

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	30/12/2019 14:36
Date Of Accident	29/12/2019 18:40
Exact Location Of Accident	BEDOK RESERVOIR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU7303C
Insured/Policyholder	
Name Of Registered Owner	TEAM PERFORMANCE PTE LTD
Co Reg No	2XXXXX945R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67532112

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	19-MK000271-R00
Cover Note Number	

Driver

Name of Driver	TAN CHEE YONG
NRIC No	SXXXX432D
Date Of Birth	28/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	20/02/1982
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88414478
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 95 OLD AIRPORT ROAD
07-185
Postcode 990095
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? NO
Number of vehicles (including own vehicle) involved in the accident 2
Was any body injured in the Accident? NO
Was any injured conveyed to hospital by ambulance?
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

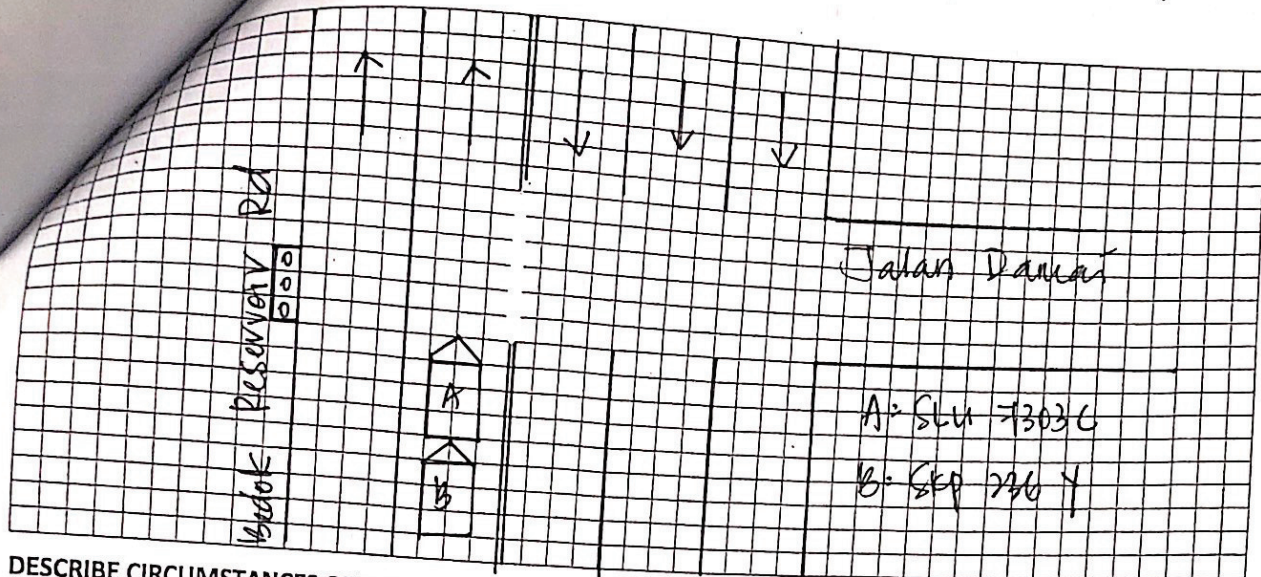
PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO-TEAM PERFORMANCE
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP236Y
Vehicle Make/Model/Colour
Details Of Properties ANG WEI JING
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number 96630330
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bedok Reservoir Rd towards Jalan Damai on 29.12.2019 @ 18:40.

I stopped my vehicle due to traffic light in red. All of sudden, the vehicle B hit my vehicle from behind.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
& Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: