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 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

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	ACCIDENT STATEMENT
Date Of Report	22/08/2019 16:16
Date Of Accident	21/08/2019 17:30
Exact Location Of Accident	AYE TWDS TUAS AFT HENDERSON FLYOVER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLU9795C
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	201710190R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MI000894-R02
Cover Note Number	

Driver

Name of Driver LEE YOKE HENG NRIC No S1719516F Date Of Birth 19/02/1965 Occupation **INDOOR Date Of Driving Pass** 30/03/1985 **Driving Experience** 34 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98759578

Fax Number Contact Number

EMail Address NOEMAIL Address BLK 269 BUKIT BATOK EAST AVE 4

#11-188

Postcode 650269

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

ccident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NO

2 NO

YES

YES

NO

2

NAME: : UNKNOWN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

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 SMD2116L

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

Page 2 of 17

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- L. Consent under the Parsonal Data Protection Act (PDPA)

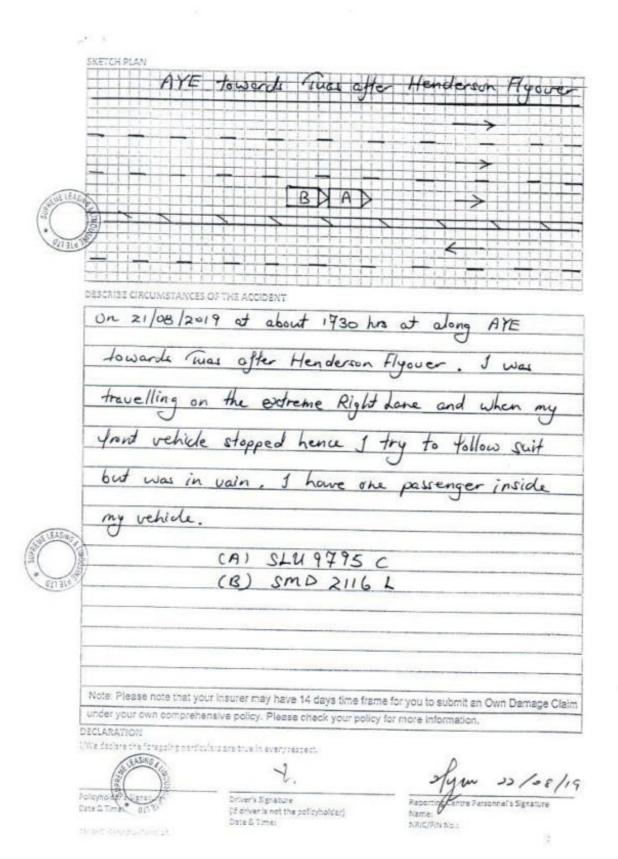
funderstand, acknowledge, agree and consent that

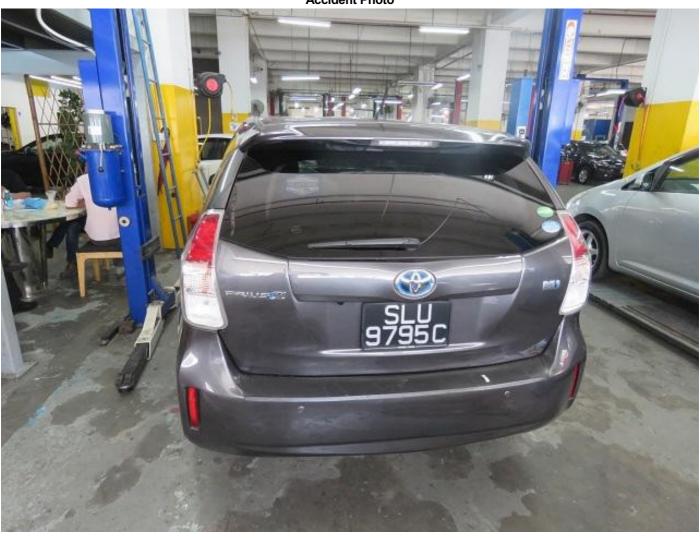
- (ii) My insurer, my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively 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 wehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers' lawyers/lew 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 dains including the sattlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the additiont 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 covelopes/mail packages); and/or
 - (v) complying with applicable law is administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (1) of insurery), who have insured validate(s) involved in the occident and the insurers' lawyers/law firms, they/are permitted to collect, uto, disclose and/or process my Personal information for one or made of the above Purposes; and
- (ii) My Personal Information may from be disclosed by any of the Insurers and for GIA to their third party service providers or a pensilinated high and heavy any firms), which may use the outside of Singepore, for one or more or the chove Purposes.
- (b) The Personal Information will be be collected and used to sproble claims the surprise of a purpose of freed detection, investigation and trainegement in present and all fusive deline.
- (e) The influence for so collected under (d) above may be shared / Carlosock
 - (2) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agendes as reasonably required for the purposes stated, or

