

## 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	05/02/2020 10:24
Date Of Accident	03/02/2020 10:05
Exact Location Of Accident	CROSS-JUNCTION OF PASIR RIS DRIVE 3/LOYANG AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG8869S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	2XXXXX828K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90692517
Alternative Phone No	OFFICE-90692517

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ000693-R01
Cover Note Number	

### Driver

Name of Driver	CHEE CHEN KEONG
NRIC No	SXXXX156G
Date Of Birth	02/05/1960
Occupation	OUTDOOR
Date Of Driving Pass	20/06/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90692517
Fax Number	
Contact Number	OTHERS-90692517
Email Address	NOEMAIL

Address	BLK 484C CHOA CHU KANG AVENUE 5 #16-54
Postcode	683484
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?	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

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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	EU9955R
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	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report as the control 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:

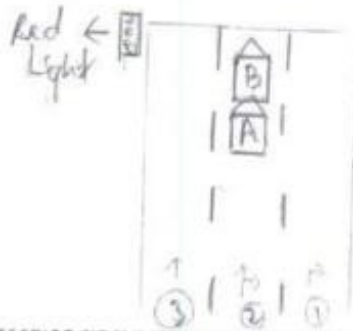
- (a) My insurers, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes) 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, accessing, 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 to the third party service providers or agents (including their lawyers/law firms, which may be based outside of Singapore) for one or more of the above Purposes;
  - (d) my Personal Information will/can be collected and used to compile claims history for the purpose of fraud detection, investigation and managing and improving our all future claims;
  - (e) the information contained herein may be used for other purposes:
- I, the Insurer, accept that, by signing and submitting this Form, I am not giving any warranty, guarantee, assurance, representation or endorsement and agree that the Insurers, the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority shall not be liable for any loss or damage suffered by me or my insured vehicle(s) as a result of the use of the information contained herein for any purpose other than the Purposes.



25/03/2020  
[Signature]  
[Signature]

# Accident Sketch Plan

SKETCH PLAN



A: SMG 8869S

B: EU 9955R

Cross Junction of  
Rte R15 Dvln 3  
and Cayang Avenue

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

*[Signature]*  
Investigator  
Date: 10/10/2018

*[Signature]*  
Witness  
Date: 10/10/2018

*[Signature]*  
Police Officer  
Date: 10/10/2018

ATTACHMENT

On 03.02.2020 at about 10:05 hours at Cross Junction of Pasir Ris Drive 3 and Loyang Avenue. I was travelling straight on lane 2 (along Pasir Ris Drive 3 towards New Loyang Link), suddenly the vehicle (B) stopped and the next moment my vehicle (A) front portion contacted with rear portion of vehicle (B).

Vehicle (A): SMG 8869S

Vehicle (B): EU 9955R



*Jan 03/02/2020  
Pasir Ris*

Accident Photo



**Accident Photo**





Accident Photo





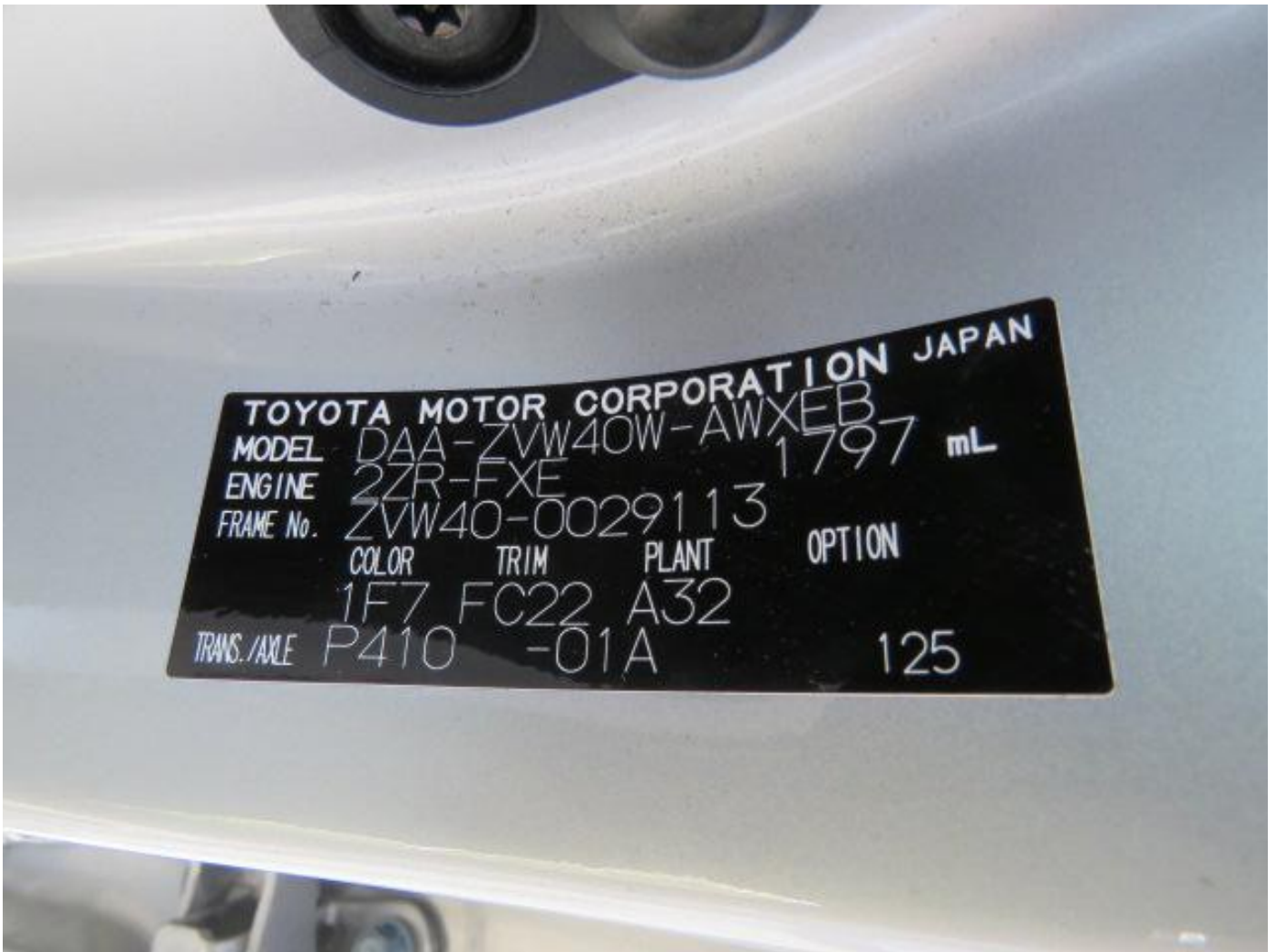
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