

## 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 ability.
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 Report	03/07/2018 14:00
Date Of Accident	02/07/2018 05:30
Exact Location Of Accident	CAR PARK EXIT PILLAR NEXT TO TOP UP MACHINE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKK5565R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ACPCISCO@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83460028
Alternative Phone No	OFFICE-83460028

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	DINSH KUMAR GANESAN
NRIC No	G2185117K
Date Of Birth	06/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	03/03/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83460028
Fax Number	
Contact Number	OTHERS-83460028
Email Address	ACPCISCO@GMAIL.COM

Address	53, JALAN NUSARIA 5/13 TAMAN NUSANTARA GELANG PATAH, JOHOR
Postcode	81550
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : VICTOR HO GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

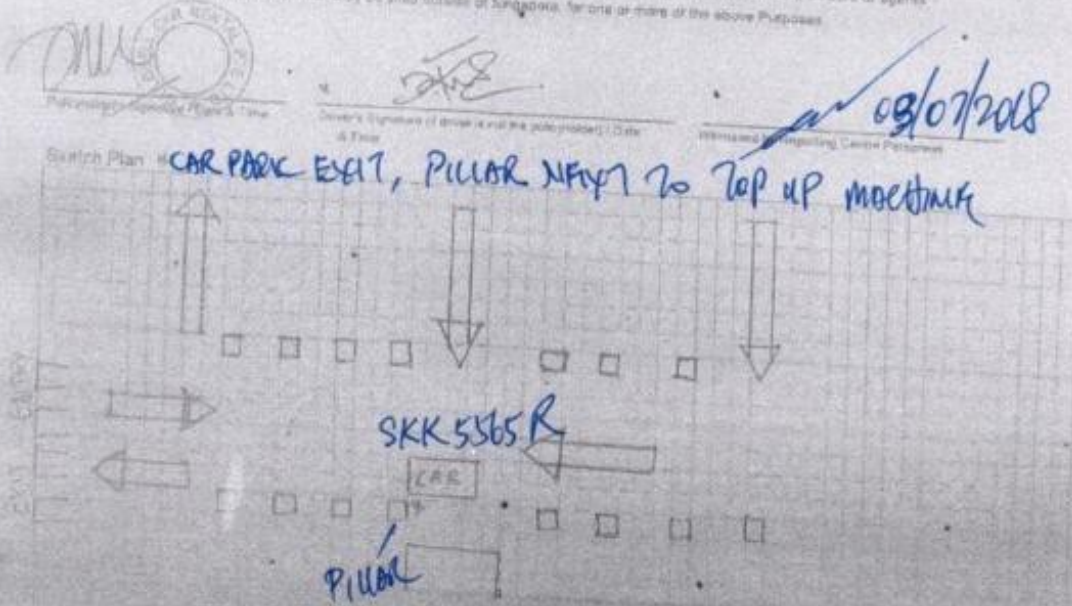
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

# Accident Sketch Plan

## IMPORTANT NOTICE

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3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to dispute 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.
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 the 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 as stated.
8. Consent under the Personal Data Protection Act (PDPA) understood, acknowledge, agree and consent that:
  - (a) My insurer, my insurer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and process my personal data/personal information set out in this form and any other personal information provided by me or accessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claims including the making 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/postal packages; and/or
    - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
  - (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may be 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 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 based outside of Singapore, for one or more of the above Purposes.

## SKETCH PLAN



# Accident Sketch Plan

Describe Circumstance of the Accident \*

On 2nd July 2018, around 0530 hours I SS  
DINSH KUMAR GANESAN (68346) (92185117K)  
drove vehicle SKK 5565 R to sent SSO Victor Ho  
back to duty post S2 from SCC. When I was  
heading towards the exit near the top up  
machine I saw something coming from right  
hand side which should not happen because  
on the right is one way lane towards  
another direction. I turn to left and try  
to avoid the possible accident. when I straight  
turn the car its brush again the car park  
pillar on the left side.

