

## 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	04/06/2019 13:23
Date Of Accident	03/06/2019 18:15
Exact Location Of Accident	UPPER THOMSON ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD301E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KENG HOW
NRIC No	S7236453H
Email Address	THOMAS_TAN26@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96255967
Alternative Phone No	OFFICE-96255967

### Vehicle Particulars

Manufacturer	BMW
Model	535I-3.0 GT (A)

Exact Purpose for which vehicle was being used at time of accident

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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00638477
Cover Note Number	

### Driver

Name of Driver	TAN KENG HOW
NRIC No	S7236453H
Date Of Birth	08/10/1972
Occupation	INDOOR
Date Of Driving Pass	08/02/1994
Driving Experience	25 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96255967
Fax Number	
Contact Number	OFFICE-96255967
Email Address	THOMAS_TAN26@HOTMAIL.COM

Address	BLOCK 793 WOODLANDS AVE 6 #04-663
Postcode	S730793
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	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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

refer to sketch plan

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML5554T
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP SI XIAN
NRIC/Passport Number	S8120020C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA4295P
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Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NOORDIN BIN BABA
NRIC/Passport Number	S1414103J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**Sketch Plan Pg. 1**

Send/Fax to: thomas\_tan 26@hotmail.com

Submitted: \_\_\_\_\_

**SINGAPORE ACCIDENT STATEMENT**

BASIC INFORMATION			
Date of Accident:	03/06/19	Time of Accident:	1815 HRS
Exact Location:	UPPER THOMSON ROAD TOWARDS YISHUN		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SKD301E		
Name of Registered Owner:	TAN KENG HOW		
NRIC / FIN / Passport no:	S7236453H		
Vehicle Make:	BMW	Vehicle Model:	535 GT
Type of Claim:	Own Damage (Third Party) / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	DIRECT ASIA		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	MT160638477		

DRIVER			
Name of Driver:	TAN KENG HOW		<input type="checkbox"/> Same as owner
NRIC / FIN / Passport no:	S7236453H	Date of Birth:	08/10/1972
Occupation:	Indoor / Outdoor	Driving Pass Date:	08/02/1994
Contact Number:	96255967	Gender:	AA (Male) Female
Address:	BLOCK 793 WOODLANDS AVE 6 #04-665 S(730793)		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		


GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others: Like rain		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	01		

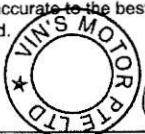
DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SML5554T	SHA4295P	
Vehicle Make / Model:	RENAULT SCENIC	HYUNDAI (TAXI)	
Name of Driver:	YAP SIXIAN	NOORDIN BIN BAZA	
NRIC / FIN / Passport no:	S8120020 C	S1414103J	
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

  
Signature of Driver

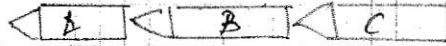
  
Date and time

# Sketch Plan Pg. 2

## SKETCH PLAN

Towards  
Yishun

← Upper Thomson Road



A: SML 5554T  
B: SKD 301E  
C: SHA 4295P

Yio Chu Kang  
junction

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 03 Jun 2019 at about 1815hrs, I was traveling along upper Thomson road towards Yishun after the cross junction of Yio Chu Kang road. SML 5554 L Renault Scenic was in front of my car SKD301E slow down, I also slow down, suddenly SHA 4295P comfort Taxi knock onto my rear. The impact was so hard and it caused my car to move forward & knock onto ~~SML~~ SML 5554 L.

My car damage: ~~the~~ front & rear portion & my sun roof blind jammed & cannot open.

## DECLARATION

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

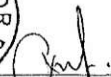


Policyholder's Signature  
Date & Time:



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



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

**SKETCH PLAN**

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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:



Driver's Signature  
(If driver is not the policyholder)



Reporting Centre Personnel's Signature  
Name: