

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	20/03/2019 15:14
Date Of Accident	19/03/2019 14:00
Exact Location Of Accident	SLIP RD FROM PARLIAMENT DR TO ST. ANDREW'S RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT6591K
Insured/Policyholder	
Name Of Registered Owner	TOH GIOK KUAN (ZHUO YUJUAN)
NRIC No	S7215460F
Email Address	CARINE_TOH@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96323844
Alternative Phone No	OTHERS-96323844

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT
Exact Purpose for which vehicle was being used at time of accident	PVT 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-MW005645-R03
Cover Note Number	18/6/18-17/6/19

Driver

Name of Driver	TOH GIOK KUAN (ZHUO YUJUAN)
NRIC No	S7215460F
Date Of Birth	07/05/1972
Occupation	INDOOR
Date Of Driving Pass	17/05/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96323844
Fax Number	
Contact Number	OTHERS-96323844
EMail Address	CARINE_TOH@YAHOO.COM.SG

Address	BLK 850 WOODLANDS ST 82 #11-221
Postcode	730850
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

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?	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

I STOP TO CHECK AND GIVE WAY TO ONCOMING VEHICLES ON THE MAIN RD(ST ANDREW'S RD). OUT OF SUDDEN, I FELT A VERY STRONG IMPACT ON THE REAR. I THEN REALIZED THAT M/TAXI(B) HAD COLLIDED ONTO MY VEHICLE. THE IMPACT WAS SO GREAT THAT I FELT PAIN/UNCOMFORTABLE AND MAY SEEK THE DOCTOR LATER IF NECESSARY. THE TAXI DRIVER OFFERED TO SETTLE MY REPAIRS AT \$500 HOWEVER I DO NOT FEEL COMFORTABLE AND LATER ON WE DECIDED TO GO THROUGH INSURANCE.

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	SHD6628J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LER POEY KOON
NRIC/Passport Number	S0175248J
Contact Number	96588183
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TOH GIOK KUAN (ZHUO YUJUAN)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKT6591K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

VEHICLE NO.: SKT 6591K
INSURER : TOKIO
DATE & TIME: 19.3.19
@ 2 pm

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

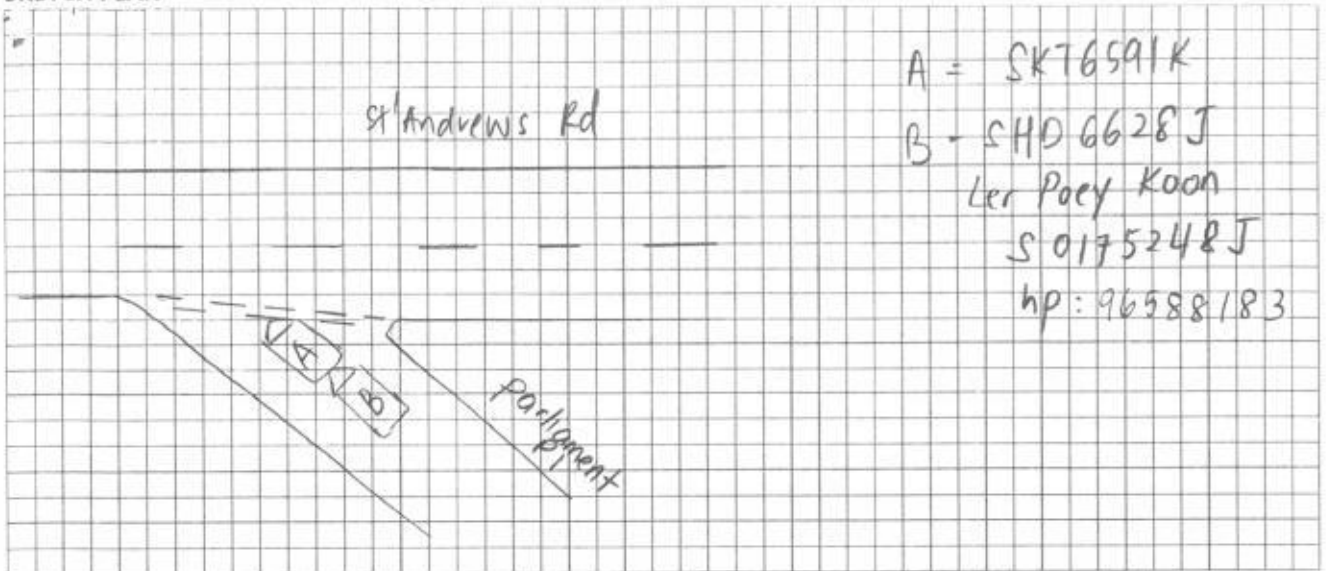
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.: 45

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stop to check and give way to oncoming vehicles on the main rd (St Andrew's Rd) - out of sudden, I felt a very strong impact on the rear. I then realized m/taxi (B) had collided onto my vehicle. The impact was so great that I felt pain/uncomfortable and may seek the doctor later if necessary.

The taxi driver offered to settle my repairs at \$500 however I do not feel comfortable and later on we decided to go through insurance.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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:

Reporting Centre Personnel's Signature
Name: CH
NRIC/FIN No.: 45

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()