

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	21/05/2019 17:50
Date Of Accident	20/05/2019 14:00
Exact Location Of Accident	ALONG PERAK RD TWDS SUNGEI RD JUNCT OF MAYO ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1382H
Insured/Policyholder	
Name Of Registered Owner	PRIME CARS LEASING PTE LTD
Co Reg No	201508241D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-999999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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-MJ001616-R00
Cover Note Number	

Driver

Name of Driver	MOHD ARSHAD BIN MOHD SALLEH
NRIC No	S1660547F
Date Of Birth	05/03/1964
Occupation	OUTDOOR
Date Of Driving Pass	21/07/1994
Driving Experience	24 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94867577
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 130A CANBERRA CRESCENT #04-433
Postcode	751130
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

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN 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

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	SKJ9959S
Vehicle Make/Model/Colour	
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	MOHD ARSHAD BIN MOHD SALLEH
Approximate Age	
Injuries Sustain	BACK & NECK
Injured person in which vehicle?	SLV1382H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. This form is to be completed by the Driver(s) of the vehicle(s) involved in the accident.
2. This form is to be completed by the Driver(s) of the vehicle(s) involved in the accident.
3. Information provided must be to the best of your knowledge and belief.
4. The Police and the relevant government agency/authority will be notified of the accident.
5. Any false information may be regarded as an offence under the law.
6. The report will be forwarded to the relevant government agency/authority for their use.
7. By the signature of the driver(s) of the vehicle(s) involved in the accident, the driver(s) agree and undertake that:

- a) I, the driver, my workmate and the General Insurance Association of Singapore (GIAS) will agree to provide, 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:

1. To enable the Insurers to process my claim for compensation under my motor insurance policy.

2. To enable the Insurers to process my claim for compensation under my motor insurance policy.

3. To enable the Insurers to process my claim for compensation under my motor insurance policy.

4. To enable the Insurers to process my claim for compensation under my motor insurance policy.

5. To enable the Insurers to process my claim for compensation under my motor insurance policy.

6. To enable the Insurers to process my claim for compensation under my motor insurance policy.

7. To enable the Insurers to process my claim for compensation under my motor insurance policy.

8. To enable the Insurers to process my claim for compensation under my motor insurance policy.

9. To enable the Insurers to process my claim for compensation under my motor insurance policy.

10. To enable the Insurers to process my claim for compensation under my motor insurance policy.

11. To enable the Insurers to process my claim for compensation under my motor insurance policy.

12. To enable the Insurers to process my claim for compensation under my motor insurance policy.

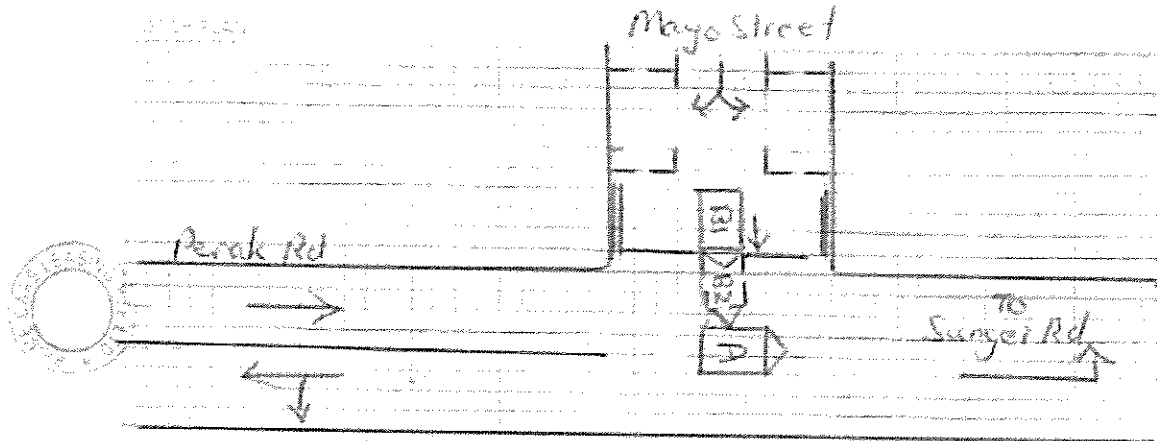


Signature of the driver(s)

Name of the driver(s)
Date

Signature of the driver(s)
Name of the driver(s)
Date

Individual Statement



STATEMENT OF THE WITNESS

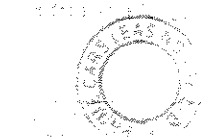
On 20/05/2019 at about 1400 hrs at Junction of Perak

Road and Mayo Street. I was travelling along Perak Road towards Sungai Road and when coming towards the above mentioned Junction, suddenly a vehicle (B) exited out without proper lookout and without giving way

to my on coming vehicle hence collided onto my left portion of my vehicle (A) causing damages to my vehicle. I have 2 passengers inside my vehicle.

CA1 SLV 1382H
(B) SKJ 9959 S

FOR FURTHER INFORMATION, PLEASE CONTACT THE POLICE AT 999 OR THE ROAD POLICE AT 9947. IF YOU HAVE ANY INFORMATION, PLEASE CONTACT THE POLICE AT 999 OR THE ROAD POLICE AT 9947.



[Signature]

[Signature]