SK0N2279000B / KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 09/07/2022 16:55 (SGT) SUBMITTED BY: KOH SING LANG VERSION: 1 (09/07/2022 16:55 (SGT))



# 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 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

09/07/2022 16:55 (SGT) Date of Submission Reported by 09/07/2022 08:13 (SGT) Date of Accident Exact Location of Accident Singapore SLIP ROAD OF TPE TOWARDS PASIR RIS DRIVE 8 'ditional Location Information \_\_untry/State of Loss Singapore

# DETAILS OF OWN VEHICLE

SMU7255X Vehicle Registration Number

#### INSURED/POLICYHOLDER

Is company? LIN BOON CHEE Name Of Registered Owner S1264363B NRIC No linboonchee@gmail.com Email Address (Phone) +65-87993208 Mobile Phone No Alternative Phone No

#### VEHICLE PARTICULARS

Toyota nufacturer PRIUS HYBRID 1.8E CVT Model Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Private hire Vehicle Category Auto Transmission 1797 CC

#### INSURANCE COMPANY

Tokio Marine Insurance Singapore Ltd Name of Insurance Company 21-MR004883-R01 Policy Number / Cover Note Number

## DRIVER

LIN BOON CHEE Name of Driver S1264363B NRIC No 15/12/1957 Date Of Birth Outdoor Occupation

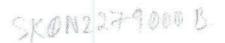
Date Of Driving Pass	24/02/1977	
Driving experience	45 YEARS AND 5 MONTHS	
Gender		
Mobile Number	(Phone) +65-87993208	
Alt. Phone Number	-	
Email Address	linboonchee@gmail.com	
Address	BLK 617 ANG MO KIO AVE 4, #11	-1053, S560617
Address complement	and the same of th	
Postcode	e e e	
Is the driver the policyholder?		
If No, Relationship of the Driver with the Insured		
Does Driver Own Other Vehicles?		
Vehicle Registration Number of Other Vehicle Owned by Driv	ver -	
Insurance Company of Other Vehicle Owned by Driver		
GENERAL INFORMATION OF THE ACCIDENT	* * * * * * * * * * * * * * * * * * *	
Type of Accident	Collision - Head to Rear	
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)	- 4	
Has the driver been approached by unknown person(s)	No	
soliciting/offering accident claims assistance?	No	
Translator's name		
Translator's ID	3000 Br	
Translator's phone number	200	
Translator's email Original language used in the statement		
PASSENGER 1		
Name	unknown passenger	
Gender	Table Company NV SSS	
delider annual production of the second		
PASSENGER 2		
me	unknown passenger	
Gender		
PASSENGER 3		
Name	unknown passenger	
Gender	The state of the s	
DETAILS OF POLICE ACTION		
	Emilian territorio de la composició de l	
Was the accident reported to the police?	No	
Was notice of intended Prosecution given?		
If yes, against whom?	,	
CIRCUMSTANCES OF ACCIDENT		
AUTONIO MACEO AL MONDENI		
PLEASE REFER TO ATTACHED REPORT		
ATTACHMENT(S)		
Are accident photos available for attachment?	Yes	
		Page 2 of 31

Yes THE VIDEO IS WITH THE INSURED

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF2742T
Vehicle Manufacturer	
Vehicle Model	*
Vehicle Variant	E
Vehicle Colour	170
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	0 <del>0</del> X
Address complement	(m)
Postcode	•
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2
PASSENGER 1	
Name	UNKNOWN PASSENGER
nder	Female

### SKETCH PLAN



#### IMPORTANT NOTICE

- 1. Heads arpaid parrectly the distals of the and dentital speaking the chains 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 wiful managementation or withholding of material facts may allow insurance companies to reputiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies in not an advassion of policy listility on the part of the insurance scorpanies.
- 6. Any false regarding may be referred to the Police for investigation
- fi. This report will be forwarded by the staurers of the GA Records Management Centre established by the General Insurance Association of Singapore (GIA) for prohiving one that copies of this report will fer a fee be made available upon application by interested parties.
- 7. Sy the loggement of this report to the insurers, you hereby consent to the archiving of this report at the centre and su copies of the report being make available aforesaid.
- E. Consent under the Personal Data Protection Act (PDPA)

Funderstand, acknowledge, agree and consent that

(d) My insurer, my workshop and the General insureries Association of Singapore ("GiA") may are permitted to collect, use, disclose and/or process my personal natalpersonal information set can in this florrid and any other personal information provided by one or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to as insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively inferred to as the "Insurers"), the becomes law yers law times, the Monetary Authority of Singapore and any relevant government agency purhantly (such as the poisse), for the purpose(s) of

(ii) processing, handling and or scaling with my claims including the settlement of the claims and any necessary investigations relating to the oferms:

- (ii) investigating the encodent and for my claims;
- (is) carrying our and/or dealing with my instructions or responding to any enquries by me,
- (iv) commistering my claims (accluding the making of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of perturn personal data about no to bring about delivery of the same as well as on the external cover of enverages making a scalar.
- (v) complying with applicable law is administering, processing, handling and or desting with my claims.

(collectively the "Purposes")

- (b) all saurer(s) who have insured vehicle(s) involved in this decident and the insurers' law yers law firms, may are permitted in collectures. disclose and or process my Personal information for one or more of the above Purposes; and
- (e) my Personal Information may can be disclosed by any of the Insurers and/or GA to their third party service providers or agents (including their law yers law (irms), which may be sted cutsfor of Singapore, for one or more of the above Airposed.

Autoyladions Signature / Date & Trew

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Witnessen by Reporting Centre Personnel

Sketch Plan

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