

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	09/04/2020 14:35
Date Of Accident	07/04/2020 18:30
Exact Location Of Accident	NO. 3 BALMORAL CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6636G
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90022765
Alternative Phone No	OFFICE-90022765

Vehicle Particulars

Manufacturer	TOYOTA
Model	LEXUS-3.5 RX350 STD (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?	NO
If No, Please state action to be taken	REPORTING ONLY
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-ML000257-R00
Cover Note Number	

Driver

Name of Driver	SHAIKH OMAR BIN HASSAN
NRIC No	SXXXX068Z
Date Of Birth	20/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1981
Driving Experience	39 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90022765
Fax Number	
Contact Number	OFFICE-90022765
Email Address	NOEMAIL

Address	BLK 918 HOUGANG AVENUE 9 #01-32
Postcode	530918
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	COLLIDED INTO PROPERTY
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	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: : BOSS 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

SKETCH PLAN

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7. By the lodging of this report to the insurers, you hereby consent to the archiving of this report at the CRMC 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") shall be 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 to include the "Personal Information", and disclose and provide 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' representatives to 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 claims;
 - (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 records to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as all the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law or administrative, 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' representatives, may use personal data 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 make 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;
 - (d) my Personal Information will also be collected and used for suitable users history for the purposes of fraud detection, investigation and management in present and all future claims;
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (iii) complying with requirements under any regulations, laws or court orders.



Policyholder's Signature
Date & Time

Driver's Signature
(If driver is not the policyholder)
Date & Time 09/04/2020

Receiving Centre For Civil Claims
Date
09/04/2020

09/04/2020
Receives
09/04/2020

Accident Sketch Plan

SKETCH PLAN

NO 3 BALMORAL CRESCENT

A) SLJ 6636 G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/04/2020 AT ABOUT 18:30HRS I WAS AT NO.3
BALMORAL CRESCENT & IT WAS HEAVY RAIN. WHILE POINT
REVERSING I ACCIDENTALLY HIT THE PILLAR AT NO.3
BALMORAL CRESCENT

DECLARATION



Driver's Signature
Date & Time

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

Witness Signature
Date & Time

Accident Photo



Accident Photo



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 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500206 / GST Reg. No.: M400017735

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 : MNA120041441 Vehicle Registration No: SLJ 60366
Name (as shown in NRIC) : SHANKAR EMBE BINE HARSHAN NRIC/FIN/Passport No : SXXXX068Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90022165
Email Address : _____
Date of Accident : 07/04/2020 Time of Accident : 18:30
Place of Accident : X103 BALMORAL CRESTVIEW
Insurance Company : TKIO MARINA

(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:

FROM O/D TO PERSONNEL ONLY



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rohit
NRIC/FIN No. W0003
Date: 12/04/2020