

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 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 Report	26/12/2018 19:44
Date Of Accident	21/12/2018 09:50
Exact Location Of Accident	EXIT FROM PIE (TUAS) TO TOH TUCK AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF4767H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ADEVADOSS@MOLDMASTERS.COM
Mobile Phone No	(LOCAL) +65-97368142
Alternative Phone No	OFFICE-97368142

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
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
If No, Please state action to be taken	REPORTING ONLY
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	DEVADOSS ALBERT
NRIC No	S7768609F
Date Of Birth	13/01/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/01/2014
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97368142
Fax Number	
Contact Number	OTHERS-97368142
Email Address	ADEVADOSS@MOLDMASTERS.COM

Address	48 TOH GUAN ROAD EAST #06-140 ENTERPRISE HUB
Postcode	608586
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	QTP923 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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	QTP923
Vehicle Make/Model/Colour	NISSAN TEANA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL WAHAB MOOK SEU POH BIN ABDUL RAHMAN
NRIC/Passport Number	861223235267
Contact Number	98158012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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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' law yers/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.

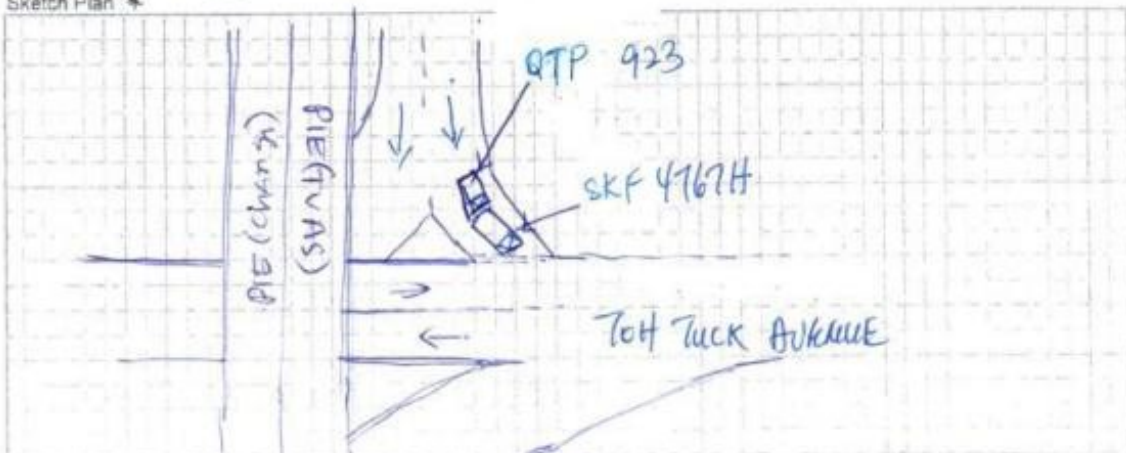
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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  26/12/2018 Witnessed by Reporting Centre Personnel

Sketch Plan *




Accident Sketch Plan

Describe Circumstance of the Accident *

I was driving on PIE towards TIAS and take exit 27 to go thru Toh Tuck Ave towards ckmoti. After take the exit, I drive my car SKF 4767H on slip road and drive to Toh Tuck Ave. when approaching to main road, there is a vehicle coming on the 3rd lane. So I slow down and stop at the give way line. Suddenly I heard the bang sound and my car shaking. Found car no QTP923 was hit at behind by car and the bumper damaged.

Declaration

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


Policyholder's Signature / 

 21 Dec 18 1120
Driver's Signature (if driver is not the policyholder) / Date
& Time

 26/12/2018
Witnessed by Reporting Centre Personnel

ACCIDENT SCENE



50/ 26/12/2014

ACCIDENT SCENE



ge/26/12/2018

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7768609F



Name
DEVADOSS ALBERT

தேவதாஸ் ஆல்பர்ட்

Race
INDIAN

Date of birth
13-01-1977

Sex
M

Country of birth
INDIA

9028047



NSIC No. S7765609F



Nationality
INDIAN

Date of issue
08-04-2009

APT BLK 465 SEGAR ROAD #06-152
SINGAPORE 670465
S7768609F 23/09/2013

REPUBLIC OF SINGAPORE DRIVING LICENCE

S7768609F

DE JACOSS ALBERT

Birth Date 13 Jan 1977
Issue Date 29 Jan 2014

002270567A



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

	EFFECTIVE DATE
Class 2B Motorcycles not 200 CC	29 Jan 2014
Class 2 Motor cars not 2000 kg with not 7 passengers, excludes of the driver; and motor four-wheel vehicles not 2000 kg	13 Apr 2018

S / No 9000216965

S7768609F

NP 425A

Licence No: S7768609F



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500200 / GST Reg. No. M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA18166032 Vehicle Registration No: SKF4767H
Name (as shown in NRIC): DEVADOSS ALBERT NRIC/FIN/Passport No: S7768609F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 97388142
Email Address: _____
Date of Accident: 21/12/2018 Time of Accident: 09:50
Place of Accident: EXIT FROM PLE (TUB) TO 70th TUCK AVENUE
Insurance Company: LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I/P VEHICLE NUMBER TO QTP923 ON SCARPA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Kalei Winters
NRIC/FIN No.:
Date: 20/12/2018