

## 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 24/11/2020 13:07  
Date Of Accident 23/11/2020 19:30  
Exact Location Of Accident ALONG BISHAN ST 24 BLK 268A MULTI CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE:

Vehicle Registration Number SLX8475S  
**Insured/Policyholder**  
Name Of Registered Owner THINK ONE AUTOCARE PTE LTD  
Co Reg No 2XXXXX501G  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-96386668  
Alternative Phone No OFFICE-65453300

### Vehicle Particulars

Manufacturer TOYOTA  
Model WISH-1.8 X (A)  
Exact Purpose for which vehicle was being used at time of accident WORKING  
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 YES  
Policy Number 20-MT001761-R02  
Cover Note Number

### Driver

Name of Driver TAY SEOW ANN  
NRIC No SXXXX533G  
Date Of Birth 06/06/1968  
Occupation INDOOR  
Date Of Driving Pass 28/06/1988  
Driving Experience 32 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96386668  
Fax Number  
Contact Number  
Email Address NOEMAIL

Address BLK 267 BISHAN ST 24  
 Postcode #08-166  
 570267  
 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 -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION  
 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 2  
 Was any body injured in the Accident? NO  
 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) 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

ON 23.11.2020 AT ABOUT 19:30HRS I WAS DRIVING MY VEHICLE BEARING NUMBER SLX8475S SLOWLY INTO BISHAN STREET 24 BLK 268A MULTI CARPARK AFTER I CHECK THE BLIND SPOT ON MY LEFT. I DRIVE CAUTIOUSLY TOWARDS IT WAS RAINING DARK NARROW LANE. I NOTICE THAT VEHICLE BEARING NUMBER SGZ8527A WAS PARKED AND SUDDENLY MOVE AND COLLIDED INTO MY FRONT PORTION. POLICE ATTEND THE SCENE AND NO BODY WAS INJURED

#### 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 SGZ8527A  
 Vehicle Make/Model/Colour TOYOTA  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver M.UNNA  
 NRIC/Passport Number SXXXX787Z  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

A-SLX8475 S  
B-8GZ8527A

B-SGZ8527A

A



Bishan 5424

BIK 268A

Multi Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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



Date &amp; Time:

Date &amp; Time:

Tel: 6844 3300 Fax: 6842 4988

NRIC/FIN No.: