

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
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

07/07/2021 17:12 (SGT)
07/07/2021 09:26 (SGT)
119 Aljunied Ave 2, Singapore
CARPARK
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKS4900X

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mobile Phone No
Alternative Phone No

No
POH EE
SXXXX224A
classicleben@gmail.com
(Phone) +65-97961697
+65-97961697

VEHICLE PARTICULARS

Manufacturer
Model
Variant
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?
Vehicle Category
Transmission
CC

Hyundai
Elantra
-
Private use
No - Claiming third party
Private car
Auto
1591

INSURANCE COMPANY

Name of Insurance Company
Type of Coverage
Fleet Policy
Policy Number
Cover Note Number

Tokio Marine Insurance Singapore Ltd
Comprehensive
No
MQ001396
-

DRIVER

Name of Driver
NRIC No

POH EE
SXXXX224A

| | |
|--|-------------------------|
| Date Of Birth | 15/08/1979 |
| Occupation | Indoor |
| Date Of Driving Pass | 25/06/2003 |
| Driving experience | 18 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-97961697 |
| Alt. Phone Number | +65-97961697 |
| Email Address | classicleben@gmail.com |
| Address | BLK 21 HAIG ROAD #02-16 |
| Address complement | - |
| Postcode | 430021 |
| 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 | Hit and run / Vandalism / Damaged whilst parked |
| 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 vehicle 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

PLEASE REFER TO 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

| | |
|-----------------------------|-------------|
| Vehicle Registration Number | SLU5855P |
| 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

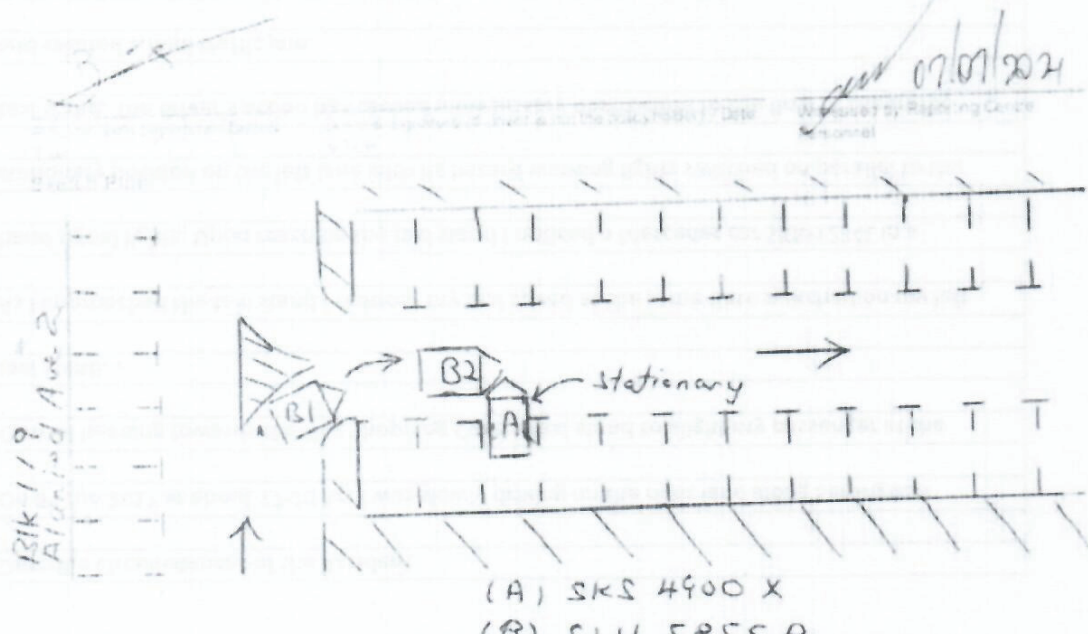
Details of property damaged in accident

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

1. This report is prepared by the insurer or the authorised person on the insurer's behalf.
2. This report must be completed by the Policyholder and/or the Authorised Driver.
3. All information provided must be truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow the insurer to repudiate policy liability.
4. The policyholder's 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 to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and may also be used for a fee by other parties upon application by interested parties.
7. By the completion of this report, you hereby consent to the archiving of this report at the insurer and in records of the insurer's company.
8. Consent under the Personal Data Protection Act (PDPA)
9. The insurer, its authorised person, the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and transfer the personal data provided in this Form and any other data and information provided by me or my authorised person (collectively, "Personal Information") and disclose and transfer such Personal Information to all insurance companies, including the insurers, for the purpose of settling claims and for other purposes. The insurers, the GIA and any relevant government agencies (including the police) for the purposes of:
10. Investigating, handling and/or settling claims including the settlement of the claim, and any necessary correspondence relating to the claim.
11. Investigating the accident and/or my claim.
12. Carrying out and/or dealing with my instructions or responding to any enquiries by me.
13. Carrying out my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve the use of my personal data, including my report, to bring about delivery of the same as set out in the external cover of envelopes and documents).
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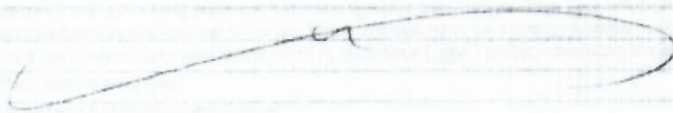


Describe Circumstances of the Accident

On 07/07/2021 at about 0926 hrs at Open Car Park of
 Bk 119 Junction Ave 2. My vehicle was stationary
 parked at the above mentioned car park lot no 65
 and slowly moved out from the lot with my Right
 Signal 'on'. While doing so, I saw Vehicle (B)
 turning out from my left side of the same Car
 Park as such I stopped my vehicle. When I saw
 Vehicle (B) still moving towards my vehicle as
 such I turned to his attention. Despite my
 horn warning, Vehicle (B) still moving forward and
 collided into my Left Front Portion of my Vehicle
 (A) causing damages to my vehicle.

(A) SKS 4900X

(B) SLU 5855P



Note: Please note that you must have a 14 days time frame for you to submit an Own Damage Claim under your
 your own comprehensive policy. Please check your policy for more information.

Declaration

I hereby declare that the information provided in this report is true and correct to the best of my knowledge and belief.
 I understand that any false or misleading information provided may result in the cancellation of my insurance policy and I may be liable for the costs of the investigation and any legal proceedings.
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Signature of the Driver of the Vehicle (A)

Signature of the Driver of the Vehicle (B)

Witnessed by Reporting Centre Personnel

07/07/2021