

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	26/02/2020 16:38
Date Of Accident	25/02/2020 16:00
Exact Location Of Accident	9 JALAN TEPONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD2088P
Insured/Policyholder	
Name Of Registered Owner	REDHILL RONG GUANG B.B.Q. SEAFOOD
Co Reg No	5XXXX660C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97896435
Alternative Phone No	OFFICE-97896435

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE VAN TURBO 5 DR MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MX005826-R05
Cover Note Number	

Driver

Name of Driver	ENG BOON HOR
NRIC No	SXXXX256D
Date Of Birth	07/02/1967
Occupation	INDOOR
Date Of Driving Pass	31/12/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97896435
Fax Number	
Contact Number	OFFICE-97896435
EMail Address	NOEMAIL

Address	BLK 281 TOH GUAN ROAD #18-227
Postcode	600281
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	YES
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)	2
Passenger 1	NAME: : CHAN CHUAY LIN GENDER: : FEMALE

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 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	XE1859Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HU MINGLONG
NRIC/Passport Number	GXXXX536W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name: ENG BOON HOR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD2088P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name: CHAN CHUAY LIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? GBD2088P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

Additional report **NOTICE** The subject of the accident is expected to appear in the public process.

The report must be completed by the Policysupplier and/or the Authorised Driver.

Information provided must be as truthful and accurate as possible to help the insurance companies to settle the claim and to avoid any dispute or litigation which may affect the insurance companies to reduplicate policy liability.

A. The issue and acceptance with a Form of Insurance Company is for an admission of policy liability of the insurance companies.

B. Any false reporting may be referred to the Police for investigation.

C. The report will be forwarded by the Insurers of the GIA Records Management, which established by the General Insurance Association of Singapore (GIA) for combining the management of the insurance policy which is made via an online system between the interested parties.

D. The lodgment of this report by the Insurers will be also consent to the lodging of this report to the public and to impact of the report being made available aforesaid.

E. 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 be 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 insurers who have insured vehicle(s) involved in the accident (i.e. insured(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency(ies) 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 making of correspondence, statements, disclosures, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim, as well as to other external user of e-mails/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 the 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/can be collected and used to compile a database 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

(f) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonably required for the purposes stated, in

Def. For compliance with requirements under any regulations, laws or court orders.

Reporting Office Personnel's Signature:
Name: _____
Title: _____

Accident Sketch Plan

DATE: 10/11/2020



A: 960 20880

B: 2E 18394

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING SPAIN TOWNS ON A SINGLE LANE 2-WAY ROAD, AS I WAS TRAVELLING STRAIGHT, SOMEWHERE IN FRONT OF UNIT NO 9, ONE M/LORRY KEIBSSY SUDDENLY MAKE AN UN-AUTHORISED U-TURN, THIS COLLIDED ON THE RIGHT SIDE OF MY VEHICLE, DUE TO THE STRONG IMPACT, PUSH MY VEHICLE TO MY LEFT AND CAUSED MY VEHICLE TO MOUNT ONTO THE LEFT ROAD KERB. AFTER THE ACCIDENT, I SUSTAINED PAIN ON MY LEFT HAND AND BACK, MY PASSENGER SUSTAINED PAIN ON HER HAND AND SHOULDER.



DECLARATION

I/We declare the following particulars are true and correct to the best of my/our knowledge.

[Signature]
Declarant
Date & Time

[Signature]
Witness
Date & Time

[Signature]
Authorising Officer
Date & Time