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 <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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	09/04/2019 17:58
Date Of Accident	08/04/2019 15:15
Exact Location Of Accident	WOODLANDS AVENUE 1 ESSO STATION PUMP 2
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ8776J
Insured/Policyholder	
Name Of Registered Owner	5M CAR RENTAL PTE LTD
Co Reg No	201700552G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83054813
Alternative Phone No	OFFICE-83054813
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	19-MK000180-R00
Cover Note Number	

Driver

Name of Driver ENG GUAN HENG ROLAND

NRIC No S0047701Z

Date Of Birth 20/04/1951

Occupation INDOOR

Date Of Driving Pass 06/11/1975

Driving Experience 43 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83054813

Fax Number

Contact Number OTHERS-83054813

EMail Address NOEMAIL

BLK 886D WOODLANDS DRIVE 50 Address

#11-535

Postcode 734886

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

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

NO YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS EAST N.P.C

ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190409/2049

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 SKA4461R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- The 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.
- 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 act 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:
 - 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/saw 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 complie 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:
 - 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.

TE USON

Policyholder's Signature Date & Time Driver's Signature

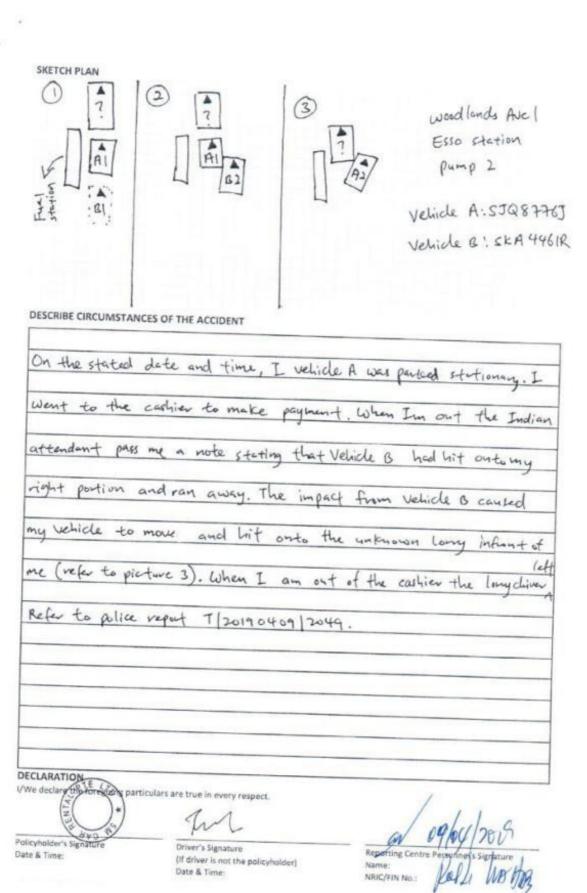
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

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Accident Sketch Plan



POLICE REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

1 of 3 Report No. T/20190409/2049

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 09/04/2019 11:04		Vide Report No.:	Station Diary No.: 59
Informa	nt's Partic	ulars		MEAN THEAT SANGES AND
The state of the s	Informant: JAN HENG		Address: APT BLK 886D WOODLAND SINGAPORE 734886	S DRIVE 50 #11-535
CONTRACTOR OF THE PROPERTY OF	/ ID No.: O / S00477	01Z	Contact No.: Home/Office:	Mobile: 83054813
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 67	Date of Birth: 20/04/1951	Type of Informant: Driver	
Race: Chinese		-	Language:	Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3	Date of Expiry:

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2019 15:1	PET	e of Location. ROL TION
Location: Along Road 1 WOODLAND Esso station					
Weather: Clear	, dilip 2	Road Surface: Dry		Road Spe	ed Limit:
T 10 -		Traffic Control:	ere e a Meskman	Traffic Vol	ume:
Traffic Flow: One Way		Controlled by Oth	ers e.g. vvorkmen	Light	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ8776J	Car				Slightly Damaged	0
SKA4461 (Not Accurate)	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190409/2049

Police Station Of Origin: Woodlands East N.P.C.

3 Woodlands Drive 63 SINGAPORE 737890

Tel No: 1800-7679999

CONTINUATION OF REPORT

		2 01 3
Report	No.	T/20190409/2049

Name	ENG GUAN HENG ROLAND		ID No		S0047701Z	
Related Vehicle	SJQ8776J (Car)		Conta	ct No.	83054813	
Hospital/Clinic	NIL			Class Drivin Licen Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of			

Brief Details.

On the above mentioned date, time and location, while I was paying for my petrol at the cashier, a white vehicle bearing car plate SKA4461? hit the right back of my vehicle. As such, my vehicle suffered scratches at the right side and also, my left mirror fell apart (unsure why). The pump attendant tried to stop the driver, but the driver just sped off.

All the details was given to me by the indian pump attendant. My car was parked at pump 2 of Esso petrol station.

POLICE REPORT





Police Station Of Origin: Woodlands East N.P.C. 3 Woodlands Drive 63 SINGAPORE 737890 Tel No: 1800-7679999

3 of 3 Report No. T/20190409/2049

CONTINUATION OF REPORT

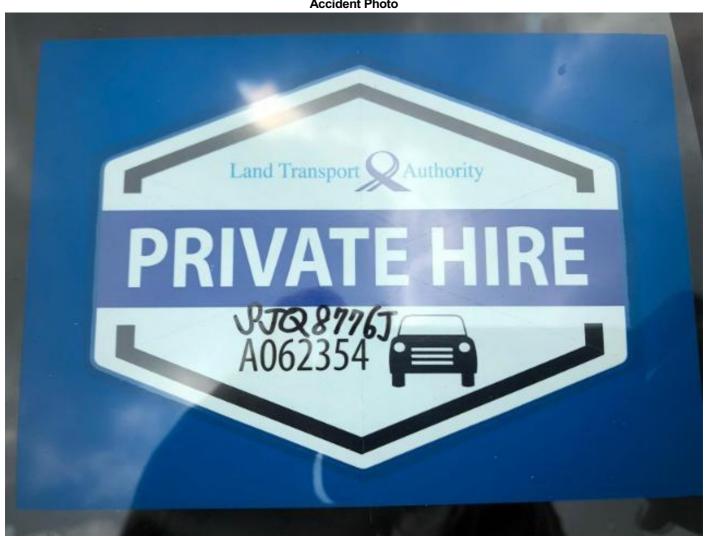
Sketch Plan

Informant is not able to provide sketch plan

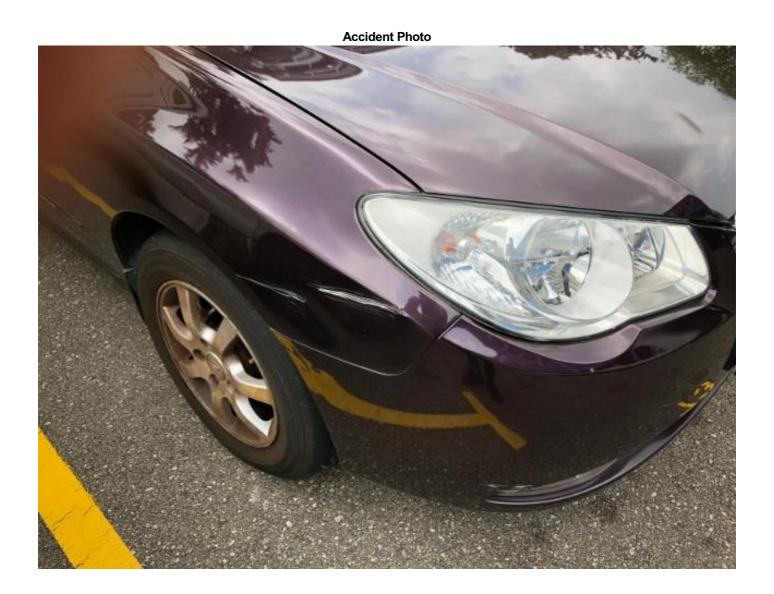
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

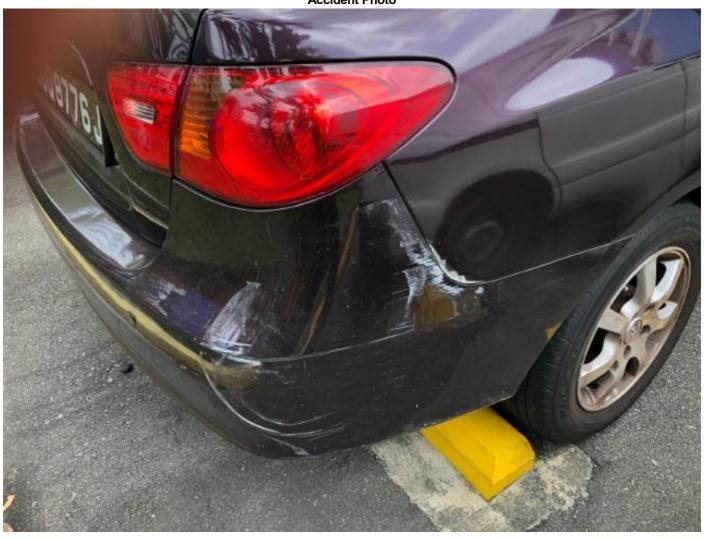
Signature Of Officer Recording The Report: L / Sgt 2 HOU DE KAI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 11:04
Officer In Charge Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE	Classification Of Case:
Ontact No.: 65476079 SN 130 Utheritication Stamp	





















Identification Card



