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 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	24/04/2023 15:25 (SGT)
Reported by	Actual Driver
Date of Accident	21/04/2023 18:24 (SGT)
Exact Location of Accident	Near Opp Boon Keng Stn, Singapore
Additional Location Information	BENDEMEER ROAD TOWARDS CITY BETWEEN LAMP POSTS 39 AND 40
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6489T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	M3 MULTISERVICES PTE LTD
Company Reg No	201226756R
Email Address	m3mservices@gmail.com
Mobile Phone No	(Phone) +65-97893563
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
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	Auto
CC	2754

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	22-MR004417-R02

DRIVER

Name of Driver	PNG HOCK LENG
NRIC No	S7400488A
Date Of Birth	17/01/1974

Occupation	Outdoor
Date Of Driving Pass	03/02/2009
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97893563
Alt. Phone Number	-
Email Address	m3mservices@gmail.com
Address	BLK 155 ANG MO KIO AVENUE 4
Address complement	#03-732
Postcode	560155
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	Collision - Change/cross lane
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)	3
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	-

PASSENGER 1

Name	ALI MD SHARAFAT
Gender	Male

PASSENGER 2

Name	N.A.
Gender	Male

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

ON 21/04/2023 AT ABOUT 1824 HOURS, I WAS TRAVELLING IN LANE 2 ALONG BENDEMEER ROAD TOWARDS CITY. AT THAT TIME, THE TRAFFIC LIGHTS IN FRONT WERE RED. MOMENTS LATER, WHEN THE LIGHTS TURNED GREEN, I MOVED OFF. JUST WHEN I WAS BETWEEN LAMP POSTS 39 AND 40, A VEHICLE, WHITE LEXUS (REGN NO: SMV4306Y) TRAVELLING ON MY LEFT IN LANE 3 SUDDENLY CUT INTO MY LANE. AS A RESULT, THE FRONT PORTION OF SMV4306Y GRAZED THE FRONT LEFT PORTION OF MY MOVING VEHICLE (REGN NO: GBH6489T). NEXT WE MOVED OUR VEHICLES TO THE HDB CAR PARK TO EXCHANGE PARTICULARS AND TOOKS PHOTOS.

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	SMV4306T
Vehicle Manufacturer	Lexus
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	IRENE WONG WUI FONG
NRIC No	S7366658I
Contact Number	(Phone) +65-92384822
Address	BLK 381 TAMPINES STREET 32
Address complement	#10-107
Postcode	520381
Insurance Company Name	-
Nature Of Damage	FRONT RIGHT PORTION DAMAGED
Details of property damaged in accident	FRONT RIGHT PORTION DAMAGED
No. Of Passenger (Including Driver)	4

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This 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 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.

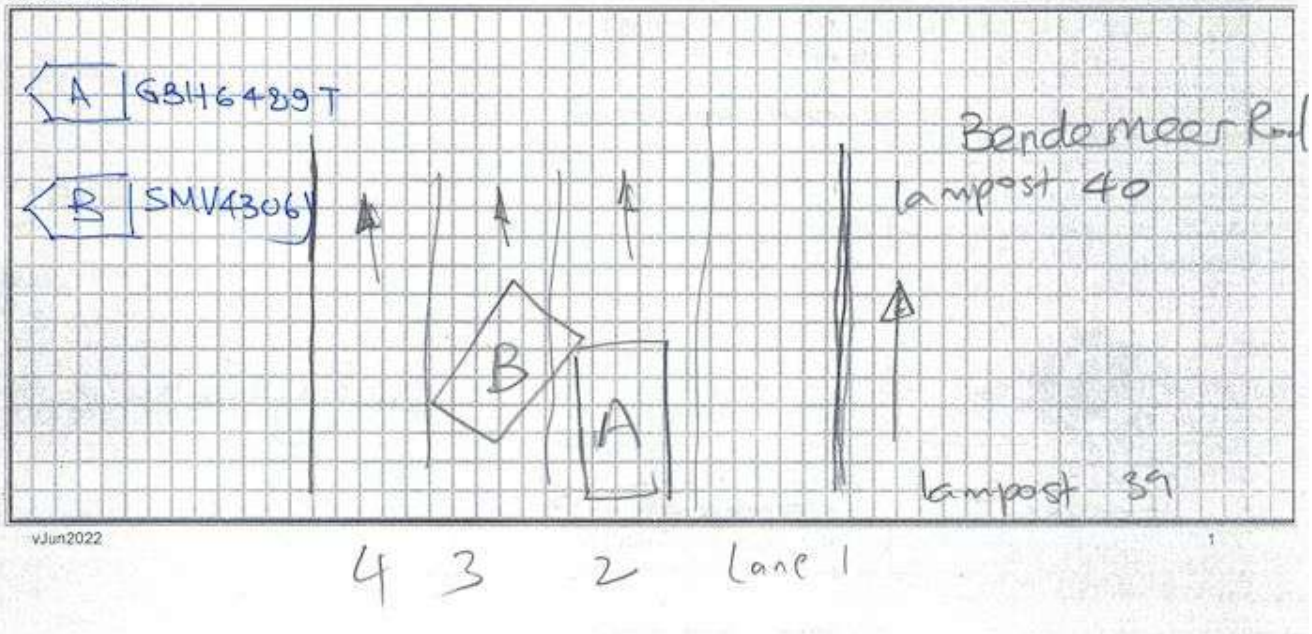
(collectively the "**Purposes**")

(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	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
24/04/2023 1500HRS	24/04/2023 1500HRS	LIM PUAY HONG VICTOR

Sketch Plan



vJun2022

Describe Circumstance of the Accident

REFER TO REPORT

Declaration

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

Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
24/04/2023 1500HRS	24/04/2023 1500HRS	

vJun2022

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