

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 Submission 13/04/2020 17:34 (SGT)
Date of Accident 12/04/2020 22:10 (SGT)
Exact Location of Accident Woodlands Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR6097U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GOLDBELL CAR RENTAL PTE LTD
Company Reg No 2XXXXX651D
Email Address MdSuhaimi@gbcr.com.sg
Mobile Phone No (Phone) +65-97754974
Alternative Phone No +65-97754974

VEHICLE PARTICULARS

Manufacturer Toyota
Model Previa
Variant -
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 - Claiming third party
Vehicle Category Commercial vehicle
Transmission Auto
CC 2362

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 AB GHANI BIN MARSAP
NRIC No SXXXX074E

Date Of Birth	11/02/1959
Occupation	Outdoor
Date Of Driving Pass	04/08/1997
Driving experience	22 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97754974
Alt. Phone Number	+65-97754974
Email Address	MdSuhaimi@gbcr.com.sg
Address	BLK 682D WOODLANDS DRIVE 73 #01-229
Address complement	-
Postcode	734682
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
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	GBA2181T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	WONG YUEN FEE
NRIC No	SXXXX588C
Contact Number	-
Address	-

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

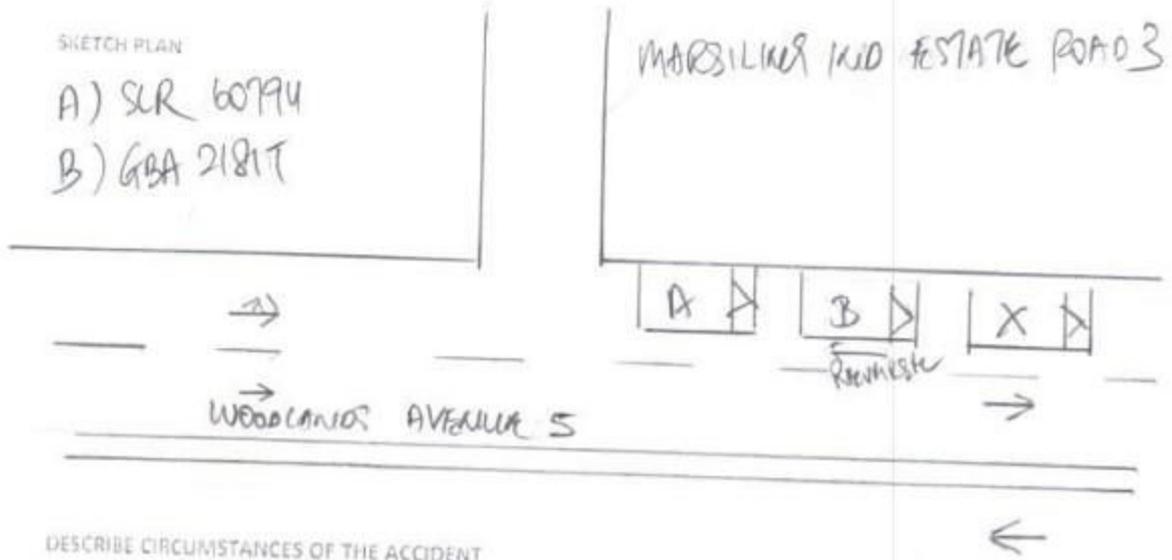
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/law firms, 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 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' lawyers/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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing claims, regulators, law enforcement and government agencies as reasonably necessary for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.



[Handwritten signature]

[Handwritten signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time

[Handwritten signature]
 18/04/2020
 Reporting Centre Personnel Signature
 Name:
 NRIC/ID No: *[Handwritten]*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/04/2020 AT ABOUT 22:10 HRS I WAS AT WOODLANDS AVENUE 5
 I WAS AT MY CAR SLR 60794 WAITING FOR MY FOOD TO BE READY
 WITH HAZARD LIGHT ON SUDDENLY A LORRY GBA 2181T WHICH WAS
 PARKED IN FRONT OF ME REVERSE & HIT THE FRONT PART OF MY
 CAR WE CANKE DOWN & TOOK SOME PICTURE & THE LORRY DRIVER
 ADMIT HIS FAULT FIND HE TOLD ME THAT HE DID NOT KNOW
 THAT MY CAR WAS PARKED BEHIND HIS LORRY.

DECLARATION

I hereby declare the foregoing facts are true and correct to the best of my knowledge.



[Signature]

Driver's Signature
 of vehicle at the time of accident
 Date & Time

[Signature]
 13/04/2020
 15:00

13/04/2020
 Roderic Williams

















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: S665500206 / 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 : MNA120041889 Vehicle Registration No: SR6097U
 Name (as shown in NRIC) : AB GHAN BIN MARSAP NRIC/FIN/Passport No : SXXXX074E
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 12/04/2021 Time of Accident : 22:10
 Place of Accident : PLAINS WOODLANDS AVENUE 5
 Insurance Company : TOKIO MARINE

(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:

Change to Third Party Claim


[Signature]
 Policyholder / Driver's Signature
 Date:

[Signature] 23/12/2021
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: