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 22/07/2023 17:48 (SGT) Reported by **Actual Driver** Date of Accident 21/07/2023 14:25 (SGT) Exact Location of Accident Singapore Additional Location Information TUAS CHECKPOINT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP6969P

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner **ERIC EVENTS SOLUTIONS** Company Reg No 53334688J Email Address erictan_69@hotmail.com Mobile Phone No (Phone) +65-97313161 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Toyota Model ALPHARD 2.5 S-A A Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire Transmission Auto 2493

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd Policy Number / Cover Note Number 23-MP002588-R01

DRIVER

Name of Driver TAN SWEE HENG NRIC No S6934344I Date Of Birth 09/10/1969 Occupation Indoor

Date Of Driving Pass 30/12/1986 Driving experience 36 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-97313161 Alt. Phone Number Email Address erictan 69@hotmail.com Address BLK 272 YISHUN ST 22 #08-112 Address complement Postcode 760272 Is the driver the policyholder? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 MS GRACE Gender Female 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 REFER SKETCH ATTACHED 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 SGZ8989A Vehicle Manufacturer Vehicle Model

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-90671966
Address	-
Address complement	-
Postcode	-
Insurance Company Name	_
Nature Of Damage	-
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	MS GRACE
Phone	-
Fmail	

SKETCH PLAN

VEH NO

INSURER

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 Traffic Police Department for investigation.
- 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:

IMPORTANT NOTICE

(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.

olicyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Deeda

Sketch Plan PLEASE TURN

OVER

escribe Circumstance of the Accident NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14	ADAYS TIME ERAME for you to Submit OWN DAMAGE
Claim under your Own Comprehensive policy. Pls chec	k your policy for more information.
() Claim Own Policy () Claim Third party () Claim OD/ TP at other workshop (1
ketch Plan	
	Market Miller of the Miller of
(E) ()	
(3)	A- 5196969 P
	B= 5628989A
TO THE STATE OF TH	he 90621966
To large X	111111111111111111111111111111111111111
3 3 3	
2	
3	
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Dan = 21/7/23 Time - 14	ishn Ins: Tokto
101-21 1 23	
my vehicle was stationary in qu	home at this Checkpoint.
(ar(B) filter out to awid an	unknown vehicle to poin
another counter - when he filter ou	at the collided onto my
Sombourney Villacle. He did not not	me out to stak to me - I trok
Don a cluster and moreleded ahead.	later we mut at the perior
Klosh! He gave me his hip no how	ever he did want to settle
my repairs.	
(10/11/2	
	(DILL
I have a while in my while	e (PHV passenger - ms Grace)
	e (PHV passenger - ms GMU)
	e (PHV passenger - ms Grace)
	e (PHV passenger - ms Gmu)
	e (PHV passenger - ms Grace)
I have a while in my while Declaration	e (PHV passenger - ms Grace)
I have a whise in my while	e (PHV passenger - ms Grace)
I have a while in my while Declaration	e (PHV passenger - ms Gvare) 22/7/22
I have a while in my while Declaration	e (PHV passenger - Ms Grace)













