### 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.

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	ACCIDENT STATEMENT			
Date Of Report	19/12/2019 13:32			
Date Of Accident	19/12/2019 08:00			
Exact Location Of Accident	SELETAR AEROSPACE LINK			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SCK3293H			
Insured/Policyholder				
Name Of Registered Owner	TAN JEE LIAN			
NRIC No	S1564448F			
Email Address	GEEGUAN@SIGNET.COM.SG			
Mobile Phone No	(LOCAL) +65-96742128			
Alternative Phone No	OFFICE-96742128			
Vehicle Particulars				
Manufacturer	LEXUS			
Model	ES250-2.5 (A)			
Exact Purpose for which vehicle was being used at time of accident	GOING TO 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	MS008410			
Cover Note Number				
Driver				

### Driver

 Name of Driver
 MAY KOH YI TING

 NRIC No
 \$1767107C

 Date Of Birth
 18/09/1966

 Occupation
 INDOOR

 Date Of Driving Pass
 07/05/2004

Driving Experience 15 YEARS AND 7 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96465312

Fax Number

Contact Number

EMail Address GEEGUAN@SINGNET.COM.SG

BLK 403 ADMIRALTY LINK #12-68 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **FRIEND** 

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** DRY Road Surface

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

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)

NAME: : TAN JEE LIAN

GENDER: : MALE

**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**

WHILE DRIVIG ON SELETAR WEST LINK TOWARDS CTE, SUDDENLY A COMFORT TAXI HIT THE BACK OF MY VEHICLE SCK3293H.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SHD4556X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver TOH CHENG GEE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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# **DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Sketch Plan



#### SKETCH PLAN

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  companies.
- 5. Any false reporting may be referred to the Police for investigation-
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
   Association of Singapore (GIA) for application by
   interested parties.
- By the lodgment of this report so the insurer, you heaply consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- B. Consent under the Personal Data Protection Act (PRINA) area are small shall shall prisate and 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, this closer and/or process my personal data personal information set act on this (form) and any other personal information provided by my as possessed by my insurer (collectively the "Personal Information Light discase and frameer such." Personal information to all insurers) who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the insurers (swyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the perpose(s) of :
    - 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 fread, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
    - (iii) for complying with requirements under any regulations, laws or court orders.

Holicyholder's Signature

Date Time: Minin 1-00 pm

Oriver's Signature (If driver is not the pol

Date & Time: 19/12/Pt (-00/P)

Reporting Centre Personnel's Signature

Rime: Slown Tan

HRIC/FINANO: 38 141895B

CHARMIC NAVIONE NAVIONE NO.

