



方商昭噴漆  
**POON SIANG SEOW**

Sin Ming Autocity, No 160 Sin Ming Drive, #05-13, Singapore 575722  
Tel: 6453 7511 Fax: 6453 8046 Email: sitti1@singnet.com.sg Regn. No: 05396600K

Our ref.: SLR3757T

Date 11/03/2020:

Time: 11AM  
AIG

FAX: 68357416

Attn.: Motor Claims Department

Dear Sirs

ACCIDENT ON 10/03/2020 INVOLVING SLR3757T AND SMP211U  
ALONGBUKIT TIMAH

We are instructed by EZORA SIGNATURES PTE LTD, the owner  
of SLR 3757T

You are the insurers of motor car no. SMP211U  
We are instructed to give you 48 hours Notice for the per-repair inspection under NIMA  
Protocol of the damage to our clients' car before any repairs are carried out

Our client's car may be inspected at POON SIANG SEOW SIN MING AUTOCITY  
NO. 160, SIN MING DRIVE, #05-13, SINGAPORE 575722  
Tel; 64537511, Fax 64538046

Yours faithfully

ALBERT POON

## 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	10/03/2020 14:43
Date Of Accident	10/03/2020 10:40
Exact Location Of Accident	BUKIT TIMAH ROAD NEAR BOON SIEW BUILDING
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3757T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EZORA SIGNATURES PTE LTD
Co Reg No	NA
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84535865
<b>Vehicle Particulars</b>	
Manufacturer	KIA
Model	CERATO FORTE K3 1.3
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MU009096-R02
Cover Note Number	
<b>Driver</b>	
Name of Driver	MOHAMED AMIN BIN HASSAN
NRIC No	SXXXX718F
Date Of Birth	15/06/1950
Occupation	OUTDOOR
Date Of Driving Pass	21/01/1975
Driving Experience	45 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84535865
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 130 CLARENCE LANE #02-38 SINGAPORE
Postcode	140130
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
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)	2
Passenger 1	NAME: : NA 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

REFER ATTACHED

#### Attachment(s)

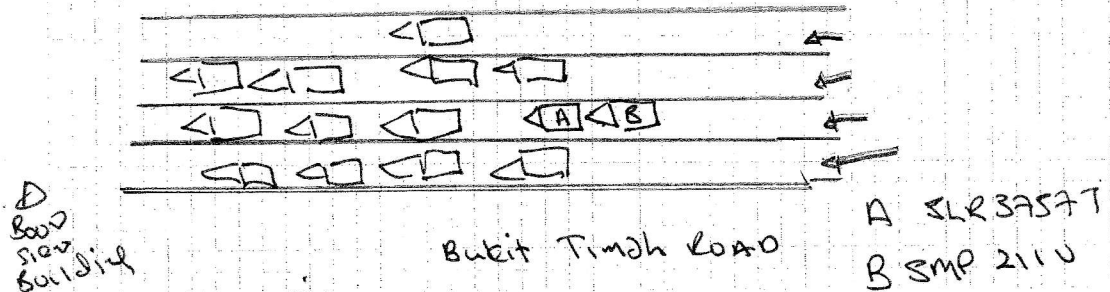
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMP211U
Vehicle Make/Model/Colour	
Details Of Properties	REFER ATTACHED
Vehicle Category	PRIVATE CAR
Name of Driver	WENDY
NRIC/Passport Number	SXXXX127A
Contact Number	96666155
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was driving along Bukit Timah Road toward Newton Road. The traffic was heavy & we were driving very slowly. When we were near Boon Siew Building the car in front of me slowed down & stopped & I followed. Suddenly a car behind failed to stop in time & hit my rear portion.

DECLARATION

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

  
Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN

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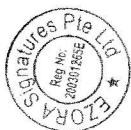
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/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 purpose(s) 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, 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:



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



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