

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	05/04/2019 14:06
Date Of Accident	22/03/2019 21:25
Exact Location Of Accident	ALONG PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC635M
Insured/Policyholder	
Name Of Registered Owner	TG TOURS PTE LTD
Co Reg No	201008697M
Email Address	TRANSPORT@TGTOURS.COM
Mobile Phone No	(LOCAL) +65-90308222
Alternative Phone No	OFFICE-87874693

Vehicle Particulars

Manufacturer	KING LONG
Model	XMQ6900K-6.7 (A)
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	D18MCV0000465
Cover Note Number	

Driver

Name of Driver	LEE GEE SWEE
NRIC No	S0243823B
Date Of Birth	09/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	18/05/1979
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90308222
Fax Number	
Contact Number	OTHERS-87874693
EEmail Address	TRANSPORT@TGTOURS.COM

Address	BLK 322 TAH CHING ROAD #09-72
Postcode	610322
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKT2736L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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

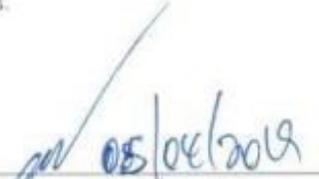
I understand, acknowledge, agree and consent that:

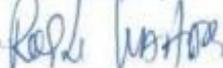
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

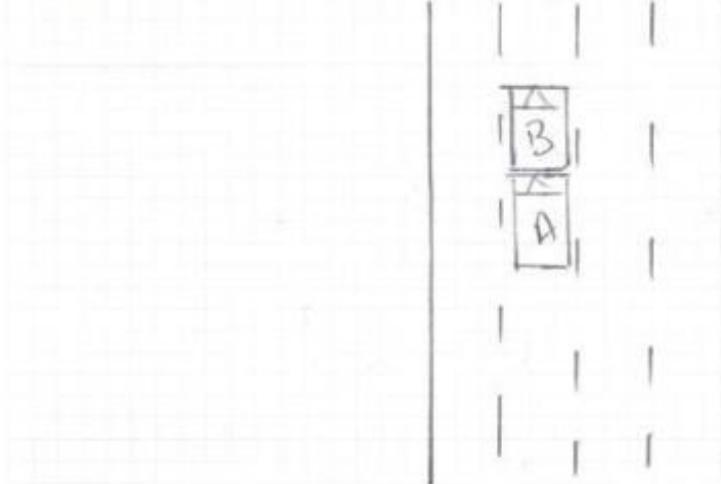


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No. 

Accident Sketch Plan

SKETCH PLAN

Pike towards Junction



A) PCB55m
B) SK7 2736L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

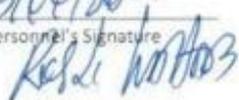
ON 15/03/2019 AT ABOUT 21:25 I WAS DRIVING ALONG
PIKE TOWARDS AND I WAS AT THE 3RD LANE
OF 4 LANES ROAD. I SAW A CAR SK7 2736L IN FRONT OF
ME STOP I TRY TO BRAKE MAYBE I WAS TOO CLOSE
AND HIT THE REAR OF THE SAID CAR.

DECLARATION

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

Policyholder's Signature
Date & Time:

 05/04/2019
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 05/04/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. 50243823B



LEE DEE SWEE

李 威 瑞

CHINESE

Date of Birth: 08-12-1962

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. 50243823B

LEE DEE SWEE

Issue Date: 09 Dec 1992

Expiry Date: 29 Jul 2015



Land Transport Authority

VOCATIONAL LICENCE

License No. 50243823B

Name: LEE DEE SWEE

Issue Date: 17/2/2016

Please visit www.lta.gov.sg to check the status of this vocational licence



50243823B



08-12-1962

APT 01A 322 TAY OHNG ROAD
#08-12
SINGAPORE 610022

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Expiry Date
E	Motor cars up to 1000 kg GVW or 1000 kg GVW of 1000 kg GVW and motor cycles up to 100 kg	29 Jul 2015
F	Motor cycles up to 100 kg GVW	29 Jul 2015
G	Motor cycles up to 100 kg GVW	29 Jul 2015

License No. 50243823B



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 19 Siling Green, Singapore 675731

Type	Description	Issue Date
01	BUS - VL	14/06/1994



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel: (65) 6224 0050 Fax: (65) 6224 0050
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S685500200 / GST Reg. No: M4G0017735

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 : MNA465044364 Vehicle Registration No: PC 635M
Name (as shown in NRIC) : LEE GEE SUKKE NRIC/FIN/Passport No : S02488238
(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 90308222
Email Address : _____
Date of Accident : 22/03/2019 Time of Accident : 21:25
Place of Accident : AVENUE PARK TOWARDS SUBWAY
Insurance Company : INDIA MILK INSURANCE

(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:

DATE OF ACCIDENT SHOULD BE 22/03/2019

Policyholder / Driver's Signature
Date:

[Signature] 12/04/2019
Reporting Centre Personnel's Signature
Name: Rishi
NRIC/FIN No.: [Signature]
Date: