

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	13/04/2019 14:27
Date Of Accident	12/04/2019 15:00
Exact Location Of Accident	INTERNATIONAL BUILDING YOTEL LOBBY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4077Y
Insured/Policyholder	
Name Of Registered Owner	REDEFINE CONCEPT PTE LTD
Co Reg No	201329940Z
Email Address	CHRISTOPHERCHNGYQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94524819
Alternative Phone No	OFFICE-94524819

Vehicle Particulars

Manufacturer	FIAT
Model	DABLO
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT108358
Cover Note Number	

Driver

Name of Driver	CHNG YING QIANG, CHRISTOPHER
NRIC No	S9010933B
Date Of Birth	27/03/1990
Occupation	INDOOR
Date Of Driving Pass	16/08/2014
Driving Experience	4 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524819
Fax Number	
Contact Number	OTHERS-94524819
Email Address	CHRISTOPHERCHNGYQ@GMAIL.COM

Address	BLK 150 MEI LING STREET #06-67
Postcode	141150
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	COLLIDED INTO PROPERTY
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	1
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	
Vehicle Make/Model/Colour	
Details Of Properties	PILLAR
Vehicle Category	NA/UNKNOWN
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

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. 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.
7. 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 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.



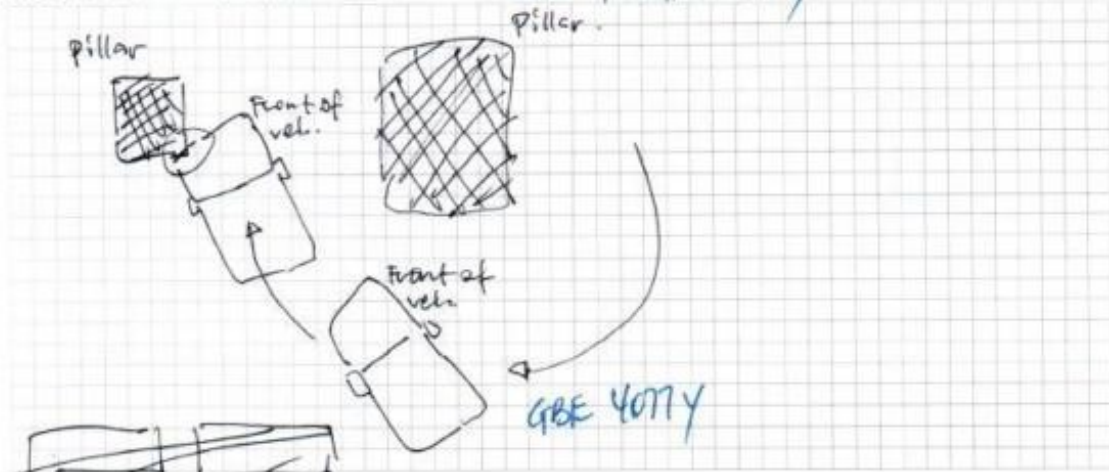
Policyholder's Signature
Date & Time: 13/4/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Turning into Hotel lobby, 3 vehicles blocking the left side, was looking for drop off location, did not see incoming pillar momentum of the vehicle ~~crash~~ banged pillar. ^{Front} Left side of vehicle damaged.
Informed hotel staff.