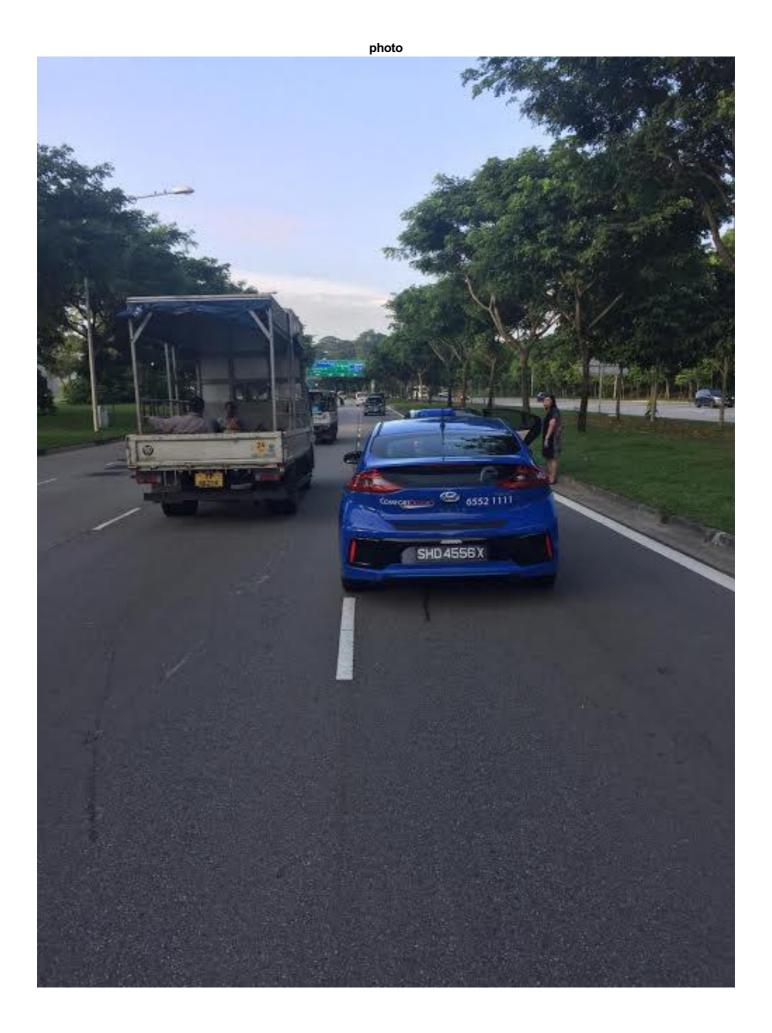
# Sketch Plan #2

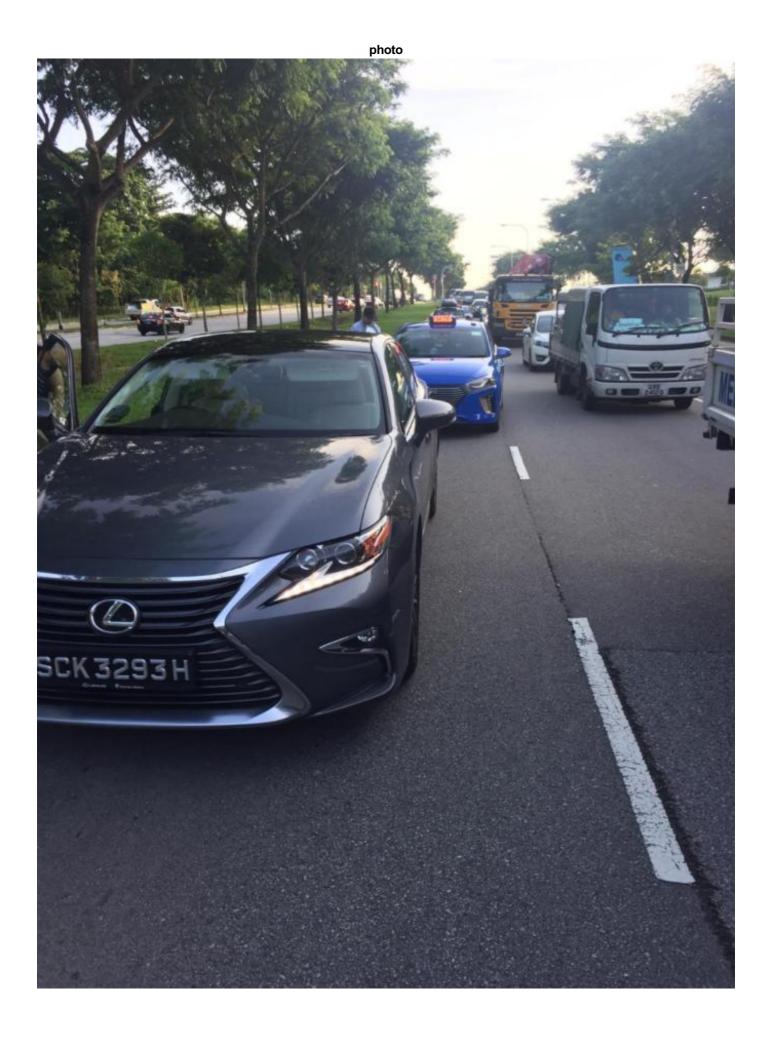
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		111	
		111	SHD 4576x
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brake and slown dawn	if and that I heard o	a bonding sound. The	axi of Confort
Delaro vehicle No. SHL	4556X had hit my l	back without a So	fely distance.
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CLADATION			
ECLARATION We declare the foregoing particulars	200 toucho		
we decide the foregoing particulars	are true nevery respect.		1
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ilicyholaer's Signature	Driver's Signature (15 gg ) 19 kg		'ersonnel's Signature
7	(If driver is not the policyholder)  Date & Time:	Name: elech NRIC/FINNO: S	

