### 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	22/05/2019 10:49		
Date Of Accident	21/05/2019 17:30		
Exact Location Of Accident	CTE TWDS CITY B4 BRADDELL EXIT		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJR2293U		
Insured/Policyholder			
Name Of Registered Owner	MR SOH HENG NGOO		
NRIC No	S0174091A		
Email Address	HENGOO@SINGNET.COM.SG		
Mobile Phone No	(LOCAL) +65-98584710		
Alternative Phone No	OTHERS-98584710		
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	PRIVATE CAR		
Insurance Company			
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	18-MX003475-R04		
Cover Note Number			
Driver			

Name of Driver MR SOH HENG NGOO

 NRIC No
 S0174091A

 Date Of Birth
 06/12/1952

 Occupation
 INDOOR

 Date Of Driving Pass
 21/04/1978

Driving Experience 41 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98584710

Fax Number

Contact Number OTHERS-98584710

EMail Address HENGOO@SINGNET.COM.SG

Address BLK 317 ANG MO KIO ST 31

#18-209

Postcode 560317

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**

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? YES

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)

1

#### **Details of Police Action**

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 SCA8098A

Vehicle Make/Model/Colour

00,10000,

**Details Of Properties** 

Vehicle Category PRIVATE CAR

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 SOH HENG NGOO

Approximate Age

Injuries Sustain Injured person in which vehicle? SJR2293U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode SLIGHT

YES

NO

#### **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.
- 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.
- 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.
- 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 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:
  - 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 Senature

(If dever is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

# **Accident Sketch Plan**

4		
SKETCH PLAN		
	1.161	
	!   x   -  -	
	I IAI I	(A) SJR2293U
	I A I	(B) SCA 8098A
	1 1 1	CTE HOWOIDS CITY
		(Before Braddell Exit)
		District Control of the Control
	2111111111	
	0 0 0 0 0	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
		/
		/
		/
	/	
	Refer to attach	100
/		
/		
/		
ECLARATION		
	particulars are true in every respect.	
///	140	0
HOV	MU	Mym 32/05/19
olicyholder's Signature	Driver's/Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

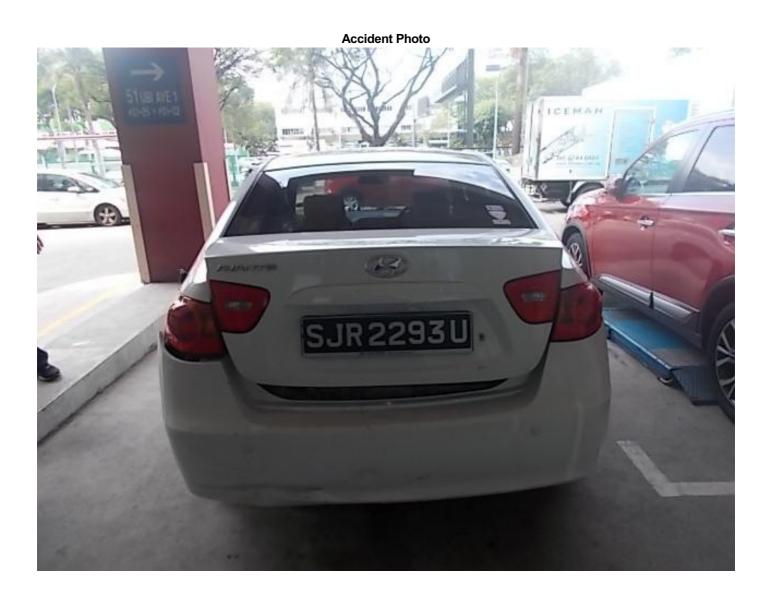
# **Individual Statement**

On 21.05.19 at about 17:30 hours at along CTE towards City (Before Braddell Exit). I was travelling straight on the lane 4 and the traffic was heavy, when the front vehicle slowed down hence I follow suit.

Suddenly I heard a loud bang from behind. When I alighted, I realised it was vehicle (B) collided onto rear portion of my vehicle (A).

Vehicle (A): SJR2293U

Vehicle (B): SCA8098A



















# **Identification Card**



SIR2293R



#### **Driving License**



· SDR2292K.