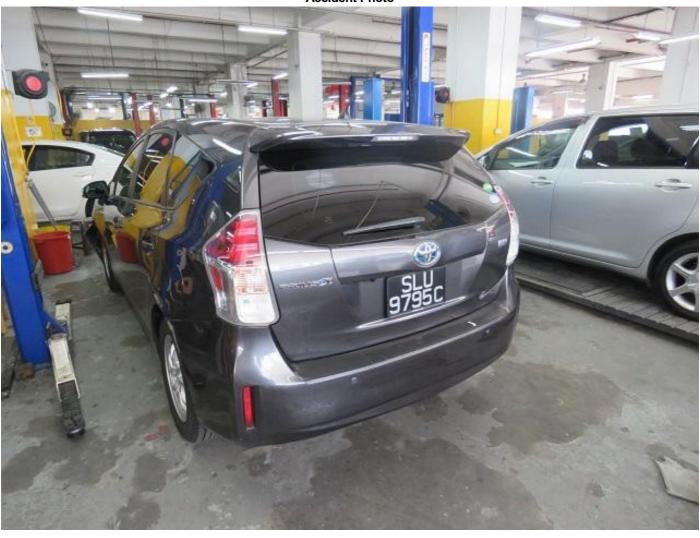
(i) for complying with requirements under any regulations, laws or court orders.

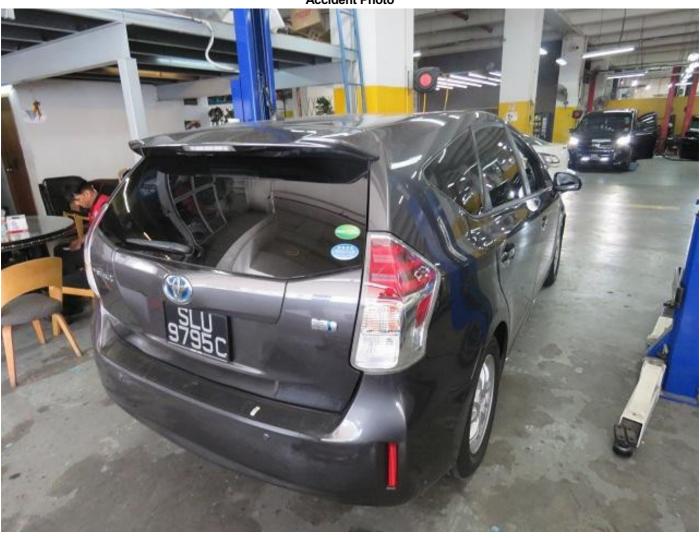
Politypoleur's Signature Date & Time Driver's Eignature

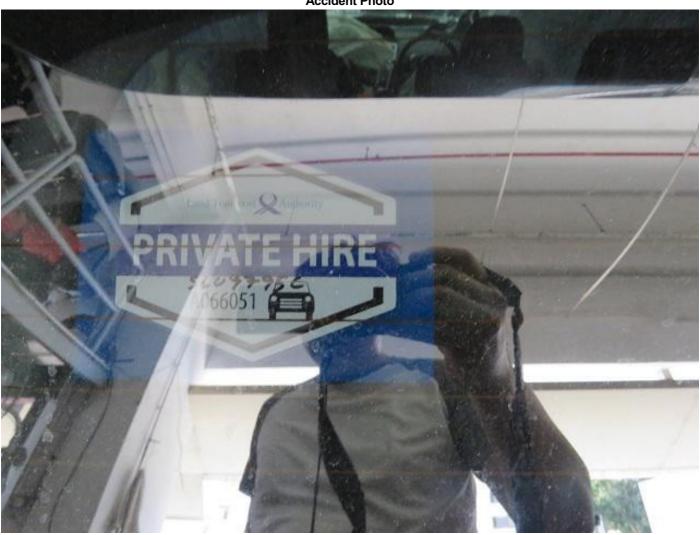
(If driver is not the policyholder) Date & Time: Reported Contro Personnel's Signature Name: NRIC/FIN No.:





















Identification Card

DELYEL SEMMEN





Driving License

SUMMADE





Driving License

OTMUSSUEC DRAIL