## Declaration

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



\*

Signature

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

Signature of Reporting Unit's Personnel

Scanned by CamScanner



ACCIDENT PHOTO



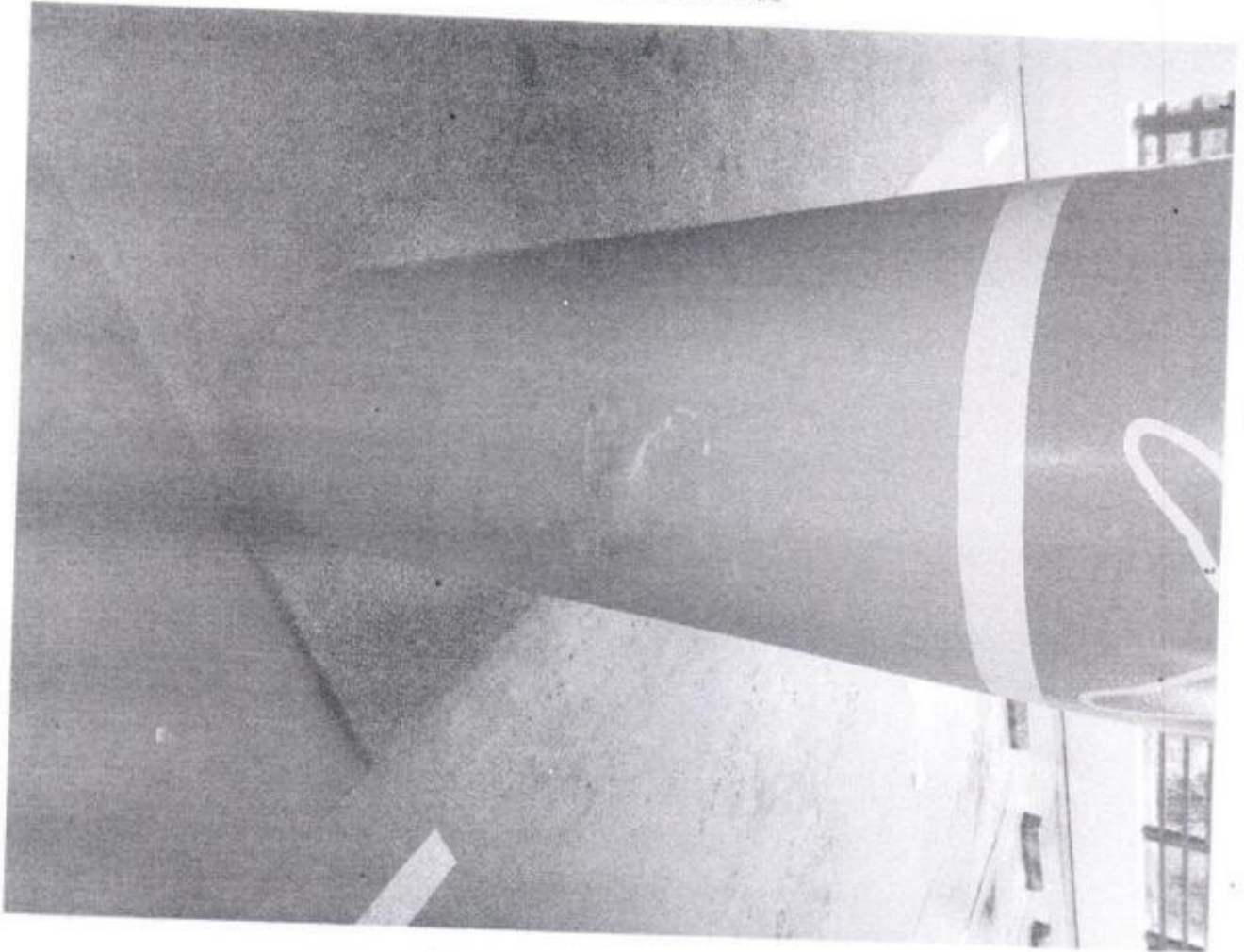
*on 03/01/18*

<https://mail.google.com/mail/u/0/#inbox/1645d775bb960ccb?projector=1&messagePartId=0.1>

