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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/10/2020 10:45
Date Of Accident	11/10/2020 08:45
Exact Location Of Accident	ALONG WOODLAND DRIVE 73 TOWARDS WOODLANDS VIEW
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJP6500G
Insured/Policyholder	
Name Of Registered Owner	LOONG TUCK MENG
NRIC No	SXXXX707G
Email Address	LAELLELOONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97480063
Alternative Phone No	OFFICE-97480063
Vehicle Particulars	
Manufacturer	HONDA
Model	JADE-1.5 (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-MV007110-R04

Cover Note Number

Driver

Name of Driver LAELLE LOONG LIYEE

NRIC No SXXXX353A

Date Of Birth 21/03/1992

Occupation INDOOR

Date Of Driving Pass 25/07/2012

Driving Experience 8 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97480063

Fax Number

Contact Number

EMail Address LAELLELOONG@GMAIL.COM

BLK 423 JURONG WEST AVE 1 #03-206 SINGAPORE 640423 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **CHILDREN**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** DRY Road Surface

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

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 SKETCH PLAN

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

SHC1661A Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

PHUA CHEE TONG Name of Driver

SXXXX968H NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 12

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.

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 #2 Pg. 1

SKETCH PLAN WOODLANDS VIEW WOODLANDS DRIVE 73 (B VEHICLE A: SJP6500G VEHICLE B: SHC1661A **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT** ON 11/10/2020, AT AROUND 8.45AM, I WAS DRIVING ALONG WOODLANDS DRIVE 73 HEADING TOWARDS WOODLAND VIEW. WHEN I REACHED THE TURNING JUNCTION OF WOODLANDS VIEW, I STOPPED TO CHECK THE TRAFFIC ON THE OPPOSITE DIRECTION BEFORE I PROCEED MY TURN. AT THIS MOMENT, THE VEHICLE "B" SHC1661A SUDDENLY HIT ONTO MY VEHICLE FROM BEHIND CAUSED DAMAGE. REMARKS REMARKS You had been advised by the workshop that in the event that you wish to claim REPORTING ONLY against your own policy (OD Claim), there is a Fourteen (14) days clause **OWN DAMAGED CLAIM** whereby the claim must be made within the stipulated timeframe from the day THIRD PARTY CLAIM of occurrence. DECLARATION I/We declare the foregoing particulars are true in every respect Driver's Signature

(If driver is not the policyholder)

Date & Time

12/10

Policyholder's Signature

Date & Time

Reporting Centre Personnel's Signature

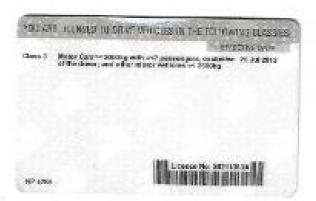
Name:

NRIC/FIN No.:

Driving License

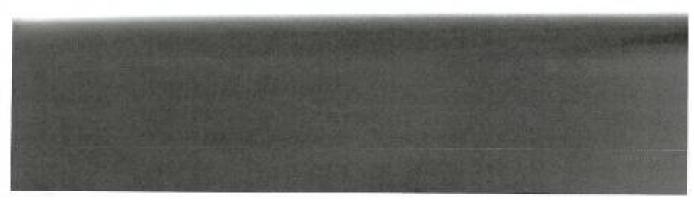








197480063 Laelleloong@gmail.com



INSURANCE CERTIFICATE

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TOKIO MARINE PERSONNEL GROUP PERM MILE

Certificate of Lawrence

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Parkey Nect 28-MV007118-R04 (Private Motor Car)

1. Index Mark and Rightration Number M. Webbele

8,9%5000

Chusali Na.: IHMFRS860/C200213

2. Name of Policyholder

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3. Director care of the Commissionment of becarriers for the purposes of the Aut

1.1408/2020

6. Note of Explry of Insurance

16/08/2001

5. Person of Class of Persons continue to delicate 50 The Policyholden

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ADDITIONAL INFORMATION

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Accident Photo





Accident Photo





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