

## 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	22/06/2020 10:26
Date Of Accident	18/06/2020 18:35
Exact Location Of Accident	ALONG SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ298B
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#### Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MDHILMI92@LIVE.COM
Mobile Phone No	(LOCAL) +65-96744391
Alternative Phone No	OFFICE-96744391

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E CVT (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	THIRD PARTY
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	MUHAMMAD HILMI BIN ZASARI
NRIC No	SXXXX924J
Date Of Birth	09/09/1992
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2011
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96744391
Fax Number	
Contact Number	OTHERS-96744391
EEmail Address	MDHILMI92@LIVE.COM

Address	BLK 894C WOODLANDS DRIVE 50 #04-11
Postcode	732894
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	PC5483B
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	VELAITHAM VEERAPPAN
NRIC/Passport Number	SXXXX074Z
Contact Number	81253207
Address	BLK 60 GEYLANG BAHRU #16-3307
Postcode	330060
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLQ8924A
Vehicle Make/Model/Colour	KIA CAREN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG XIAN POH
NRIC/Passport Number	SXXXX106J
Contact Number	91700759
Address	BLK 215B COMPASSVALE DRIVE #13-520
Postcode	542215
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN

### 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 Driver and/or the Owner.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may affect insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is an admission of policy liability on the part of the insurance companies.
5. Any false information may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurer to the GIA Records Manager and 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 acceptance of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of this 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 Insurer and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, store 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 including 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 enforcement 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 and all queries 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 goods as well as on the external cover of envelopes/emails/packages) and/or my Insurer(s) in administering, processing, handling and/or dealing with my claims.
  - (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law enforcement firms, may be 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 enforcement firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature



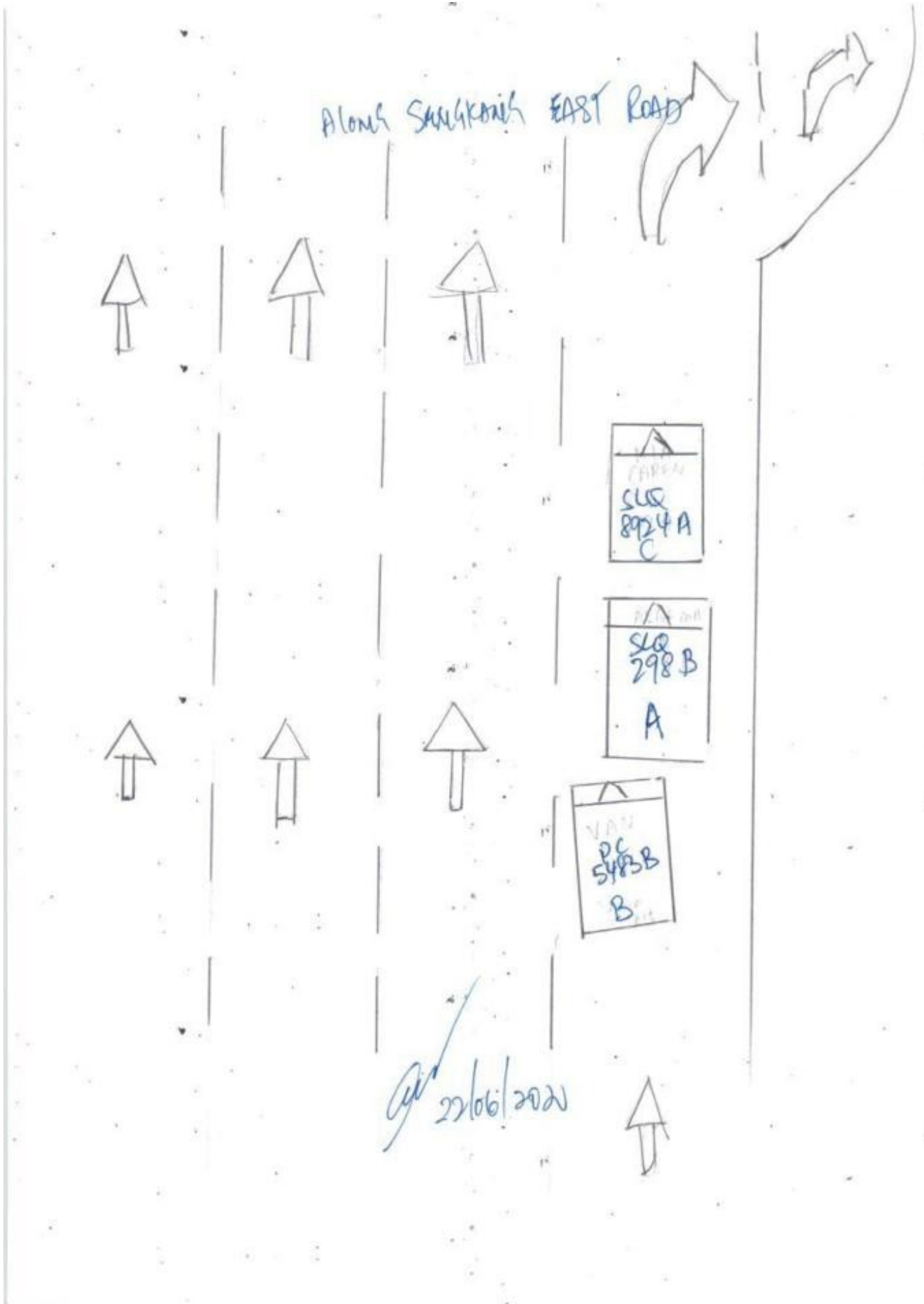
Driver's Signature (if driver is not the policyholder) / Date & Time

22/06/2020  
Witnessed by Registered Claims Personnel

Sketch Plan

REFER TO ATTACHED

Accident Sketch Plan



# Accident Sketch Plan

Describe Circumstances of the Accident \*

On the 18<sup>th</sup> June 2020 at about 1430hrs, I was on duty driving my Hino marked vehicle registration number SLA 298B with my <sup>partner</sup> PC Tan Tan Cheng at Sengkang East Road.

I was cruising in the first lane forward, Bangkok Green when the traffic comes to a stop, a passenger car with registration number PC 5483 B collided into the rear of my vehicle. This caused it to launch forward and collided into another vehicle in front with registration number SLA 8424A.

There were damages to the rear bumper and front number plate of SLA 298B vehicle number SLA 8424A and damage on the rear left bumper while PC 5483 B on the front right bumper of the vehicle.

## Declaration

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

  
Policyholder's Signature / Date



\*

Driver's Signature (if driver is not the policyholder) / Date  
-5 Time

Witnessed by Reporting Officer / Date

 22/06/2020

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



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