

## 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	13/02/2020 12:46
Date Of Accident	11/02/2020 18:40
Exact Location Of Accident	NO 1 ENSKU AMAN TURN TO WISMA GEYLANG SERAI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3119G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	ABDULRAZAKBIN.OMAR@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-97302933
Alternative Phone No	Office-97302933

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994313
Cover Note Number	

### Driver

Name of Driver	ABDUL RAZAK BIN OMAR
NRIC No	S1490871D
Date Of Birth	02/09/1961
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2005
Driving Experience	15 YEARS AND 0 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-97302933
Fax Number	
Contact Number	OTHERS-97302933
E-Mail Address	ABDULRAZAKBIN.OMAR@ECOLAB.COM
Address	BLK 711 PASIR RIS STREET 72 #09-53
Postcode	510711
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	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT G/20200212/7065

#### 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	SMK7021G
Vehicle Make/Model/Colour	RENAULT SCENIC
Details Of Properties	

Vehicle Category  
Name of Driver

PRIVATE CAR  
TENG NGAI GUAN

NRIC/Passport Number

S02145211

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

SEAL HERE

## IMPORTANT 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 the copies of this report will be made available upon application by interested parties.
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## B. Consent under the Personal Data Protection Act (PDPA)

I and/or you, acknowledge, agree and consent that:

- (a) the insurer, workshop and General Insurance Association of Singapore (GIA) may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have been a vehicle(s) involved in the accident (all in car(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer's lawyer/s/ Law firms, the Monetary Authority of Singapore, and any other (a) 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 my enquiries by me;
  - (iv) administering my claims (including the sending or 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) if insurer(s) who have insured vehicle(s) involved in this accident and the insurer's lawyer/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/are 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 situated outside of Singapore, for one or more of the above Purposes.

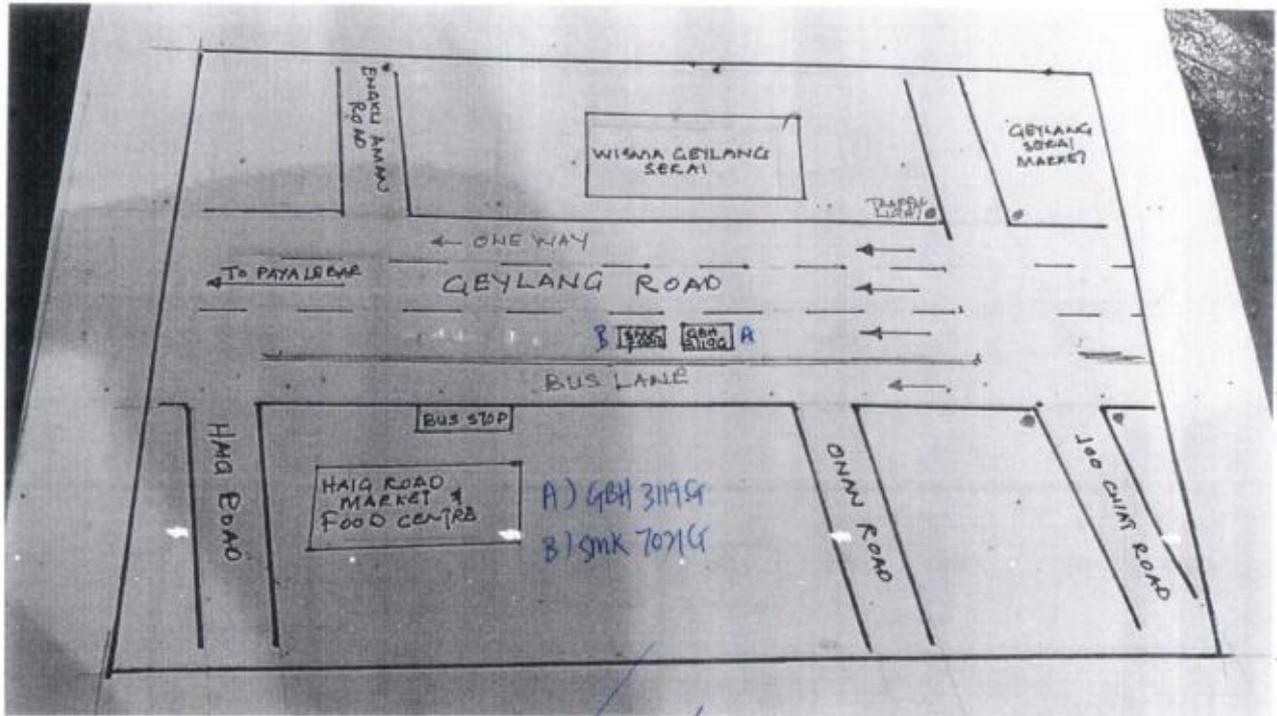


Insurer's signature and stamp (and the date of issue) (Date: \_\_\_\_\_)

Signature of the Authorized Driver (Date: 13/01/2020)

Sketch Plan

AS PR R ATTACHMENT

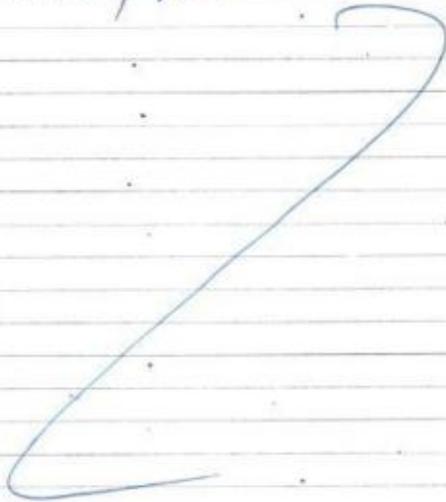


Accident Sketch Plan

Describe Circumstances of the Accident

I was driving my company van - GBH 3119G along Chang Road / Geylang Road near Wisma Geylang at about 6.40pm when I accidentally hit another local car in front - SMK 7021G. I hit the rear bumper of the car in front, which resulted in the front bumper of my company vehicle being damaged. Extensive repair will be required for the damage. No one was injured. No public property was damaged. It was still drizzling after a heavy downpour and the road was wet and slippery which might have

Police Report G/20200212/7065



Declaration

I/We declare that the above information is true and correct.



CA

13/02/2020





contributed to the cause of the accident.

A report is required by the insurance company to cover the cost of the damage of the company van.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 12/02/2020 21:31
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

**Accident Photo**



*Handwritten signature and date: 13/02/2020*

**Accident Photo**



*Handwritten signature and date: 13/02/2020*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO: VSKYBAM20Z0157188

U.L.W : 1260 KGS

M.L.W : 2050 KGS

P. CAP : F: 1 DRIVER, 1 OTHER  
R: 00

TYRE SIZE : F: 175 x 70R 14PLY

R: 175 x 70R 14PLY(S)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

