

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
3. Information provided must be as truthful and accurate 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.

# **ACCIDENT STATEMENT**

Date of Submission 05/05/2021 09:47 (SGT) Date of Accident 03/05/2021 15:45 (SGT) Exact Location of Accident Bendemeer Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBD1451E** 

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NY HUA FENG (S) PTE LTD Company Reg No ..... 2XXXXXX031E Email Address INM\_COE@YMAIL.COM Mobile Phone No (Phone) +65-91693739 Alternative Phone No (Home) +65-91693739

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna Variant Exact purpose for which vehicle was being used at time of accident Employment Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Commercial vehicle Transmission ..... Manual CC 2982

#### INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 20-MU007782-R03 Cover Note Number

#### DRIVER

Name of Driver LOE HOON LEONG SXXXX159.1

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/08/1955 Outdoor 19/05/1980 41 YEARS Male (Phone) +65-91693739
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface  OTHER INFORMATION	Side Swipe Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged?  Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No
CIRCUMSTANCES OF ACCIDENT	
REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?  DETAILS OF OTHER	No No No
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant	SGJ2686Y 

Private car



Contact Number

Name of Driver

Postcode
Insurance Company Name
Nature Of Damage
Details of property damaged in accident
No. Of Passenger (Including Driver)

#### SKETCH PLAN

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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.
- 6. The report will be forwarded by the insurers of the G/A 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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;
- (ii) 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Porsonal 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



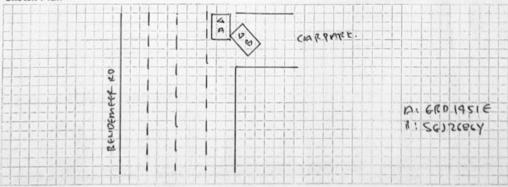
Policyholder's Signature / Date & Time

My

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



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7.														

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel