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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/09/2020 18:01
Date Of Accident	05/09/2020 14:00
Exact Location Of Accident	ALONG HOLLAND ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ8524B
Insured/Policyholder	
Name Of Registered Owner	BLU KOUZINA PTE LTD
Co Reg No	2XXXXX841E
Email Address	DUSTINRIKITO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-89226540
Alternative Phone No	OFFICE-89226540
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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-MS010704-R00
Cover Note Number	
Driver	
	10.10.10.10.10.10.10.10.10.10.10.10.10.1

Name of Driver NG KOK LIANG DUSTIN

NRIC No SXXXX248F
Date Of Birth 15/07/1998
Occupation OUTDOOR
Date Of Driving Pass 16/12/2019

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-89226540

Fax Number

Contact Number OTHERS-89226540

EMail Address DUSTINRIKITO@GMAIL.COM

Address BLK 129 BUKIT MERAH VIEW

#11-162

Postcode 150129

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

2

NO

NO

1

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200906/2032

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 SCQ9800Z

Vehicle Make/Model/Colour HONDA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TNG GEOK PANG ELIZEBETH

NRIC/Passport Number SXXXX466B Contact Number 96720713

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- The 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.
- 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 insurers) 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:
 - 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: 07/09 | 2020

4.30PM

Reporting Centre Personnel' Name:

NRIC/FIN No.:

Page 3 of 23

Accident Sketch Plan

	AS PAR AMACH
SCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT
RAPPAL 7	10 POLICE CAPORT [120200906/2032 -
	ng particulars are true in every respect.
	ng particulars are true in every respect.
We declare the foregoing	2. m 07/09/2000
ECLARATION We declare the foregoing olicyholder's Signature site & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 07/09/2020 Reporting Centre Personnel's Signature Mame: NRIC/FIN No.:

Accident Sketch Plan

SCQ 9800 Z.

OFF

On soit sept 5, 2020 around 2pm, I'm driving along the soit led beading toward Botanical Sanden on the middle lene. Alland Rd heading toward Botanical Sanden on the middle lene. On 9 show down approaching the junction (Belmont Rd) my said vehicle (1) shidded & the west britishe a can unthe light lane (2) his my right side fruit. Pushing toward my vehicle and Cerr (2) end up at the centre divider.

TROPPIC: MODERATE

WENTHER : REMINING

INSURY : NOWE

- BERNIC GREEN

> BELLIONTRD

0

07/09/2020 4.30 pm

POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682

1 of 3 Report No. T/20200906/2032

Tel No: 1800-3779999

REPORT OF A TRAFFIC ACCIDENT

06/09/2020 12:01			Vide Report No.:	Station Diary No.: 39			
Informa	nt's Partic	ulars					
Name of Informant NG KOK LIANG DUSTIN			Address: APT BLK 129 BUKIT MERAH VIEW #11-162 SINGAPORE 150129				
ID Type / ID No.: NRIC NO / S9823248F		48F	Contact No.: Home/Office:	Mobile: 89226540			
Nationality: SINGAPORE CITIZEN		EN	Email:				
Sex: Age: Date of Birth: Male 22 15/07/1998			Type of Informant: Driver				
Race: Chinese			Language: English	Institution / School Name:			
Occupation: DELIVERY DRIVER		2	Driving Licence Information: Class: 3,4 Date of Expiry:				

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 05/09/2020 14:00	Type of Location T-Junction
Location: HOLLAND Ro Weather: Drizzling	DAD	Road Surface:		Road Speed Limit:
		13.779.5		
Traffic Flow: Two Way		Traffic Control: Traffic Light - Wor	king	Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBJ8524B	Van	ТОУОТА	DYNA 150 5MT	White	Slightly Damaged	0
SCQ9800Z	Car	HONDA	FREED HYBRID 1.5G AUTO	White	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T-2222222

/20200908/2032

Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 2 of 3 Report No. T/20200906/2032

Tel No: 1800-3779999

CONTINUATION OF REPORT

Driver		Hart Barrier				
Name	NG KOK LIANG DUSTIN		ID No.		S9823248F	
Related Vehicle	GBJ8524B (Van)			Conta	ct No.	89226540
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge	NIL	
No. of Days granted Medical Leave NIL			Degree o			
Driver						Charles Section 1980
Name	TNG GEOK PANG ELIZABETH		ID No		S1354466B	
Related Vehicle	SCQ9800Z (Car)			Contact No.		96720713
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis					
No. of Days granted Medical Leave NIL			Degree of			

Brief Details

On 05/09/2020 at around 1400hrs, I was driving my van (GBJ8524B) on the second lane along Holland Road towards Botanic Gardens, While my van was approaching the T-junction of Holland Road and Belmont Road, near to the second arrow on the road, my van skidded towards the right side of the road. At that point of time, a white car (SCQ9800Z) was travelling on the first lane and the said vehicle then collided on to the front right side of my vehicle before colliding into the central divider.

I wish to state that at the point of the accident, it was drizzling and the road was wet. When the incident happened, the traffic light at the said junction was turning Amber and as I was approaching the said junction, my vehicle speed was slow.

POLICE REPORT





Police Station Of Origin: Bukit Merah West N.P.C 500 Bukit Merah View #01-01 SINGAPORE 159682 Tel No: 1800-3779999

3 of 3 Report No. T/20200906/2032

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 3 TAN HUI YU	
Signature Of Interpreter: Not applicable	Date/Time: 06/09/2020 12:01
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI / Contact No.: 65476151	Classification Of Case:
Authentication Stamp SN 45	
encountrions -	





























