## 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 <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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	01/09/2020 10:37
Date Of Accident	21/08/2020 22:50
Exact Location Of Accident	PSA GATE 4 ENTRANCE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7856X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	KANGES72@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97552010
Alternative Phone No	OFFICE-97552010
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV350 MICRO BUS 2.5 5AT
Exact Purpose for which vehicle was being used at time of accident	PATROL DUTIES
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-ML000247-R00
Cover Note Number	
Driver	
Name of Driver	KANGESWARAN LAKSHMANAN
NRIC No	SXXXX464F
D-4- Of Blatte	07/05/4000

NRIC No SXXXX464I

Date Of Birth 07/05/1992

Occupation OUTDOOR

Date Of Driving Pass 16/03/2017

Driving Experience 3 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97552010

Fax Number

Contact Number OFFICE-97552010

EMail Address KANGES72@YAHOO.COM

Address 11-12 PANGSAPURI TELOK BAYU JALAN BAYU

PUTERI 2 JB MALAYSIA

Postcode 80150

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 - HEAD TO REAR

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

NO

ambulance?

YES

Was any other material or property damaged? 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 SGN1273R

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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### **Accident Sketch Plan**

#### SECTION PLAN

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- 8. Consent under the Parkonal Data Protection Act (PDPA)

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(a) My insurer, my vorkehop and the General Insurance Association of Singapore ('GIA') maybe e permitted to collect, use, disclose angler process my personal datalpersonal information set out in this (form) and any other personal information provided by me or posiessed by my incurer (collectively the "Personal information") and disclose and transfer such Personal information to all insurarys; with have insured vehicle(x) involved in this accident (all insurer(x) who have insured vehicle(x) involved in this accident shall be collectively referred to as the "Insurers"), the incurers law yers few Sires, the Monetary Authority of Singapore and any refevent government agancy/authority (such up the police), for the purpose(s) of :

(f) processing, handling end/or dealing with my dulins including the settlement of the dalms and any necessary investigations relating to the claims;

(ii) investigating the addition and/or my claims;

(iii) carrying out entitor dealing with my instructions or responding to any angustes by me;

(iv) administrating my claims (mounting the mailing of correspondence, statements, twolces, reports or notices of me, which cordd involve. disclosure of exclain personal data about me to bring about delivery of the same as well as on the external cover of envisiones/held packages); and/or

(v) comptying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")

(ii) all insurer(s) who have insured vehicle(s) involved in this socident and the insurers is wyers/low times, may/are permitted to collect. use, disclose wisfor process my Pursunal information for one or more of the obose Purposes; and

(c) my Personal Information analytican be disclosed by any of the trausies and/or GIA to their third party service providers or agence (impliciting their temporation terms), which may be alled outside of thingspools, for one or more of the above Purposes.

## **Accident Sketch Plan**

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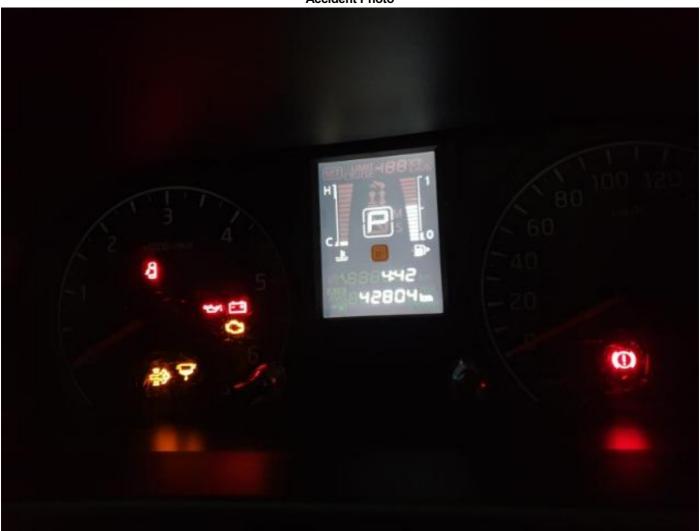














### **Addendum Sheet**

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Roffles Quey #18-00 Singapore 048580
Tel (65) 6224 0010 | Fax (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: \$66550070G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Original Report No : Namelasshownin NRIC): \_KONGAS \_NRIC/FIN/Passport No : (°Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore! Address Mobile No.: Contact (Tel) Email Address Sulal Time of Accident : Date of Accident ENTRANCK Place of Accident Insurance Company: (B) ADDITIONAL NFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: CHARGE ACCIDEM Recording Centre Personnel's Signature Policyholder / Driver's Signature Mame: Date: NRIC/FIN No.

Date: