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 <u>truthful and accurate</u> 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

	aforesaid.	
		ACCIDENT STATEMENT
	Date Of Report	02/04/2020 13:50
	Date Of Accident	01/04/2020 20:10
	Exact Location Of Accident	VICTORIA STREET TURNING RIGHT TO BAIN STREET
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	SLG2360T
	Insured/Policyholder	
	Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
	Co Reg No	2XXXXX651D
	Email Address	NOEMAIL
	Mobile Phone No	(LOCAL) +65-91899816
	Alternative Phone No	OFFICE-91899816
	Vehicle Particulars	
	Manufacturer	MERCEDES-BENZ
	Model	V250
	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	TOKIO MARINE INSURANCE SINGAPORE LTD
	Type Of Coverage	COMPREHENSIVE

Fleet Policy NO

Policy Number 20-ML000248-R00

Cover Note Number

Driver

Name of Driver GANESH S/O MANOHER

NRIC No SXXXX661Z

Date Of Birth 19/07/1981

Occupation OUTDOOR

Date Of Driving Pass 21/07/2009

Driving Experience 10 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91899816

Fax Number

Contact Number OTHERS-91899816

EMail Address NOEMAIL

Address BLK 532A TAMPINES CENTRAL 7

#16-79

Postcode 521523

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? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

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NO

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Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 1ST APRIL 2020, I GANESH S/O MANOHER WAS DRIVING VEHICLE SLG2360T MERCEDES V250 ALONG VICTORIA STREET SUDDENLY THE CAR INFRONT OF ME STOPPED AND I COULD NOT STOP ON TIME .THE OTHER CAR DETAIL SJS9106B TOYOTA COROLLA ARTIS.

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 SJS9106B

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM SOH WAN
NRIC/Passport Number SXXXX837D
Contact Number 97959382

Address

Postcode

Insurance Company Name FWD SINGAPORE PTE. LTD.

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Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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 Mangement Centre establised 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.
- By the ladgement 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

(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 (all insurers) 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 agencylauthority (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' (awyers/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 Mala Time

Dever's Signature (if diver is not the policyholder) Date:

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Accident Sketch Plan

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tion			
are the foregoing particulars are true in every	94 2nd April 20		11/225
Driver's Bightings A Time	(# snivax is not the policyholder) (Date	Winesales by Reporting Centre Pars	9122

























