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	29/04/2019 11:11			
Date Of Accident	28/04/2019 13:50			
Exact Location Of Accident	T-JUNC OF T4 UNDERPASS			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SJR4738R			
Insured/Policyholder				
Name Of Registered Owner	MR CHIA WEE CHER			
NRIC No	S0101757H			
Email Address	WC8686@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-97371922			
Alternative Phone No	OTHERS-97371922			
Vehicle Particulars				
Manufacturer	ТОУОТА			
Model	CAMRY			
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-MX004241-R04			
Cover Note Number				
Driver				

Name of Driver MR CHIA WEE CHER

NRIC No S0101757H

Date Of Birth 17/10/1954

Occupation INDOOR

Date Of Driving Pass 06/08/1975

Driving Experience 43 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97371922

Fax Number

Contact Number OTHERS-97371922
EMail Address WC8686@GMAIL.COM

Address 48 CHEMPAKA KUNING LINK

Postcode 486283

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

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?

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)

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

PLS REFER TO THE ATTACHED STATEMENT.

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 SHC328U

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 MR CHIA WEE CHER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

HEAD & BACK

SJR4738R

YES

NO

Accident Sketch Plan

SKETCH PLAN

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 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 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 insurers') 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/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:
 - 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:

Name:

NRIC/FIN No.:

Accident Sketch Plan

Police Station _	T1, T2, T3, T4		
POLICE Station +	→ Jewel		
		A = SJR 4 7	38R
\$\$	A S	B = SHC 32	80
*	6	T-Junction 0	of.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0	T4 Underp	
(? -	1 ' %		
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
			/
	refer to a	Hach	
	/		
/			
_/			
/			
CLARATION			
le declare the foregoing partic	culars are true in every respect.	Lynn	29/04/19
icyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Pe Name: NRIC/FIN No.:	

Individual Statement

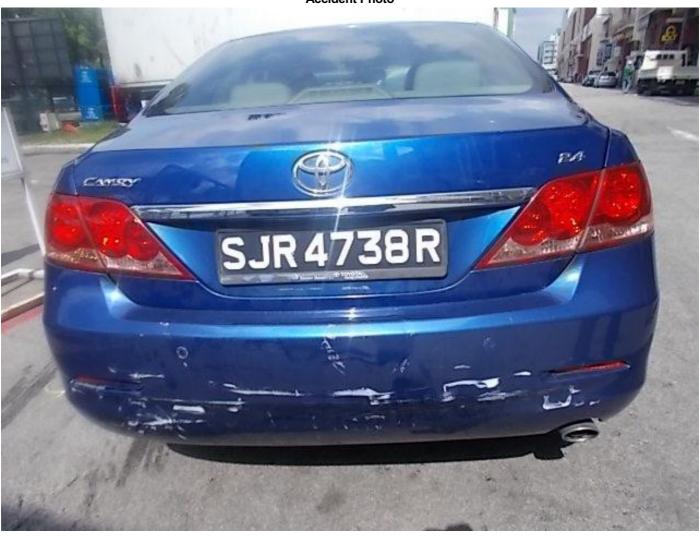
On 28.04.19 at about 13:50 hours at T-Junction of T4 Underpass. I was stationary on lane 1 at the above mentioned junction heading to Changi Airport T3, waiting for the oncoming traffic to clear.

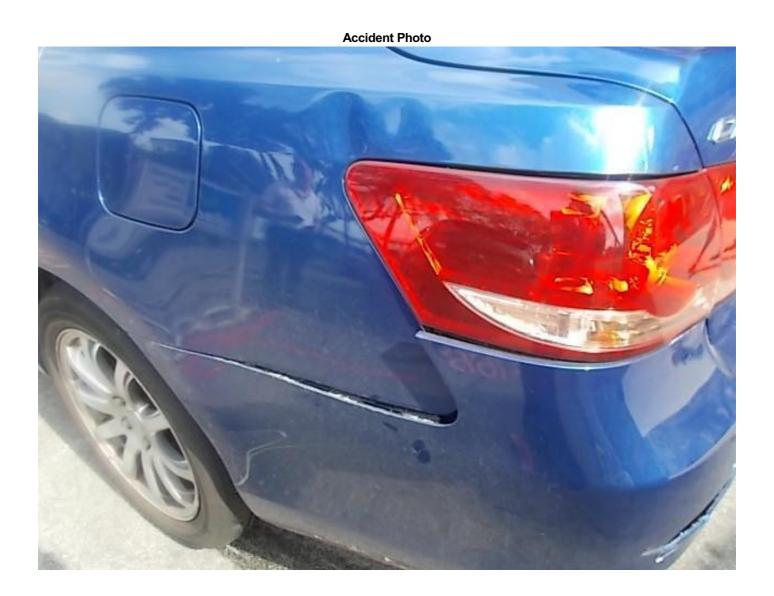
Suddenly I heard a loud bang from behind. When I alighted I realise it was vehicle (B) had hit onto rear portion of my vehicle (A).

Vehicle (A): SJR 4738R

Vehicle (B): SHC 328U



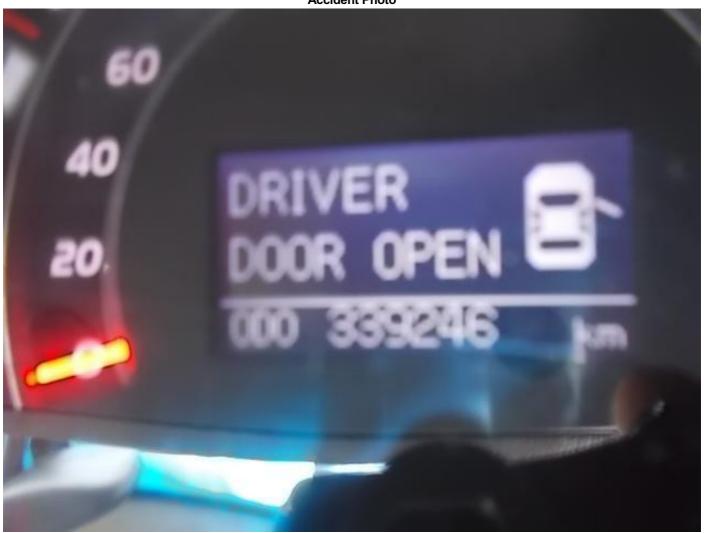














Identification Card



SJR473BR Owner & Driver



Driving License



SJR4738R. Owner & Driver.

