

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	20/09/2019 10:42
Date Of Accident	19/09/2019 17:35
Exact Location Of Accident	TANJUNG RHU RD OUTSIDE OF 'THE LINE@TANJUNG RHU'
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP151J
Insured/Policyholder	
Name Of Registered Owner	LIM SEOK HOON, EUGENIA
NRIC No	S1710461F
Email Address	EUGENIALIM2005@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96203310
Alternative Phone No	OFFICE-96203310

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 VTI CVT (A)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING HOME
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-MS009897-R00
Cover Note Number	

Driver

Name of Driver	JASON GOH CHIN HOCK
NRIC No	S9220939C
Date Of Birth	10/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92963709
Fax Number	
Contact Number	
EEmail Address	JASONGOHCH@GMAIL.COM

Address	49B LORONG L TELOK KURAU
Postcode	425485
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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	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 ATTACHED STATEMENT - THIRD PARTY DIRECT SETTLEMENT

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	SJF360K
Vehicle Make/Model/Colour	MINI/COOPER S/BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO MENG HWI
NRIC/Passport Number	S7620475F
Contact Number	96957840
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCJ3030E
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Vehicle Make/Model/Colour	MERCEDES/ECLASS/BLACK
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MRS KIRAN GOSWAMI
NRIC/Passport Number	S2177971G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Vehicle Number: SMP 151J

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) 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: 20/9/2019

930am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/09/19

0930 am

Reporting Centre Personnel's Signature

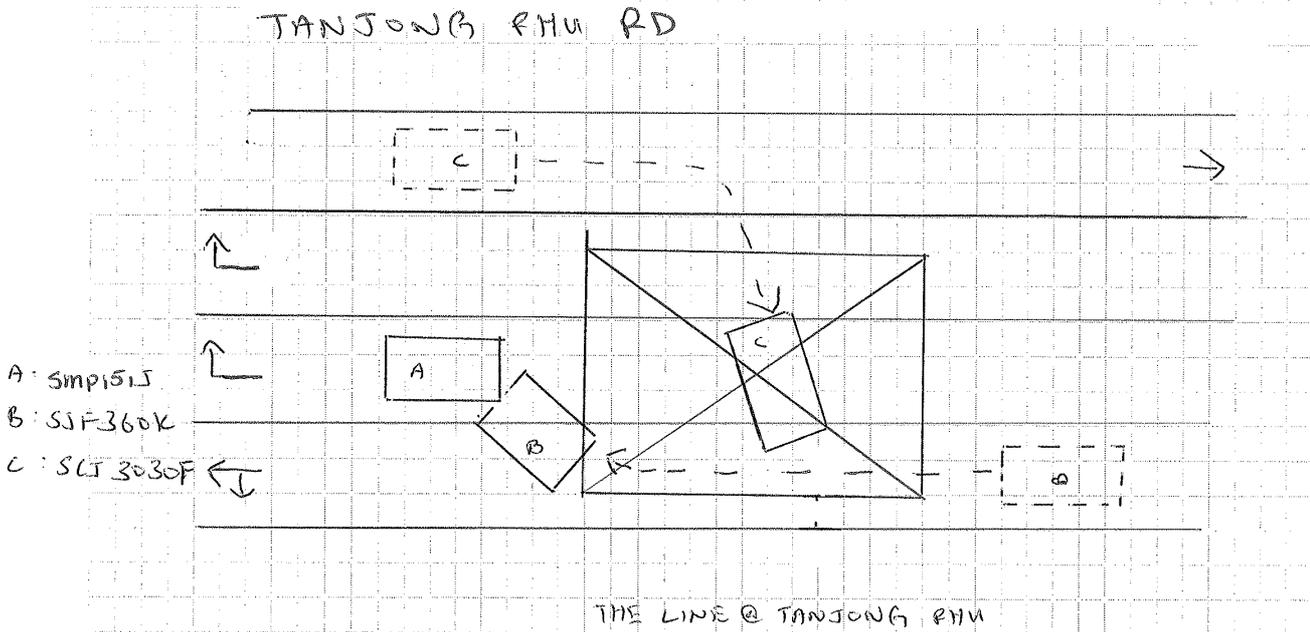
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Vehicle Number: SMP 151J.

