

## 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	12/08/2020 10:43
Date Of Accident	10/08/2020 10:35
Exact Location Of Accident	LEEDON ROAD BEFORE HOLLAND ROAD JUNCTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR642K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	AFCY_SG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81211397
Alternative Phone No	OFFICE-81211397

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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
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	ALLAN FONG CHEE YANG (FANG QIYANG)
NRIC No	SXXXX534I
Date Of Birth	24/05/1973
Occupation	INDOOR
Date Of Driving Pass	19/06/1992
Driving Experience	28 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81211397
Fax Number	
Contact Number	OTHERS-81211397
EEmail Address	AFCY_SG@YAHOO.COM.SG

Address	7 LEEDON HEIGHTS #05-20
Postcode	267953
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	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	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

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	GBJ1335B
Vehicle Make/Model/Colour	NISSAN VENETTE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SANDIE YONG KAH LING
NRIC/Passport Number	SXXXX028B
Contact Number	97380344
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN

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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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 

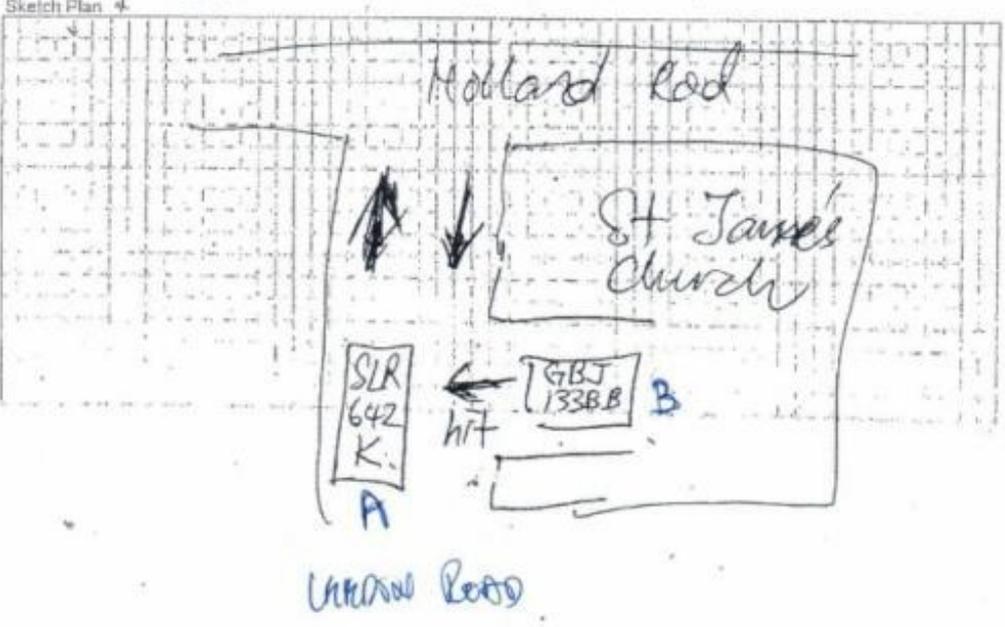
I understand, acknowledge, agree and consent that:

  - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may 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 (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 firms/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 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/postal 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' law firms/law 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 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 / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel



Accident Sketch Plan

Describe Circumstance of the Accident \*

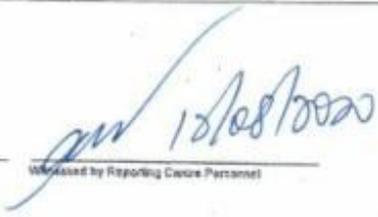
On 10/8/20 10:35, I was driving slowly along Leedon Road towards Holland Road. My car has right of way. Ms Sandie Yong's Nissan car came out of St James' church and hit my car on my right. I stopped immediately and inspected the damage. Her bumper had scratched the right panels of the car SLR 642K which I was driving.

Declaration

We declare the foregoing particulars are true in every respect.

   
Policyholder's Signature

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

 12/08/2020  
Witnessed by Reporting Officer Personnel

3RD PARTY



*Doc*  
*12/08/2020*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



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