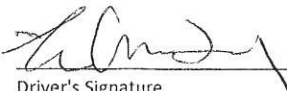
The accident happened at the traffic junction of Mountbatten Road towards Fort Road / Kampong Angkor Road. It was red light and my vehicle SDE 7123J was stopped in front of the traffic light as the first vehicle. While the third party vehicle, SHA 9232M was stopped behind as the second vehicle. While all were waiting, before the light turned green and it was still red light, the third party vehicle, SHA 9232M moved forward and hit the rear of my vehicle. According to the driver of third party vehicle, he was sweeping away a cockroach on his leg thus releasing the brake pedal. This caused his vehicle to move forward.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time: 26 Feb 2019
4pm


Driver's Signature

(If driver is not the policyholder)
Date & Time: 26 Feb 2019
4pm

17:17pm
26 FEB 2019


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