

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	02/08/2018 17:56
Date Of Accident	01/08/2018 18:20
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT NEAR EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2194E
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	BOYAN6569@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96532419
Alternative Phone No	OFFICE-96532419

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00031/VBZ/R03
Cover Note Number	

Driver

Name of Driver	MOHAMAD RAZALI BIN ASHAR
NRIC No	S1681530F
Date Of Birth	24/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2003
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96532419
Fax Number	
Contact Number	OFFICE-96532419
Email Address	BOYAN6569@GMAIL.COM

Address	BLK 45 STIRLING ROAD #06-464
Postcode	140045
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD2828X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SIM HONG PENG DAMIEN
NRIC/Passport Number	S7514008H
Contact Number	96650493
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver TOH SAN KUAN

NRIC/Passport Number S0126577F

Contact Number 90617992

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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3. Consent under the Personal Data Protection Act (PDPA)

I (insured), 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' law firms/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' law firms/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 (Only if done)


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


Witnessed by Receiving Centre Personnel

Sketch Plan

P.I.E Towards Change after Euros E.H	My Vehicle PC244E
	2nd Vehicle GBD2321X
	3rd Vehicle UNKNOWN
	4th Vehicle UNKNOWN

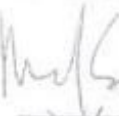
Accident Sketch Plan

Describe Circumstance of the Accident *

I was travelling along PIE towards Changi Airport. The traffic condition was jammed & slow moving. ~~Consequently~~ I applied brakes when the vehicle travelling in front of me slowed down. However the vehicle behind me knocked into the rear of my vehicle. There are also other vehicles involved in the chain collision. In total there were 4 vehicles involved in this accident, including mine. I have only taken particulars of the driver behind me. I have also taken the phone number & driving license of the 3rd vehicle in queue. No particular taken from the 4th vehicle. I was the 1st vehicle in front. All vehicles in the same lane. The rear of my vehicle was damaged, dented & scratched.

Declaration

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


Police Officer's Signature / Date & Time

*


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


Witnessed by Reporting Contact Person(s)

Accident Sketch Plan

8/2/2018

WhatsApp Image 2018-08-02 at 10.17.54 AM.JPEG



<https://mail.google.com/mail/u/0/#inbox/164f8c73e0ddd101?projector=1&messagePartId=0.6>

1/1

Accident Photo



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