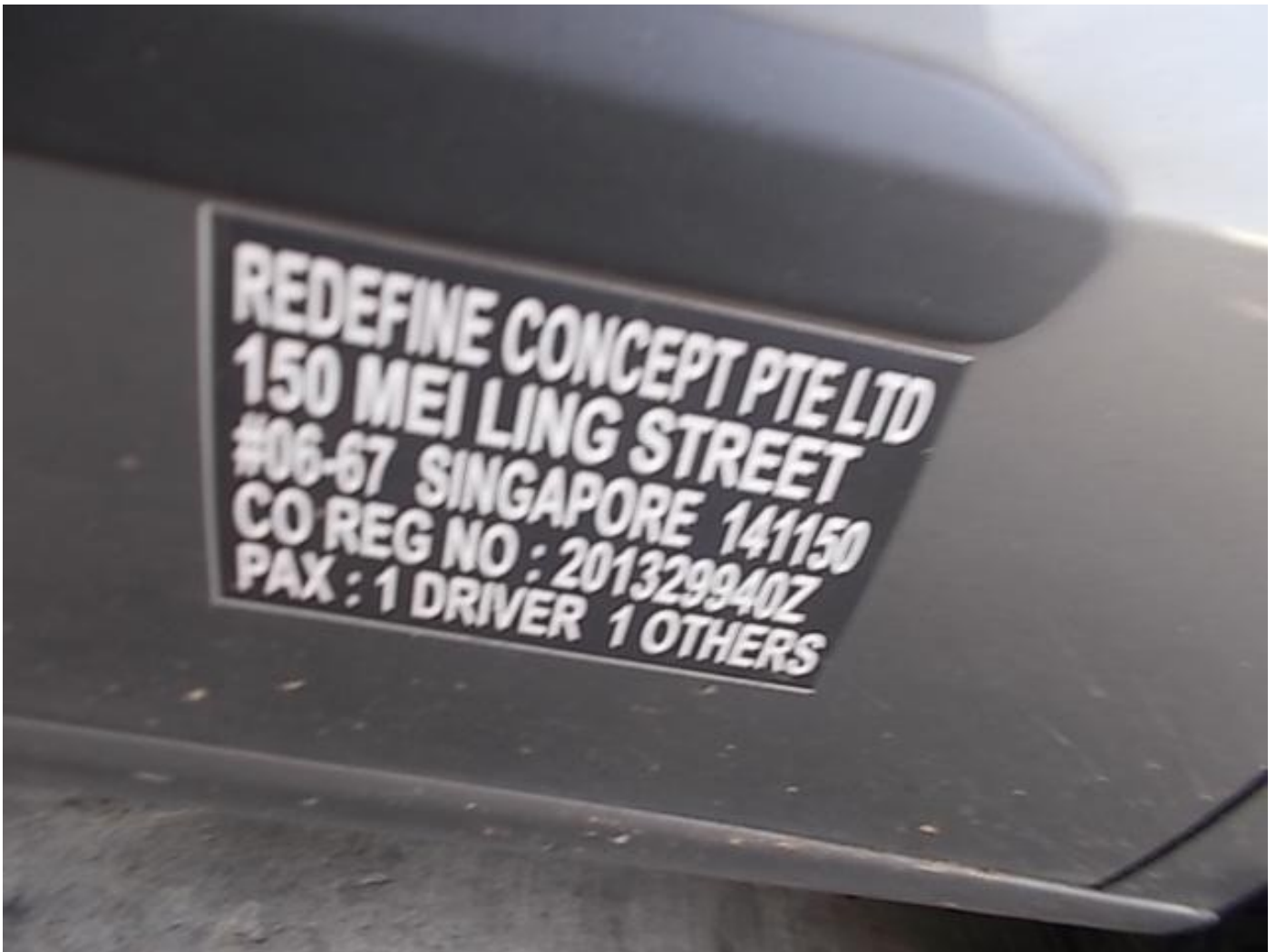
DECLARATION

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

Policyholder's Signature
Date & Time: 13/4/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/19

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



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9010933B



Name
CHNG YING QIANG,
CHRISTOPHER
莊英強

Group
CHINESE

Date of Birth
27-03-1990

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Primary Number S9010933B

CHNG YING QIANG,
CHRISTOPHER

Exp. Date 27 Mar 2020
Valid Date 16 Aug 2014



5721603



NRIC No. S9010933B



Date of Birth
14-04-2000

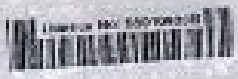
APT BLK 150 MULLING STREET #06-87
SINGAPORE 141150

NRIC No. S9010933B Date: 25/11/2012 No: 2300020

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EXPIRY DATE
16 Aug 2014

Class 1A Motor (and without) motor vehicle (four) < 2000kg
with up to 2 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals >= 2000kg



UP 8700