#### 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	13/08/2019 11:52						
Date Of Accident	09/08/2019 10:30						
Exact Location Of Accident	33 JLN KUPANG						
Country/State of Loss	SINGAPORE						
DETAILS OF OWN VEHICLE							
Vehicle Registration Number	SLX3590A						
Insured/Policyholder							
Name Of Registered Owner	SENG CHONG KIAT						
NRIC No	S9043754B						
Email Address	NOEMAIL						
Mobile Phone No	(LOCAL) +65-90701029						
Alternative Phone No	OFFICE-90701029						
Vehicle Particulars							
Manufacturer	HONDA						
Model	HRV 1.5 DX CVT						
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	19-MT001408-R01						
Cover Note Number							
Driver							

Name of Driver SENG CHONG KIAT

NRIC No S9043754B

Date Of Birth 19/11/1990

Occupation INDOOR

Date Of Driving Pass 11/05/2009

Driving Experience 10 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90701029

Fax Number

Contact Number OFFICE-90701029

EMail Address NOEMAIL

Address 33 JALAN KUPANG

Postcode 468630

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

0

**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 STATEMENT.

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 GZ6064G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### Accident Sketch Plan

#### SKETCH PLAN

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- 7. 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)
  - (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
- (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.
- 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)

Date & Time

Reporting Centre Personnel's Signature

Name

NRIC/FIN No .:

## **Accident Sketch Plan**

SKETCH PLAN

TA CP

DOA: 9/8/19

A: SLX 3590A

B: 62 6064 6

No 33 Jin Kuping

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my	Car	NES	Pa	rked	stat	ion	ry s	outside	my	, house,
sudd	orly	uh	B	ave	300	d	hit	onto	my	veh
rear	Po	rtion								
									-1111-2	
						- 8				

DECLARATION

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

Policyholder 5 Signature Date & Time: Driver's Signature

(If driver is not the policyhalder)

Date & Time:

Reporting Centre Persopher's Signature

Name:

NRIC/FIN No.:















## **Addendum Sheet**



## GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

G Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM								
A)	PARTICULARS OF PE	RSON MAKING THE AMENDM	ENTS:								
	Original Report No	MNA119105063	Vehicle Registration No: SLX3590A								
		SENG CHONG KIAT	NRIC/FIN/Passport No : \$9043754B								
	(*Wehiele Driver / Vehicle Owner) (*) Please delete as appropriate										
	Address	33 JALAN KUPANG	Singapore(468630								
	Contact (Tel)	Mobile No.: 90701029									
	Email Address										
	Date of Accident	09/08/2019	Time of Accident : 10:30								
	Place of Accident	33 JLN KUPANG									
	Insurance Company: Tokio Marine Insurance Singapore Ltd										
	5										
			70								
	Policyholder / Driver Date:	's Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Date:								