

## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7856X
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#### 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
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 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	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)	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 report may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insured 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/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 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/shell 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/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

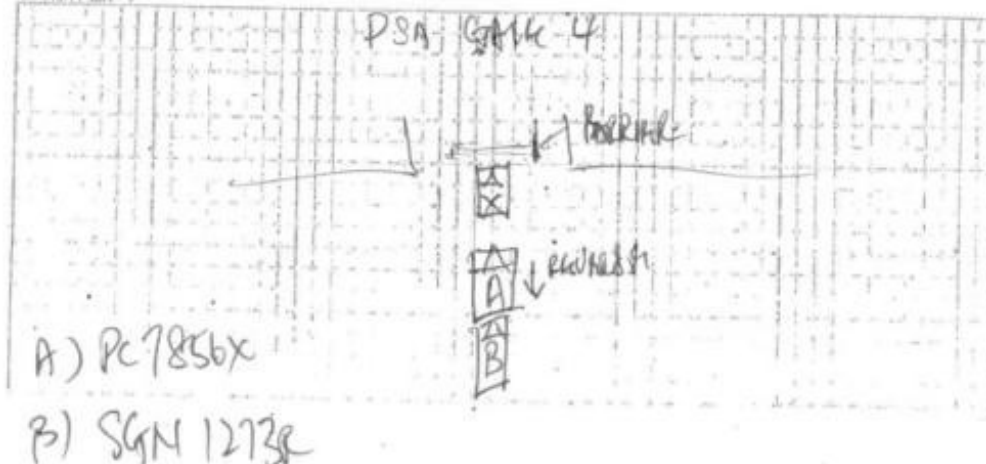





Policyholder's Signature (Date & Time)      Driver's Signature (if driver is not the policyholder) (Date & Time)      Witnessed by Reporting Person

Sketch Plan 4

PSA - GME 4



A) PC 7856x

B) SGN 1273R

# Accident Sketch Plan

Describe Circumstance of the Accident \*

ON 21 AUGUST 2020 AT ABOUT 2250HRS, I WAS ON NIGHT SHIFT (2000-0800). AFTER VISITING THE EXTERIOR SITES, ON REACHING THE GATE 4 ENTRANCE AT PPT PRIDING ACTON VAN PC 7856X, I NOTICED A PRIVATE 'HOPE' AMBULANCE STOPPING AT GATE 4 WAITING FOR THE BARRIER TO BE LIFTED. I THEN SAW THE APO ON DUTY PC (APP) 113040, JOSEPH ANTHONY, HAND SIGNALLING POINTING TO ME ON THE DIRECTION OF THE AMBULANCE, ASKING ME AS WHETHER I AM ESCORTING THE AMBULANCE IN. IN RESPONSE I SIGNALED TO HIM SACK TELLING HIM 'YUO'. I THEN NOTICED HIM MOVING TOWARDS THE BARRIER MANUAL CONTROL PANEL AND THINKING THAT HE ABOUT TO LIFT UP THE BARRIER, I REVERSED MY VAN TO PARK AT THE SIDE. WHILE REVERVING I KNOCKED ONTO A MOTORCAR WHICH WAS STOPPING BEHIND ME. THE IMPACT OF THE ACCIDENT HAD CAUSED DAMAGE TO THE FRONT BUMPER OF THE SAID CAR. THERE WAS NO DAMAGE CAUSED TO THE VAN I AM DRIVING AND NO ONE WAS INJURED.

## Declaration

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

Policeholder's Signature /  

Driver's Signature (if driver is not the policeholder) / Date

Witnessed by Reporting Crime Personnel

 04/09/2020

Accident Photo



am 01/09/2020

Accident Photo



Can / 01/09/2020

Accident Photo



01/29/00

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



## Addendum Sheet

**GENERAL  
INSURANCE  
ASSOCIATION**  
RECORDS MANAGEMENT CENTRE

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: S66590206 / 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 : MIA00075087 Vehicle Registration No: PC 7856X  
NAME (as shown in NRIC) : KONGKS NRIC/FIN/Passport No : \_\_\_\_\_  
(<sup>2</sup>Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 97552010  
Email Address : \_\_\_\_\_  
Date of Accident : 21/08/2020 Time of Accident : 22:50  
Place of Accident : PSA GRAIN 4 ENTRANCE  
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:

- ① TO CHANGE CHARGE ACCIDENT STATEMENT
- ② W. INSURER DRIVER HP NUMBER 97552010

Policyholder / Driver's Signature  
Date:

[Signature] 04/09/2020  
Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_