

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 Submission	30/12/2020 10:34 (SGT)
Date of Accident	29/12/2020 12:15 (SGT)
Exact Location of Accident	Bedok Reservoir, Singapore
Additional Location Information	BLK 630 BASEMENT CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5595B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH MARY
NRIC No	SXXXX959H
Email Address	tankarkeong@gmail.com
Mobile Phone No	(Phone) +65-96702104
Alternative Phone No	+65-96702104

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E220
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private use
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MR002565
Cover Note Number	-

DRIVER

Name of Driver	TAN KAR KEONG
NRIC No	SXXXX524J
Date Of Birth	29/10/1963
Occupation	Indoor

Date Of Driving Pass	18/01/1986
Driving experience	34 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97325012
Alt. Phone Number	-
Email Address	tankarkeong@gmail.com
Address	23G PAYA LEBAR CRESCENT
Address complement	-
Postcode	534131
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE ATTACHED STATEMENT.

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	SLE8297P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAITING FOR A CAR TO GO OUT OF THE PARKING LOT SO I CAN PARK. WHEN THE CAR IS OUT, I TRY TO REVERSE AND ACCIDENTLY HIT THE NUMBER PLATE OF SLE 8927E, WHICH IS JUST BESIDE MY CAR. I CAME DOWN AND SAW HIS NUMBER PLATE ON THE FLOOR AND LEFT A NOTE SO THE DRIVER CAN CALL ME.

RECEIVED CALL + WHAT APP FROM THE OWNER OF THE CAR AND TOLD HIM TO GO REPLACED HIS NUMBER PLATE AND I WILL PAY HIM.

HE CALLED BACK AND ALSO SENT ME PHOTO AND SAID HIS WORKSHOP QUOTED HIM \$600.00. I TOLD HIM IT IS TOO EXPENSIVE AND ASK HIM TO SENT HIS CAR TO MY WORKSHOP, WHICH QUOTE ONLY \$200+.

HE LOWER THE QUOTE TO \$500 AND SAY HE GOT NO CONTACT WITH MY WORKSHOP + DOES NOT WANT TO HAVE ANY WASSALE.

I ALREADY GIVE HIM THE WORKSHOP ADDRESS + CONTACT PERSON AND ASSURE I WILL SETTLE THE BILL.

HE SAY HIS WORKSHOP CAN ALSO DO THE JOB FOR \$200 BUT THAT IS NOT WHAT HE WANT. HE WANT TO CHANGE THE WHOLE PART.

PS: HIS CAR ALREADY GOT MANY SCRATCHES.

Declaration

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

Witnessed by Reporting Centre Personnel











