

## 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	08/04/2019 17:01
Date Of Accident	07/04/2019 12:15
Exact Location Of Accident	BUKIT CHERMIN RD / TELOK BLANGAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2996M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN CHU HIANG
NRIC No	S1646971H
Email Address	OO32866@YMAIL.COM
Mobile Phone No	(LOCAL) +65-96319019
Alternative Phone No	OTHERS-91828859

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 (A)

Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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Are you claiming under your own insurance policy for repair to your vehicle?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2019-00000119
Cover Note Number	13/01/2019 - 12/01/2019

### Driver

Name of Driver	TAN-MIN (CHEN MIN)
NRIC No	S9422348B
Date Of Birth	27/06/1994
Occupation	INDOOR
Date Of Driving Pass	30/09/2014
Driving Experience	4 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91828859
Fax Number	
Contact Number	OTHERS-96319019
EEmail Address	NOEMAIL

Address	76 TAI HWAN HEIGHTS
Postcode	555421
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	3
Passenger 1	NAME: : TAN CHU HIANG GENDER: : MALE
Passenger 2	NAME: : KOH AI KIM GENDER: : FEMALE

#### 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 THE SKETCH PLAN BY DRIVER

#### 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	SHC1028D
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)

**DETAILS OF INJURED PERSON 1**

Name TAN-MIN

Approximate Age

Injuries Sustain LEFT KNEE

Injured person in which vehicle? SLK2996M

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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:

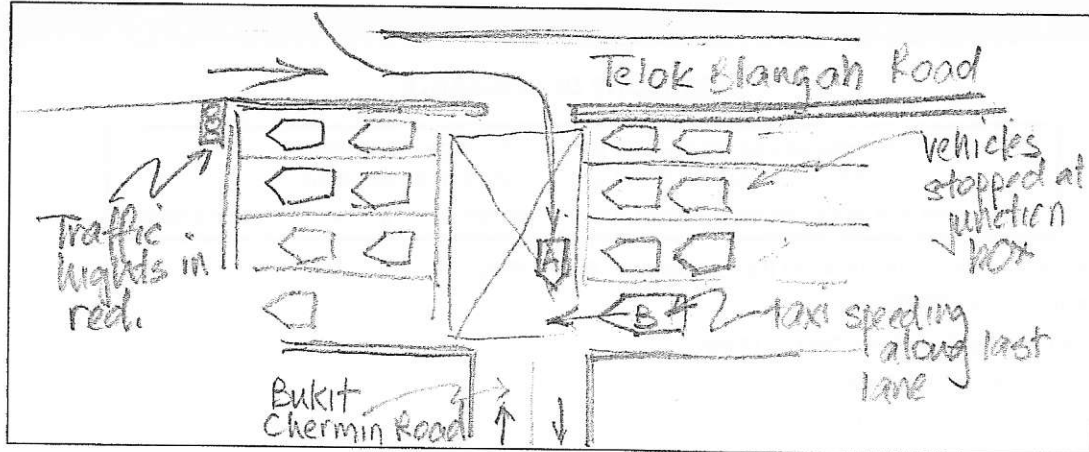
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## Sketch Plan Pg. 2

Date of accident: 7 April 2019 Time: About 12:15pm Location: Bukit Chermin Road / Telok Blangah Road  
 My Vehicle A: SLK 2996M Vehicle B: SHC 1028D Vehicle C: NA  
 SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7 April 2019, about 12:15pm.

I was driving vehicle SLK ~~299~~ 2996M turning from Telok Blangah Road to Bukit Chermin Road. When my vehicle was rammed by Comfort Delgro taxi SHC 1028D from the left. I was in the traffic junction box slowly moving towards Bukit Chermin Road when the accident happened. At the junction box, 3 lanes of vehicles had stopped for me to proceed with my turn. As I was blocked by the 3 lanes of vehicles, I moved slowly further into the junction box to get a view of traffic coming from the left in the last lane of the 4 lanes. As my vehicle moved forward, the comfort taxi speeding along the last lane, rammed into the forward left front of my vehicle. The impact pushed both vehicles across the road and the taxi onto the pedestrian walkway. The occupants in my vehicle, including my parents and myself, sustained minor injuries.

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

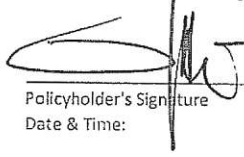
& myself :

Email address :


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer 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: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_

AH LIM MOTOR COMPANY