

### 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 willful 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	02/03/2020 11:47
Date Of Accident	28/02/2020 19:50
Exact Location Of Accident	AYE TOWARDS JURONG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLA2691U
Insured/Policyholder	
Name Of Registered Owner	LEE JIMMY
NRIC No	SXXX286F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97806355
Alternative Phone No	OFFICE-97806355
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	20-MV012166-R03
Cover Note Number	
Driver	
Name of Driver	LEE JIMMY
NRIC No	SXXX286F
Date Of Birth	26/05/1957
Occupation	INDOOR
Date Of Driving Pass	01/08/1977
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97806355
Fax Number	
Contact Number	OFFICE-97806355
EMail Address	NOEMAIL

Address	BLK 860 JURONG WEST 81 #08-600
Postcode	640860
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	-

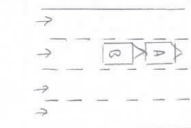
General Information of the Accident	
Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY
Other Information	
Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : LAM GENDER: : FEMALE
Passenger 2	NAME: : SHAWN GENDER: : MALE
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	
THE ACCIDENT HAPPENED ON 28/02/2020 AT 7:49PM ALONG AYE TOWARDS JURONG. I WAS DRIVING STRAIGHT & SLOWLY MOVING WHEN VEHICLE (B) FROM BEHIND SUDDENLY HIT MY VEHICLE REAR PORTION	
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	GBH5693B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIAM HIN TAT
NRIC/Passport Number	SXXX0651C
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

### SKETCH PLAN

A: SLA2691U  
B: GBH5693B



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

THE ACCIDENT HAPPENED ON 29/01/2020 AT 3:49PM  
ALONG AYE THWARDS JURONG I WAS DRIVING SLOWLY  
& SLOWLY MOVING WHEN VEHICLE (B) FROM BEHIND HIT  
MY VEHICLE REAR PORTION.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature \_\_\_\_\_  
Date & Time: 2/3/20

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 2/3/20

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

Accident Photo



Accident Photo

