Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/07/2020 15:22

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>

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.

ACCIDENT STATEMENT	
Date Of Report	29/07/2020 14:37
Date Of Accident	25/07/2020 15:30
Exact Location Of Accident	OCEAN DRIVE AND OCEAN WAY JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKV9753E

Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	SMILEEVER7687@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87310192
Alternative Phone No	OFFICE-87310192

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	PATROLLING
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-ML000256-R00
Cover Note Number	

Driver

Name of Driver	PANDIYAN ANBUDURAI
NRIC No	SXXXX172H
Date Of Birth	02/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87310192
Fax Number	
Contact Number	OTHERS-87310192
EMail Address	SMILEEVER7687@GMAIL.COM

Address	BLK 225 ANG MO KIO AVENUE 4 #03-111
Postcode	560255
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 - MAJOR/MINOR RD
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?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

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	SHD1447Y
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	KOO KIM TECK
NRIC/Passport Number	SXXXX390B
Contact Number	86849811
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

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 authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful mis-representation 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 Traffic Police Department for investigation.
6. 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.
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.
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 shall be collectively referred to as the "Insurers"), the insurers' law yers/law 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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or

(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan
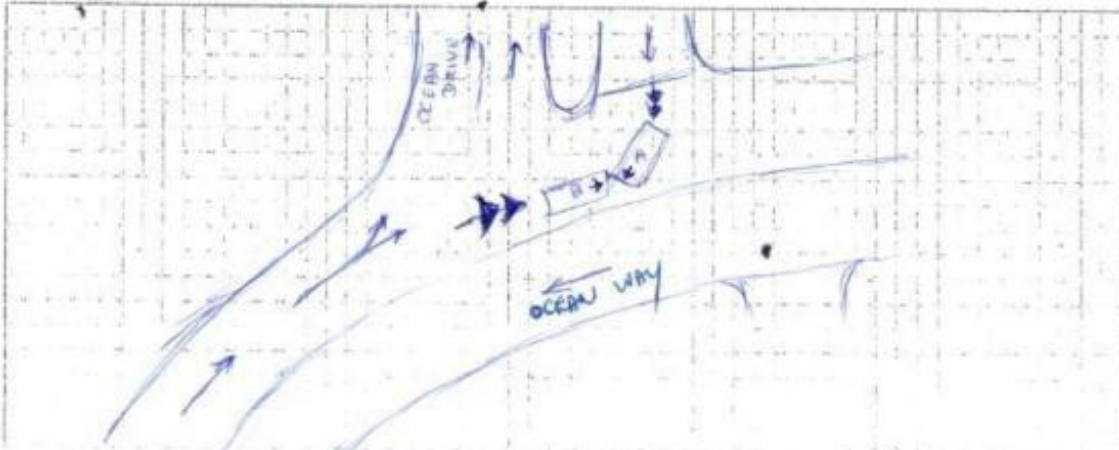
A = SKV 9753E
B = SHD 1447Y

Describe Circumstance of the Accident *

As I come out from Ocean Drive I Proceed with Alertness and cautions as I have been driving on the Road for more than 10 years. I was on my way Turning Right. I Notice a mpv Turning to his Left. Then I Thought There was no other vehicle behind. So I carry on to turn Right. Suddenly I saw a silver Taxi speed up I was caught by surprise By then I was already hit on my Right.

By the time I came out waiting to speak to the Driver of the taxi. He Refused to Begin taxi Taking Pitchers. I also hear him on the phone. Informing another Passenger. that he cannot pick him (or) her up. Despite the Taxi driver still have another passenger. in the taxi. This Imply to me that he is Rushing for Time and did not attempt to stop to Prevent this accident.

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

Policyholder's Signature / _____   * _____   _____ 29/07/2022
                                     Driver's Signature (if driver is not the policyholder) / Date   Witnessed by Reporting Centre Personnel
                                     & Time

Peregrine

Accident Photo

Accident Photo

Accident Photo

Accident Photo

TOYOTA MOTOR CORPORATION
MODEL ZRE171R-GEXGKZ 1598 mL
ENGINE 1ZR-FE
FRAME Nr MR053REH104541528

COLOR	TRIM	PLANT	GVM(kg)
070	LA21	Z35	–

K313 -09A SEP 15
MFD.BY: TOYOTA MOTOR THAILAND CO.,LTD. MADE IN THAILAND