SKETCH PLAN



- A: SMP151J
- B: SJF360K
- C: SCT3030F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SMP151J

On 19/09/19. Fair weather. Dry condition. I am stationary waiting behind a bus. I heard a screeching sound and a blue minicooper, SJF360K collided into my rear left portion. (felt neck pain and back pain. The SCDF & police came after we reported. when I got down from car to inspect the damage, I also noticed that there was a black merc SCT3030F that was involved in the accident. The car owner had turned into "The Line @ Tanjong Rhu" condominium car park.

Location of accident: Tanjong Rhu Road, outside "The Line @ Tanjong Rhu" condominium.

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.:

20/09/19
 0930 am

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



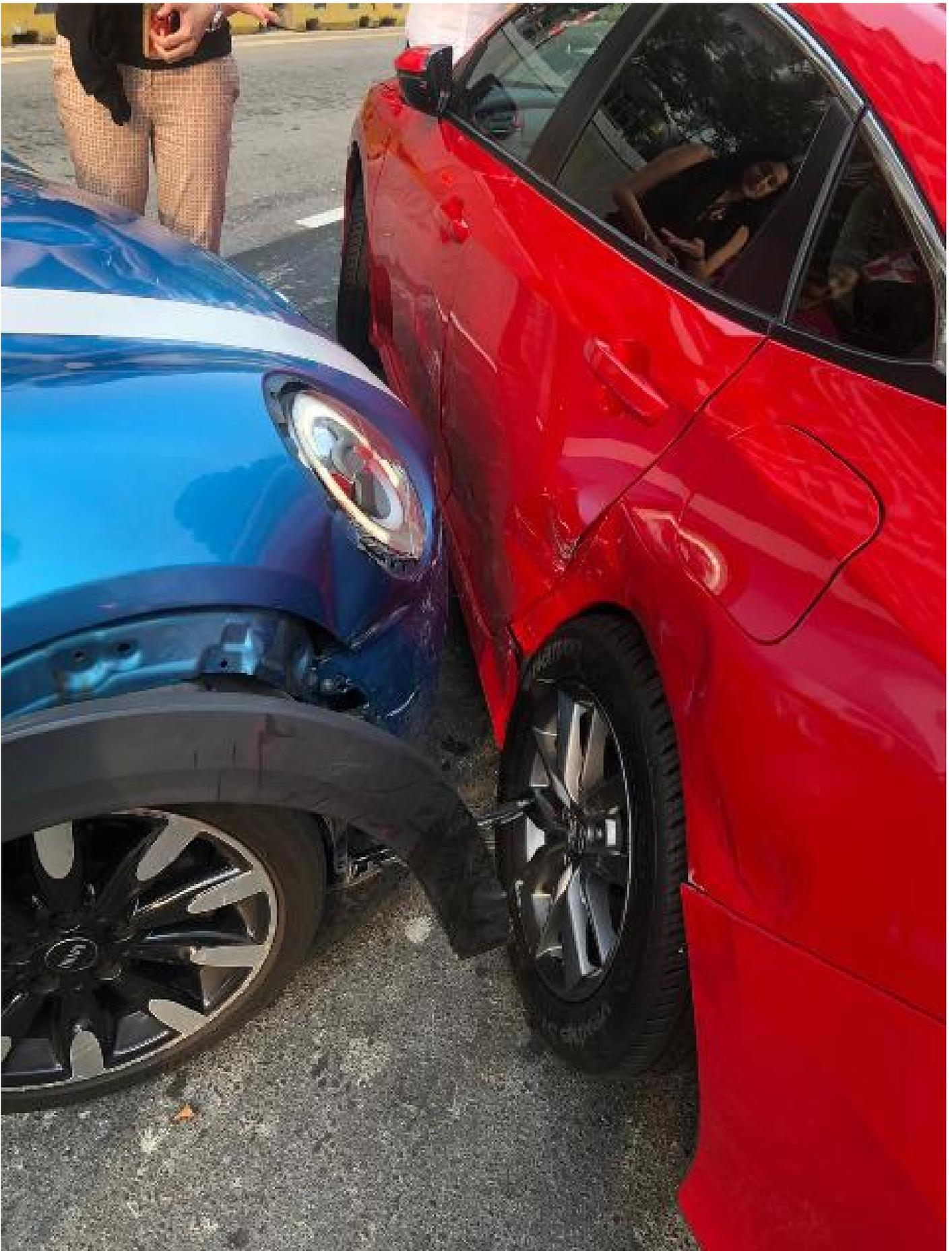
Accident Photo



Accident Scene Photo



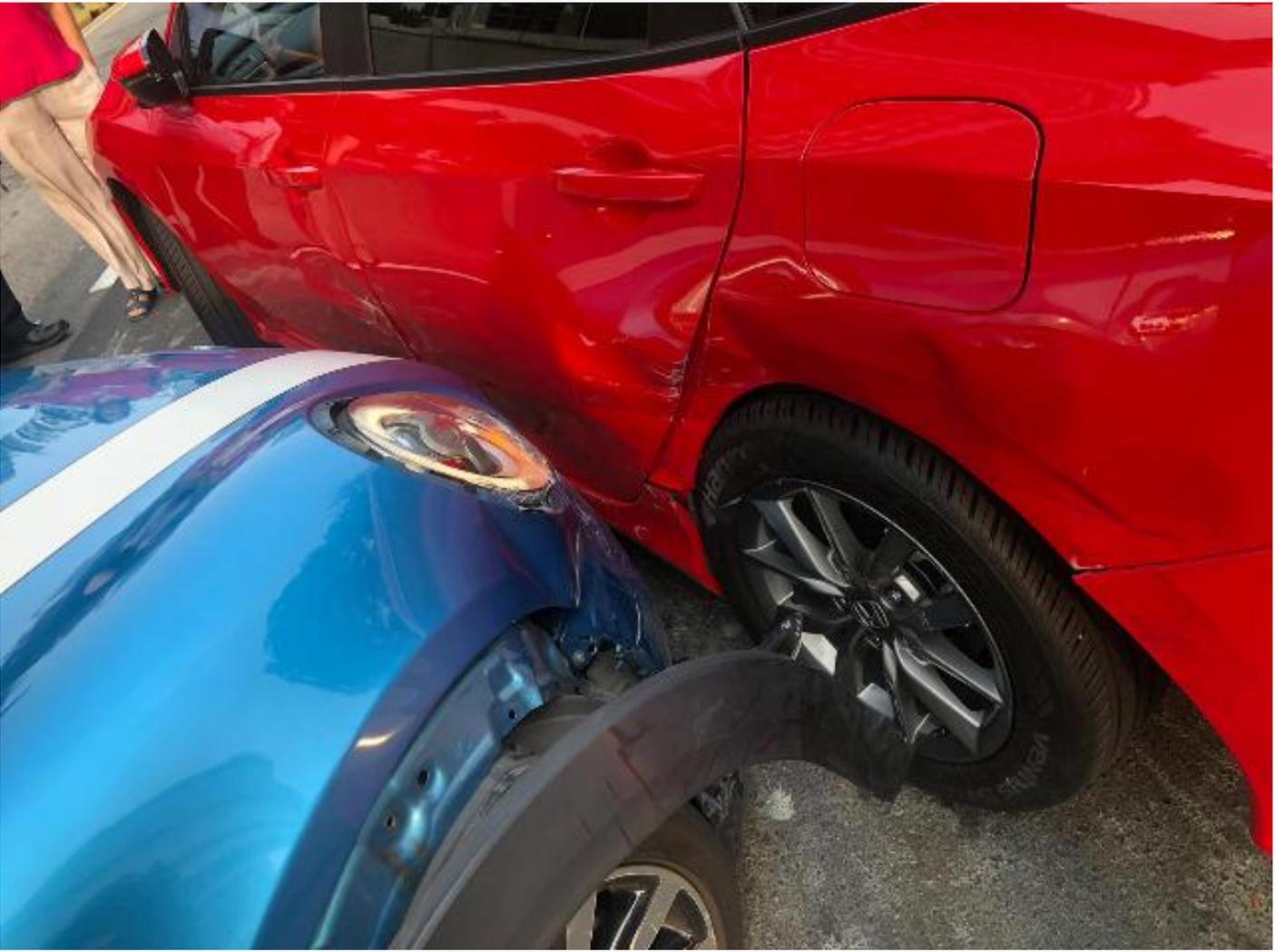
Accident Scene Photo



Accident Scene Photo



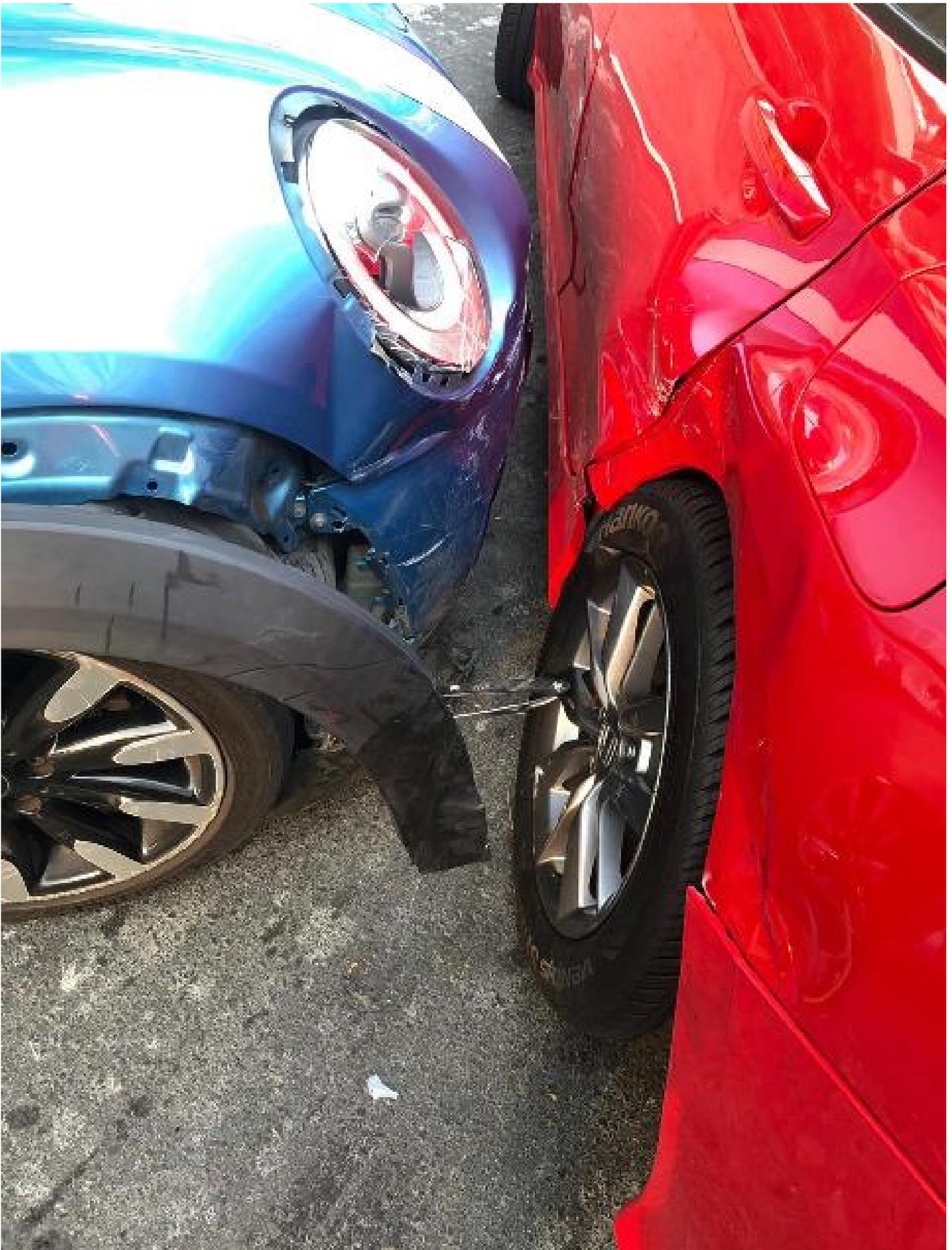
Accident Scene Photo



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