ACCIDENT PHOTO

7/3/2018

20180702\_084013.jpg



08/01/2018

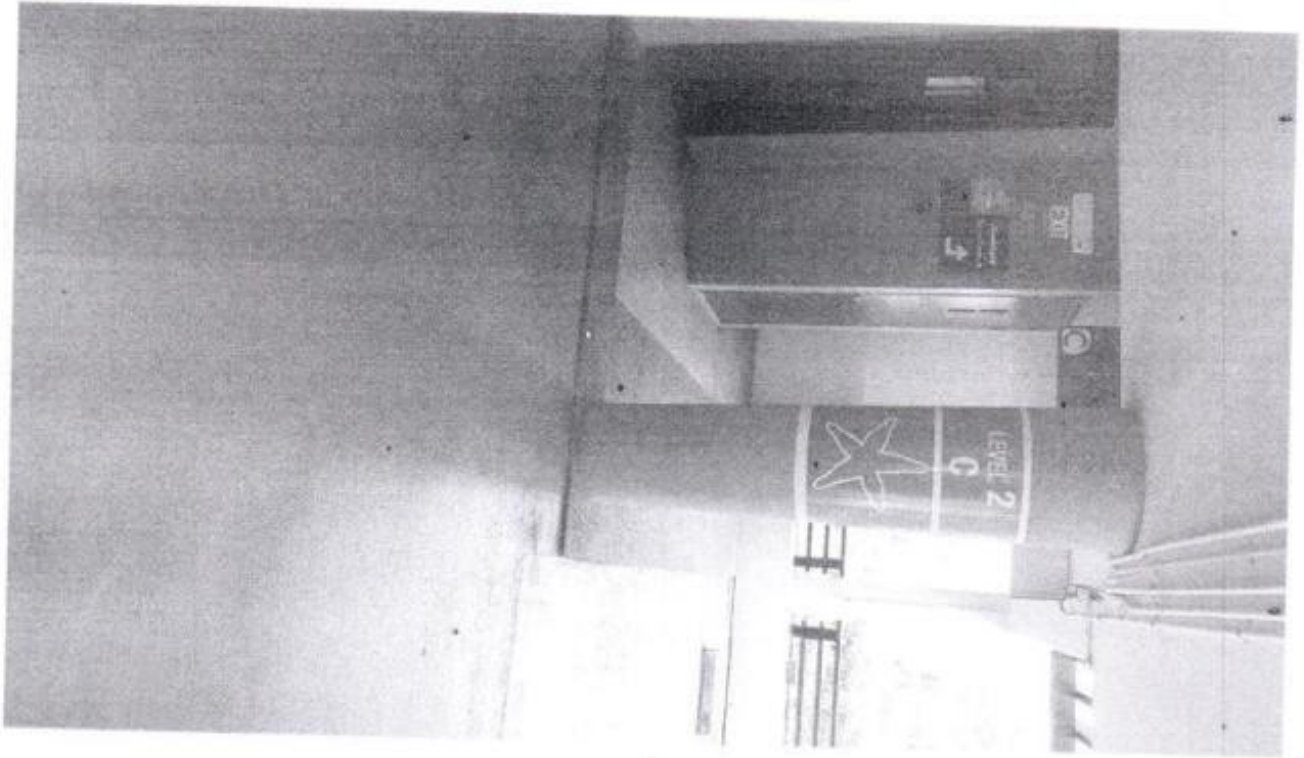
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ACCIDENT PHOTO

7/3/2018

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pd / 03/02/2018

<https://mail.google.com/mail/u/0/#inbox/1645df75bb960ccb?projector=1&messagePartId=0.6>

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Accident Photo





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