

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	04/04/2022 10:26 (SGT)
Date of Accident	02/04/2022 10:45 (SGT)
Exact Location of Accident	3 Jln Limau Kasturi, Singapore 468408
Additional Location Information	SLIP ROAD OF 3 JALAN LIMAU KASTURI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT5014E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG WENG KEE STUART
NRIC No	SXXXX961B
Email Address	STUART.SINGAPORE@GMAIL.COM
Mobile Phone No	(Phone) +65-96795446
Alternative Phone No	+65-96795446

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	PRIUS
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
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT107390
Cover Note Number	-

DRIVER

Name of Driver	ONG WENG KEE STUART
NRIC No	SXXXX961B

Date Of Birth	11/03/1964
Occupation	Indoor
Date Of Driving Pass	19/06/1987
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96795446
Alt. Phone Number	+65-96795446
Email Address	STUART.SINGAPORE@GMAIL.COM
Address	3 JALAN LIMAU KASTURI
Address complement	-
Postcode	-
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	Collided into Parked Vehicle
Weather Conditions	Raining
Road Surface	Wet

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)	0
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

MY VEHICLE SLT5014E (A) WAS PARKED NEXT TO MY HOUSE SINCE THE PREVIOUS NIGHT (1 APRIL 2022). THIS MORNING AT ABOUT 10.43AM, I WAS CALLED OUT TO WHERE MY CAR WAS PARKED (SEE DIAGRAM). MY CAR WAS DAMAGED AND VEHICLE B (XE4190Y) WAS INFRONT OF MY PARKED CAR. THE REAR OF MY CAR HIT THE BOLLARD NEXT TO MY CAR. I EXCHANGED PARTICULARS WITH A MR DARREN WHO SAID HE WAS THE MANAGER OR THE PERSON IN CHARGE. THE FRONT AND REAR OF VEHICLE A WAS DAMAGED.

(VEH B CONTACT: DARREN 9752 3800 FROM 800 SUPER)

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	XE4190Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	(Phone) +65-97523800
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR (800 SUPER RUBBISH TRUCK)
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

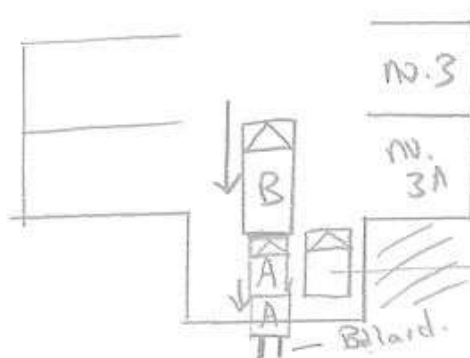
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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, 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
2 April 22 1:15 pm

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - SLT5014E
B - XE4190Y

Describe Circumstances of the Accident

My vehicle SLT5014E (A) was parked next to my house since the previous night (1 April 2022). This morning at about 10:43 am, I was called out to where my car was parked (see diagram). My car was damaged and Vehicle B (XE 41A0Y) was in front of my parked car. The rear of my car hit the bollard next to my car. I exchanged particulars with a Mr. Darron who said he was the manager or the person in charge. The front and rear of vehicle A was damaged.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date &
 Time

2nd April 22
 1:15 pm.


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


 Witnessed by Reporting Centre
 Personnel