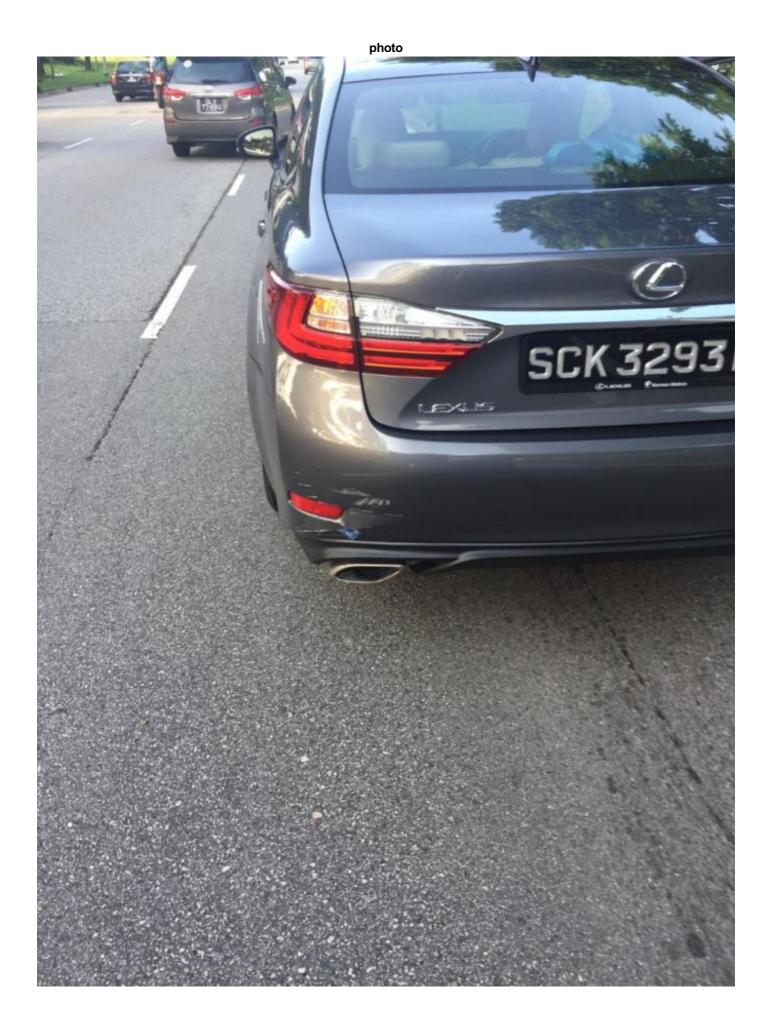
## **Identification Card**

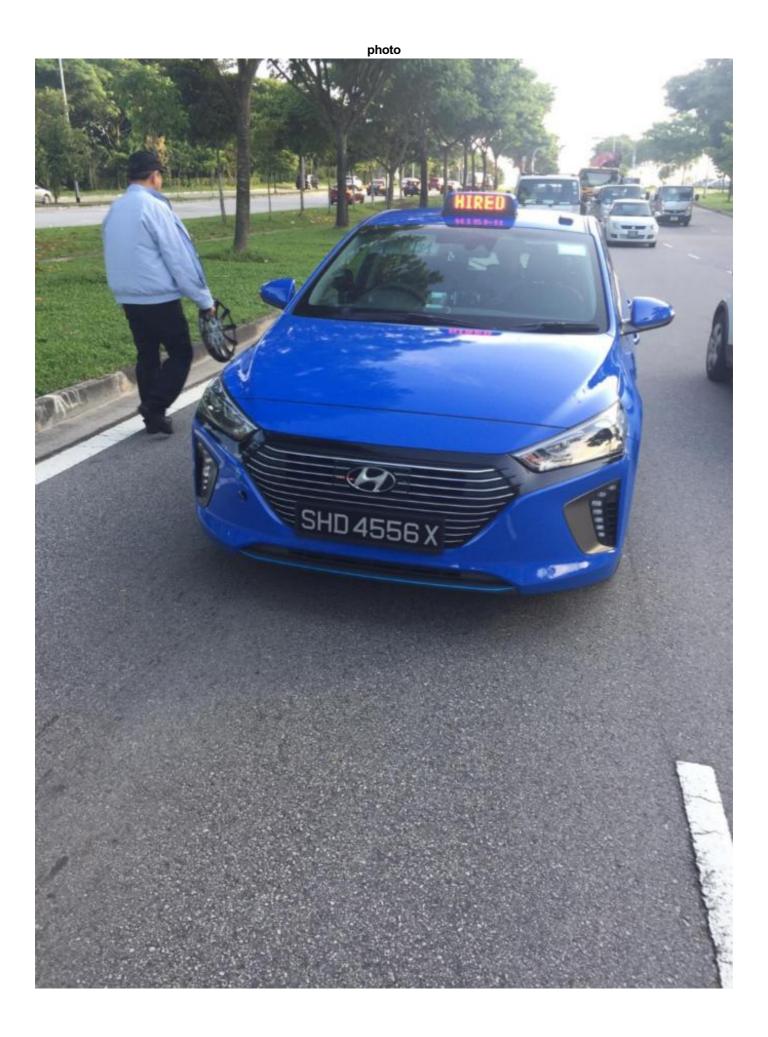


















# **Driving License**



