

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	14/09/2020 14:57
Date Of Accident	11/09/2020 14:35
Exact Location Of Accident	22B TUDOR CLOSE (297986
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP2724T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	RRRDAVICH68@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97257073
Alternative Phone No	OFFICE-97257073

Vehicle Particulars

Manufacturer	BMW
Model	X3
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20-ML000244-R00
Cover Note Number	

Driver

Name of Driver	RODAVICH RODNEY R
NRIC No	GXXXX028Q
Date Of Birth	15/01/1968
Occupation	INDOOR
Date Of Driving Pass	21/12/2015
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97257073
Fax Number	
Contact Number	OTHERS-97257073
E-Mail Address	RRRDAVICH68@GMAIL.COM

Address	22B TUDOR CLOSE
Postcode	297980
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	COLLIDED INTO PARKED VEHICLE
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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT PLAN

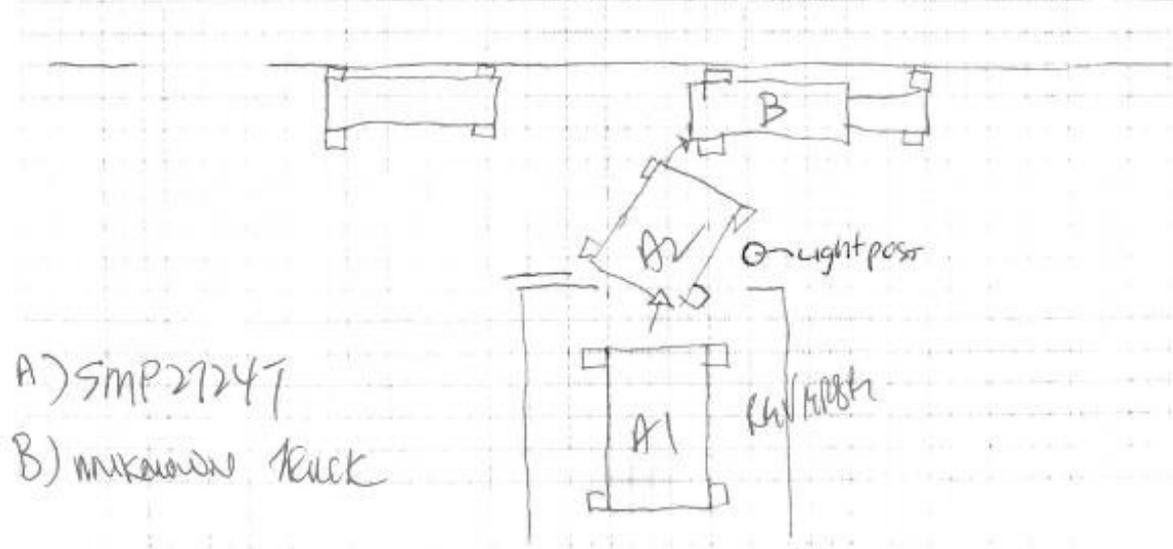
1. Insurer provides correctly the details of the accident report to the relevant insurers.
2. Information to be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate. Possible false/wild bases provisions may result in denial of material facts, which allow a third party company to repudiate policy liability.
4. The claim and acceptance of this Form by insurance company sent to address on policy conditions on the part of the insurance company.
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 Traffic and Management Centre (including the General Insurance Association of Singapore - GIAM) for archiving and the copies of the report will also be made available upon a valid open application by interested parties.
7. In the judgment of the report, the insurers bear the cost of the adjustment for the report, claims and the copies of the report being made available, respectively.
8. **Consent under the Personal Data Protection Act (PDPA)**
 I understand, acknowledge, agree and consent that:
 (a) My insurer, Workshop and General Insurance Association of Singapore (GIAM) may, for its own staff, (i) collect, store, disclose and/or process by insured (collectively the "Personal Information") and any other persons and entities who provide the services who have insured (collectively) involved in the accident for its own and may have provided (i) report generated for this accident with the collection of the data as the "Insurers" (the insurer, insurer's staff, the Motorway Rehabilitation Engineers and any relevant government agency) for the purpose of the purposes of:
 (i) processing handling and collection of the claims and claims data for the use of the data and its use by its staff to investigate the claims;
 (ii) investigating the accident and its causes;
 (iii) carrying out and/or develop its own investigations on any ongoing or pending claims;
 (iv) administering my claims, including the handling of my expenses. All contents and copies reports on the claims shall be provided. Exchange of contents and data shall remain confidential and secure of the same as well as on the external covered envelopes and packages and any;
 (v) complying with applicable laws and regulations, privacy and handling and handling data with my claims (collectively the "Purposes")
 (b) All insurance who have insured (collectively) involved in the accident and the Insurer's staff and its employees are permitted to collect, store, disclose and/or process my Personal Information for the purposes of the above Purposes; and
 (c) my Personal Information may be shared by any of the Insurers and/or GIAM to their third party service providers or agents including their lawyers and firms, and other Personal Information of Singapore citizens or non-citizens for the above Purposes.



* *[Signature]*
 Name: _____
 Title: _____

[Signature] 14/09/2020
 Name: _____
 Title: _____

Sketch Plan *



Sketch Plan #2

4. SURVEY REVISIONS *

BACKING OUT OF HOME DRIVEWAY ONTO STREET.
CONDITIONS WERE TIGHT. TWO CONSTRUCTION TRUCKS WERE
PARKED IN STREET. WHILE BACKING I GOT TOO
CLOSE TO ONE OF THE TRUCK BEDS AND HIT THE
CORNER RAMP OF THE TRUCK BED w/ CORNER REAR
SECTION OF MY CAR

5. SIGNATURES



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14/09/2020

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

