

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 03/03/2021 16:38 (SGT)
Date of Accident 02/03/2021 20:00 (SGT)
Exact Location of Accident Hougang Ave 10, Singapore
Additional Location Information CP OF BLK 453
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1671P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MR LIM KANG CHANG BRIAN
NRIC No SXXXX954Z
Email Address BRIAN.CHANG@HOTMAIL.COM
Mobile Phone No (Phone) +65-90173173
Alternative Phone No +65-90173173

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 20-MU012384-R03
Cover Note Number -

DRIVER

Name of Driver MR LIM KANG CHANG BRIAN
NRIC No SXXXX954Z
Date Of Birth 20/11/1987
Occupation Outdoor

| | |
|--|-------------------------|
| Date Of Driving Pass | 12/01/2006 |
| Driving experience | 15 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90173173 |
| Alt. Phone Number | +65-90173173 |
| Email Address | BRIAN.CHANG@HOTMAIL.COM |
| Address | BLK 314B PUNGGOL WAY |
| Address complement | #11-629 |
| Postcode | 822314 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| 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 | Collision - Head on collision |
| 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) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|--------------|
| Name | LEE MEI ZHEN |
| Gender | Female |

PASSENGER 2

| | |
|--------------|-----------------------|
| Name | LIM JING QING PHEDORA |
| Gender | Female |

PASSENGER 3

| | |
|--------------|-----------------------|
| Name | LIM QI SHENG DASHZELL |
| Gender | Male |

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 | SKJ9218Y |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | LOW WEI LOONG |
| NRIC No | SXXXX675J |
| 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.

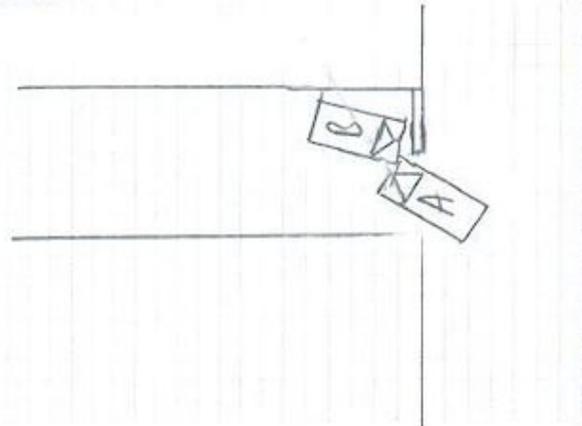
Policyholder's Signature / Date & Time

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

Sym 03/03/21

Witnessed by Reporting Centre Personnel

Sketch Plan



CP OF BLK 453 HOUGANG AVE 10

A: SKZ 1617P

B: SKJ 9218Y

Describe Circumstances of the Accident

My vehicle was inside the carpark of B1K 453
 Hougang Ave 10. As I was approaching the T-junction
 of the carpark. I came to a complete stop as there
 are on-coming car. Right after my vehicle was stationary,
 Vehicle B did not slow down & collided onto my vehicle
 I wish to state that I have admit statement that
 the 3rd Party driver admitted fault.

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

 03/03/21
 Witnessed by Reporting Centre
 Personnel

















I, LOW WEI LOONG S7245675J WAS DRIVING VEH NO. SKJ9218Y
TOYOTA ALTIS ON 02/08/2021 @ about 1950hrs, I collided onto
VEH NO. SKZ1671P HONDA CIVIC DUE TO MY CARELESS ~~AND~~ MISTAKE
WHILE TURNING MY VEHICLE, I HEREBY ADMIT ITS MY FAULT & AFTER
DISCUSSION WE DECIDE TO PROCEED FOR INSURANCE CLAIMING
PURPOSES.



LOW WEI LOONG
S7245675J
SKJ9218Y



LIN KANG CHANG
S8737954Z
SKZ1671P