

## 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	14/03/2019 15:20
Date Of Accident	13/03/2019 23:55
Exact Location Of Accident	GAMBAS AVENUE TOWARDS YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ4847C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SECTION LIMOUSINE SERVICES PTE. LTD.
Co Reg No	201620964M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68628878

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
Exact Purpose for which vehicle was being used at time of accident	
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	YES
Policy Number	18-MH001075-R02
Cover Note Number	

### Driver

Name of Driver	CELINE CHONG MEI YIN
NRIC No	S7538830F
Date Of Birth	26/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	15/09/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96806400
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK. 113 HOUGANG AVENUE 1 #05-1228 SINGAPORE
Postcode	530113
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	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	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)	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

REFER TO ATTACHED STATEMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8736Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE TIANG PENG
NRIC/Passport Number	S2000555F
Contact Number	98112296
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### DETAILS OF INJURED PERSON 1

Name	CELINE CHONG MEI YIN
Approximate Age	
Injuries Sustain	RIGHT SHOULDER PAIN
Injured person in which vehicle?	SLJ4847C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK. 113 HOUGANG AVENUE 1 #05-1228 SINGAPORE
Postcode	530113

**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.



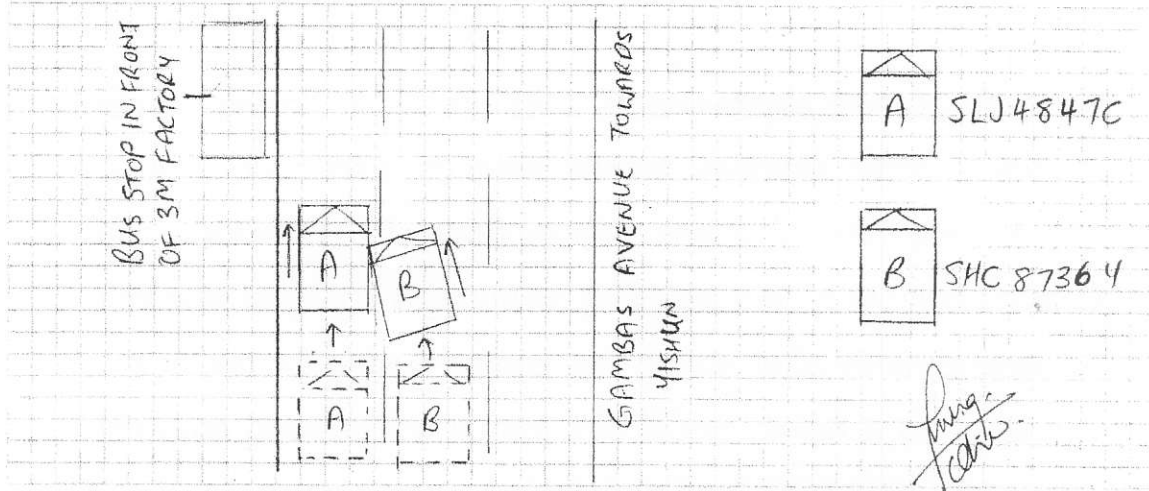
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached statement.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GRANT SURETY SERVICES PTE LTD

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

*King Koh*  
14 March 2019  
14:57 hrs.

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

On 13.03.2019 @ approximately 2355 hrs, I was driving my car SLJ4847C along Gambas Avenue towards Yishun on lane 3. Approaching near to a bus stop in front of 3M Factory, one Comfort taxi SHC8736Y travelling on my right changed lane into my lane abruptly after seeing one female waving for taxi at the bus stop. As a result, SHC8736Y frontal left collided onto my moving car right front fender, right front door and etc.

After the accident, we moved our vehicles to the road side and alighted from our vehicles to check on damages. We exchanged particulars. Driver of SHC8736Y, Mr. Lee Tiang Peng (NRIC: S2000555F) proposed to me private settlement but due to my car belongs to my company thus I decided to lodge an accident report. After the accident, I felt right shoulder pain and I will consult doctor if the pain persisted. My in-car cameras captured the occurrence of the accident.

