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MWA119033275 / World Auto Pte Ltd - HQ ENTRY DATE & TIME: 12/03/2019 15:10 SUBMITTED BY: Gan Ping Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/03/2019 15:27

## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	12/03/2019 15:10
Date Of Accident	09/03/2019 01:00
Exact Location Of Accident	ORCHARD RD & BRAS BASAH RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG9441Y
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID (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	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000194-R00
Cover Note Number	
Driver	
Name of Driver	GOH SIA CHIEW EDMUND

Name of Driver GOH SIA CHIEW EDMUND

 NRIC No
 S0204588E

 Date Of Birth
 17/02/1950

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/07/1969

Driving Experience 49 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91042558

Fax Number Contact Number

EMail Address NOEMAIL

Address **NOADDRESS** Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

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 NO

ambulance?

Was any other material or property damaged? YES

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

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?

If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED SKETCH

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SHA9018R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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- By the ladgment 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 Art (PDPA)

Eunderstand, 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 inferred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/outhority (such as the police), for the purpose(s)
  - processing transfers and/or dealing with my claims lockeding the settlement of the Carms and any necessary investigations relating to the claims.
  - (ii) investigating the accident and/or my claims
  - (NI) carrying out and/or dealing with my instructions or responding to any enquiries by one,
  - (iv) administering my claims (including the mailing of correspondence, statements, involves, 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 over of inverioper/mail packages), and/or.
  - (v) complying with applicable law in administering, processing, handling and/or dealine with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) loopived in this accident and the touriers' lawyers/law famis, may/are permitted to collect, use, disclose analytic process my Personal Information for over in 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 to collected under (d) above may be shared / disclosest
  - (ii) to all immers and/or any other third parties that assist in evaluating, investigating, controlling or managing frault, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws ar court orders

( Instanto)

Policyholder's Signature Date & Time. a

Orher's Signature
Of driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature Name:

NRICHNY

# Sketch Plan #2

1-		
SKETCH PLAN	thay Cinema	
Langer		
	TONAD ->	Brus Busah Rol
Lang 2		B. SHA901BR
CONGO TO TO SECRIBE CIRCUMSTANCES	OF THE ACCIDENT	
going direct	ion of Bras basah.  Theard a band on +	I along codered with I I wan on hank 3 the back ob my ear. Thus orng my back bumper
DECLARATION  I/Works are the foregoing part  to an in- graphing in the control of	rigulars are true in every respect.	
Policyholder's Signature Date & Time:	Driver's Signature (if driver is not the policyholder)	Reporting Centre Personniel's Signature Name: