

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 Actual 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	30/11/2022 15:40 (SGT)
Reported by	Both
Date of Accident	23/11/2022 13:30 (SGT)
Exact Location of Accident	766 Yishun Ave 3, Singapore 760766
Additional Location Information	OSCP LOT 415
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK4078M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JASMIYANTI BINTE MARHAJAS
NRIC No	S7345140Z
Email Address	JASMIN_1712@YAHOO.COM
Mobile Phone No	(Phone) +65-97578703
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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
Transmission	Auto
CC	1318

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MS004143-R02

DRIVER

Name of Driver	JASMIYANTI BINTE MARHAJAS
NRIC No	S7345140Z
Date Of Birth	17/12/1973
Occupation	Indoor

Date Of Driving Pass	26/12/1997
Driving experience	24 YEARS AND 11 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97578703
Alt. Phone Number	-
Email Address	JASMIN_1712@YAHOO.COM
Address	BLK 766 YISHUN AVE 3 #02-305
Address complement	-
Postcode	2776
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 WAS PARKED AT BLK 766 YISHUN AVE 3 CARPARK LOT 415 ON 23/11/2022 AT 1.40PM. A TOWN COUNCIL SUPERVISOR CAME TO MY HOUSE AND INFORMED ME THAT THEIR RUBBISH COLLECTION TRUCK HAD HIT ONTO MY PARKED VEHICLE WHILE THEY WERE TRYING TO PARK INTO ANOTHER CARPARK LOT BESIDE MY CAR. AFTER THE COLLISION, THE OPERATION MANAGER INFORMED ME TO GET THE QUOTATION FOR MY CAR REPAIR WORKS AND WANTED TO DO A PRIVATE SETTLEMENT UNTIL 29/11/2022, I WAS ONLY INFORMED THAT A SURVEY IS GOING TO SURVEY ON MY VEHICLE AT THE WORKSHOP AND WILL BE PROCESSING ON INSURANCE CLAIM.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-


Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LAWRENCE
Contact Number	(Phone) +65-96608091
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

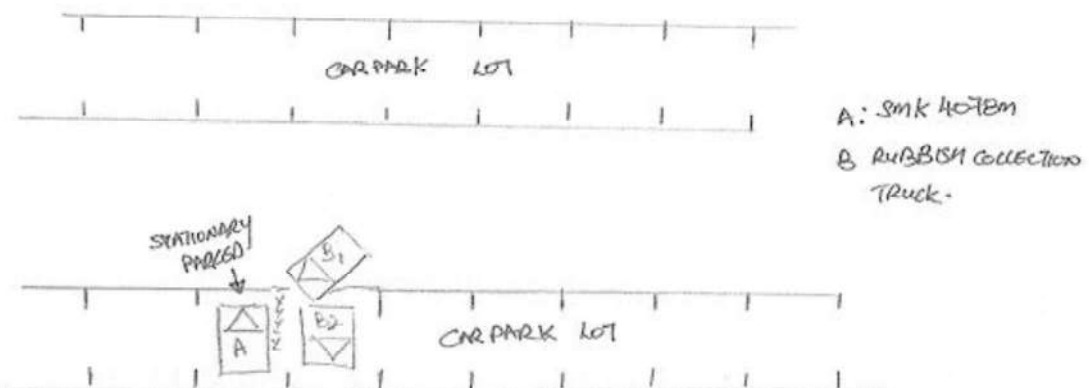
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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.
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

30/11/22
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

MY VEHICLE WAS PARKED AT BLK 766 YISHUN AVE 3 CARPARK LOT 415 ON 23-11-2022 AT ABOUT 1.40 PM, A TOWN COUNCIL SUPERVISOR CAME TO MY HOUSE AND INFORMED ME THAT THEIR RUBBISH COLLECTION TRUCK HAD HIT ONTO MY PARKED VEHICLE WHILE THEY ARE TRYING TO PARK INTO AN OTHER CARPARK LOT BESIDE MY CAR. AFTER THE COLLISION, THE OPERATION MANAGER INFORMED ME TO GET THE QUOTATION FOR MY CAR REPAIR WORKS AND WANTED TO DO A PRIVATE SETTLEMENT. UNTILL 29-11-2022, I WAS ONLY INFORMED THAT A SURVEY IS GOING TO SURVEY ON MY VEHICLE AT THE WORKSHOP AND WILL BE PROCESSING ON INSURANCE CLAIM.

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

Witnessed by Reporting Centre Personnel