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

| atoresaid. | |
|--|--------------------------------------|
| | ACCIDENT STATEMENT |
| Date Of Report | 20/08/2019 09:11 |
| Date Of Accident | 19/08/2019 07:35 |
| Exact Location Of Accident | TPE TWDS LOYANG AVE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SLG2870M |
| Insured/Policyholder | |
| Name Of Registered Owner | ISMAIL BIN AHAMAD |
| NRIC No | S1719033D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91806419 |
| Alternative Phone No | OTHERS-91806419 |
| Vehicle Particulars | |
| Manufacturer | HONDA |
| Model | CIVIC |
| Exact Purpose for which vehicle was being used at time of accident | GOING WORK |
| 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 | MT106952 |
| Cover Note Number | |
| Driver | |

Driver

Name of Driver ISMAIL BIN AHAMAD

NRIC No S1719033D

Date Of Birth 18/05/1965

Occupation INDOOR

Date Of Driving Pass 21/11/1989

Driving Experience 29 YEARS AND 8 MONTHS

Gender MALE

Mobile Number +65-91806419

Fax Number

Contact Number OTHERS-91806419

EMail Address NOEMAIL

86 EDGEDALE PLAINS Address

#05-14

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NO

NO

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NO

Postcode 828738

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

COLLISION - HEAD TO REAR Type Of Accident

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

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)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH7092Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver HO CHIN YEE S8625072A 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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- 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)

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 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)
 - 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:

Report of Centre Personnel's Signature

NRIC/FIN No.

Individual Statement

| (ARKIE) | -> LOYANY AVE A SLY 287 B. GIBHTO | 924 DM |
|--------------------------------------|--------------------------------------|-----------|
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| CRIBE CIRCUMSTANCES | S OF THE ACCIDENT | |
| my vest was | S STATIONARY OUT OF SUDDON I FOR | TAN |
| WORLT FROM | IL MY URY REAR DORTION. | |
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| ARATION eclare the foregoing particu | culars are true in every respect. | |

NRIC/FIN No.:

Date & Time:

Accident Photo













Accident Photo

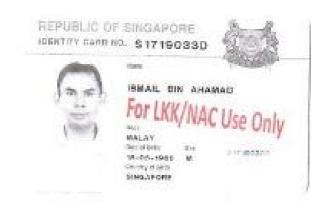


Driving License





Identification Card





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 – 17:00
UEN: 5665500306 / GST Reg. No.: M400017785

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

| | | | ADDEND | UM | | |
|----|--|---------------------|-------------|---|-------------------|--|
|) | PARTICULARS OF PERSON MAKING THE AMENDMENTS: | | | | | |
| | Original Report No : | MNA/191 | 09075 | Vehicle Registration No: | S162870M | |
| | Name(as shown in NRIC) : | | | | | |
| | (*Vehicle Driver / Ve | | | | 0.50000000 | |
| | Address | 86 EBG1 | EBALE DEAIN | 15 HOS-14 | Singapore(| |
| | Contact (Tel) | | | _Mobile No.: 9/806 | 419 | |
| | Email Address | | | | | |
| | | 19/20/ | e | Time of Accident : | 07:35 | |
| | Date of Accident | TRE 2 | was law | IIMe of Accident : | | |
| | Place of Accident : | - | | 424 400 | | |
| | Insurance Company: | 70010 | MARING | | | |
| ď. | ADDITIONALINFOR | MATION / AME | NDMENTS: | | | |
| | make the following a | 16 page 325 43 avro | | | | |
| | AMEND | GP VE | H NO | | | |
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| | | | | Sym | 20108/19 | |
| | Policyholder / Driver Date: | s Signature | | Reporting Centre Person Name: NRIC/FINNo.: Date: | onnel's Signature | |