

## 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	13/04/2020 17:50
Date Of Accident	13/04/2020 13:20
Exact Location Of Accident	T/J TOA PAYOH L 4(L/P23A)&TOA PAYOH CENTRAL(L/P1)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR9276B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NG CHAN KEET (WU ZHENGJIE)
NRIC No	SXXXX212H
Email Address	REXNGCK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97432406
Alternative Phone No	OFFICE-90697645

### Vehicle Particulars

Manufacturer	HONDA
Model	HR-V-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	19-MU009166-R01
Cover Note Number	

### Driver

Name of Driver	NG CHAN KEET (WU ZHENGJIE)
NRIC No	SXXXX212H
Date Of Birth	20/09/1974
Occupation	INDOOR
Date Of Driving Pass	27/05/1997
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97432406
Fax Number	
Contact Number	OFFICE-90697645
E-Mail Address	REXNGCK@HOTMAIL.COM

Address	BLK 224 LORONG 8 TOA PAYOH #04-759
Postcode	S310224
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?	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: : DOROTHY WONG CHUIN PENG GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Driver & Passenger got Injury & Refer to POLICE REPORT NO: T/20200413/2049

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4241U
Vehicle Make/Model/Colour	HYUNDAI/I40/BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEONG CHOW MOON
NRIC/Passport Number	SXXXX984B
Contact Number	
Address	

Postcode

Insurance Company Name

INDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG CHAN KEET

Approximate Age

Injuries Sustain NECK & BODY

Injured person in which vehicle? SLR9276B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name DOROTHY WONG CHUIN PENG

Approximate Age

Injuries Sustain NECK & BODY

Injured person in which vehicle? SLR9276B

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

Vehicle Number: SLR 9267B

SKETCH PLAN

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7. By the lodgment 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.
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.

REX  
Policyholder's Signature  
Date & Time:

13/4/2020, 5.20 pm

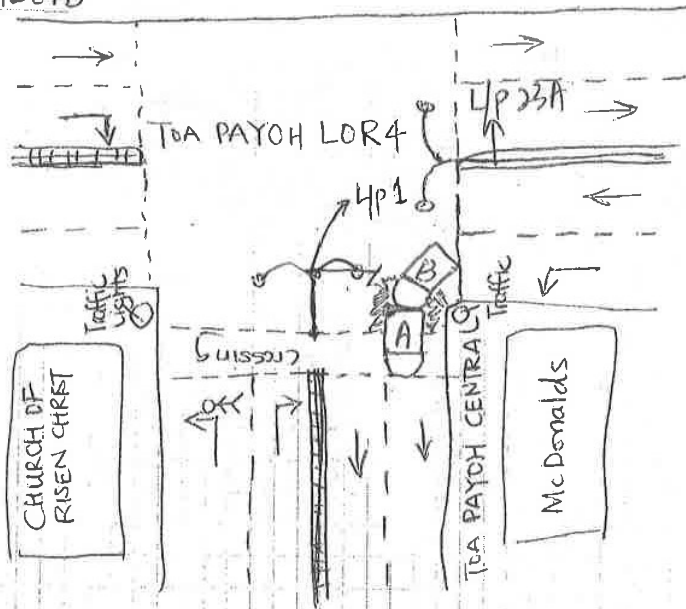
REX  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

17:17pm  
13 APR 2020  
ARY  
Reporting Centre Personnel's Signature  
Name: DIN : +65 6846 5673  
NRIC/FIN No.: HP : +65 8100 6306  
Email : ary.chua@honda.com.sg  
ARY CHUA

# Sketch Plan Pg. 2

Vehicle Number: SLR 9267B

## SKETCH PLAN



A = SLR 9267B  
B = SHA 4241U

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20200413/2049

## DECLARATION

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

REX  
Policyholder's Signature  
Date & Time:

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

17:17pm  
13 APR 2020  
Any  
Reporting Centre Personnel's Signature  
Name: ARY CHUA  
NRIC/FIN No.:  
DID : +65 9048 5673  
HP : +95 8100 6306  
Email : arychua@honda.com.sg