

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	22/04/2019 18:08
Date Of Accident	19/04/2019 00:00
Exact Location Of Accident	SERANGOON ROAD TOWARDS PIE BEFORE HASTINGS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2360J
Insured/Policyholder	
Name Of Registered Owner	KOH ROY
NRIC No	S8210499B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98560667
Alternative Phone No	OTHERS-98560667

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	18-MT000928-R00
Cover Note Number	

Driver

Name of Driver	TAN YU JUN ELAINE
NRIC No	S8632674D
Date Of Birth	15/11/1986
Occupation	INDOOR
Date Of Driving Pass	03/12/2018
Driving Experience	0 YEAR AND 4 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98560667
Fax Number	
Contact Number	OTHERS-98560667
Email Address	NOEMAIL

Address	26 ST. MICHAEL'S ROAD #04-02
Postcode	327994
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : KOH ROY GENDER: : MALE

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

DATE, PLACE & TIME DUE TO THE FRONT VEHICLE SLOW DOWN I DID SO TOO. SUDDENLY I FELT A VERY STRONG IMPACT FROM MY REAR. I MANAGE TO STOP MY VEHICLE.

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	SKP7531Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

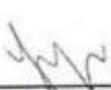
SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the center 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 processed 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 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; 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 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.



 Policyholder's Signature / Date & Time

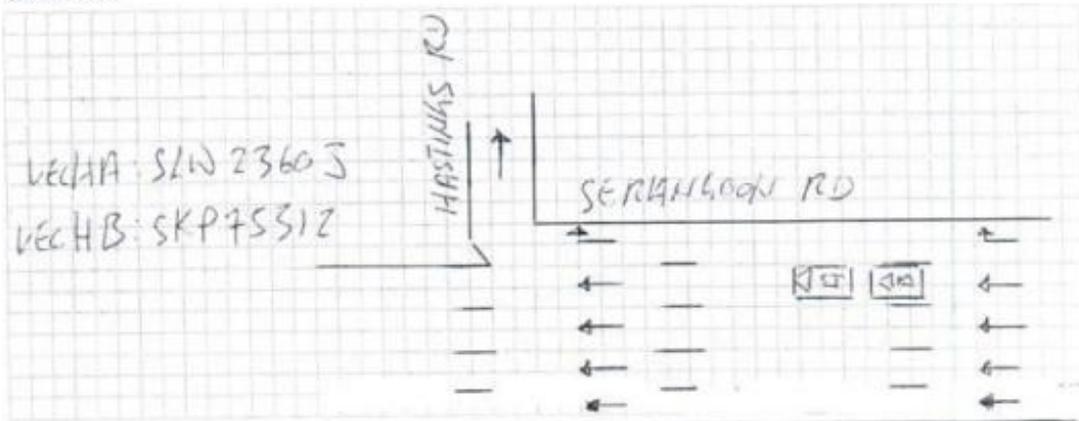


 Driver's Signature (if driver is not the policyholder) / Date & Time



 Witnessed by Reporting Center Personnel

Sketch Plan



Accident Sketch Plan

Describe Circumstances of the Accident

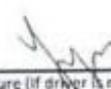
at the stated DATE, PLACE & TIME DUK TO FRONT VEH
SLOW DOWN I WAS SO TOO. SUDDENLY I FELT
FM VERY STRONG IMPACT TOWARD MY REAR. I MANAGED
TO STOP MY VEH.

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



Witnessed by Reporting Center
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo






Mercedes-Benz

040
TYP: 207
PZ: 6
1.0 %
Made in Germany
2558796

DAIMLER AG
e1*2001/116*0502
WDD2074472F171994
2195 kg
3995 kg
1- 1050 kg
2- 1170 kg
A 007 817 14 20

Accident Photo



Identification Card

REPUBLIC OF SINGAPORE DRIVING LICENCE

58632674D

TAN YU JUN ELAINE

15 Nov 1996

02 Dec 2018

0002790713

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. 58632674D

TAN YU JUN ELAINE

陈育筠

CHINESE

15-11-1996

Country of birth: SINGAPORE

Sex: F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

LICENSING DATE

Class 2A Motor cars without study pedals (Auto) with unladen weight of 2000kg with up to 7 passengers, exclusive of driver) and other motor vehicles without clutch pedals with unladen weight of 2000kg

02 Dec 2018

0002790713

17 4284

58632674D

0002790713

58632674D

Date of issue: 22-08-2017

Address: 65, ST. MICHAEL'S ROAD, #04-02 SINGAPORE 227984

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66500300 / GST Reg. No: M400017733

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: MNA119052136 Vehicle Registration No: SLW 2360J
Name (as shown in NRIC): Tan Yu Jun ERIKAWR NRIC/FIN/Passport No: S8632674D
(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
Address: Singapore
Contact (Tel): Mobile No.: 98560667
Email Address:
Date of Accident: 19/04/2019 Time of Accident: 00:00
Place of Accident: SHARATHONG ROAD TOWARDS PIA BRIDGE HOUSING ROAD
Insurance Company: TOKA MORATE

(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:

Additional NRIC number is S8210499B

Policyholder / Driver's Signature
Date:

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

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
VEN: S66300200 / GST Reg. No. M400017731

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: MIA19052136-01 Vehicle Registration No: SLW2360J

Name (as shown in NRIC): TAN YU JUNE ELANIE NRIC/FIN/Passport No: S86326740

(Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: Singapore

Contact (Tel): Mobile No.: 98360667

Email Address:

Date of Accident: 19/04/2019 Time of Accident: 00:00

Place of Accident: SINGAPORE ROAD TOWARDS PIE TRIFOLLE HOUSING ROAD

Insurance Company: TOKIO MARINE

(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:

Policy Number to 18-MIA00928-000

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No:
Date: 09/05/2019