

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	27/10/2020 14:41
Date Of Accident	25/10/2020 12:30
Exact Location Of Accident	CARPARK BLOCK 713 CLEMENTI WEST STREET 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ4471T
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	PAUL.RIORDAN@OILSTATES.COM
Mobile Phone No	(LOCAL) +65-92315877
Alternative Phone No	OFFICE-92315877

Vehicle Particulars

Manufacturer	TOYOTA
Model	FORTUNER
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
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	RIORDAN PUAL MURRAY
NRIC No	GXXXX484X
Date Of Birth	30/06/1967
Occupation	INDOOR
Date Of Driving Pass	03/03/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92315877
Fax Number	
Contact Number	OTHERS-92315877
Email Address	PAUL.RIORDAN@OILSTATES.COM

Address	13 COVE WAY #07-03
Postcode	098203
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 - OPENING DOOR OF 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 Witness 1

Name	SHARON RIORDAN
Phone Number	98219683
Email Address	LOUSHAR@LIVE.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ELECTRIC MOTORISE RUBBISH CHART
Vehicle Category	NA/UNKNOWN
Name of Driver	RAHIZSARDAR
NRIC/Passport Number	GXXXX281T
Contact Number	96362311
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

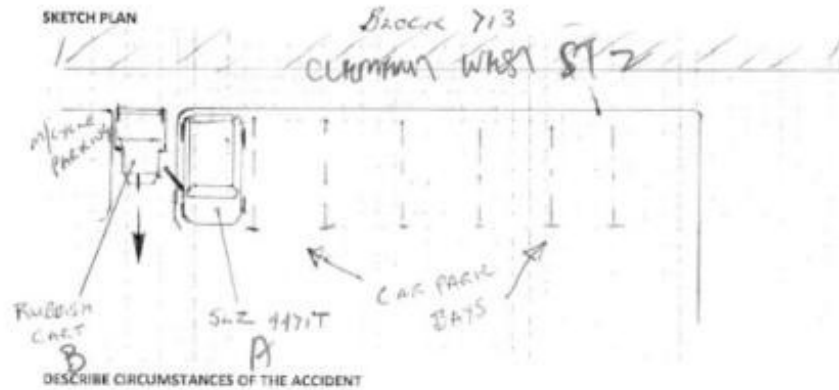
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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' lawyers/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/mail 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' 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 situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (a) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Driver's Signature
(If driver is not the policyholder)
Date & Time:
26/10/2020
1830

Receiving Centre Personnel's Signature
Name:
Ref/CRM No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I REVERSE PARKED IN THE MARKED BAY, SHUT ENGINE OFF, UNBUCKLED SEATBELT, AND PUT ON MASK TO GO TO LUNCH. I CHECKED OVER MY SHOULDER AND IN MY MIRROR FOR NO PEDESTRIANS OR CYCLISTS. I OPENED MY DOOR ONLY TO FIRST CLICK AS THIS IS MY HABIT. THE DOOR WAS PULLED FROM MY HAND ALL THE WAY FORWARD AND I WAS VERY SURPRISED TO SEE THE RUBBISH CART CAUGHT ON IT.

IN DISCUSSION LATER WITH THE RUBBISH CART DRIVER HE APOLOGISED AND SAID SUN WAS IN HIS EYES.

FROM TURNING ENGINE OFF TO MOMENT OF IMPACT WOULD HAVE BEEN LESS THAN 1 MINUTE.

PEDESTRIANS
OR CYCLISTS
AND CHECKED
MY MIRROR WAS
READY TO
GO.

DECLARATION

I declare that the foregoing particulars are true in every respect.

Holder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Recording Centre Personnel's Signature
Name:
KIDC/IN No.:

26/10/2020 0830

26/10/2020 0830

26/10/2020 0830

ACCIDENT PHOTO



ACCIDENT PHOTO



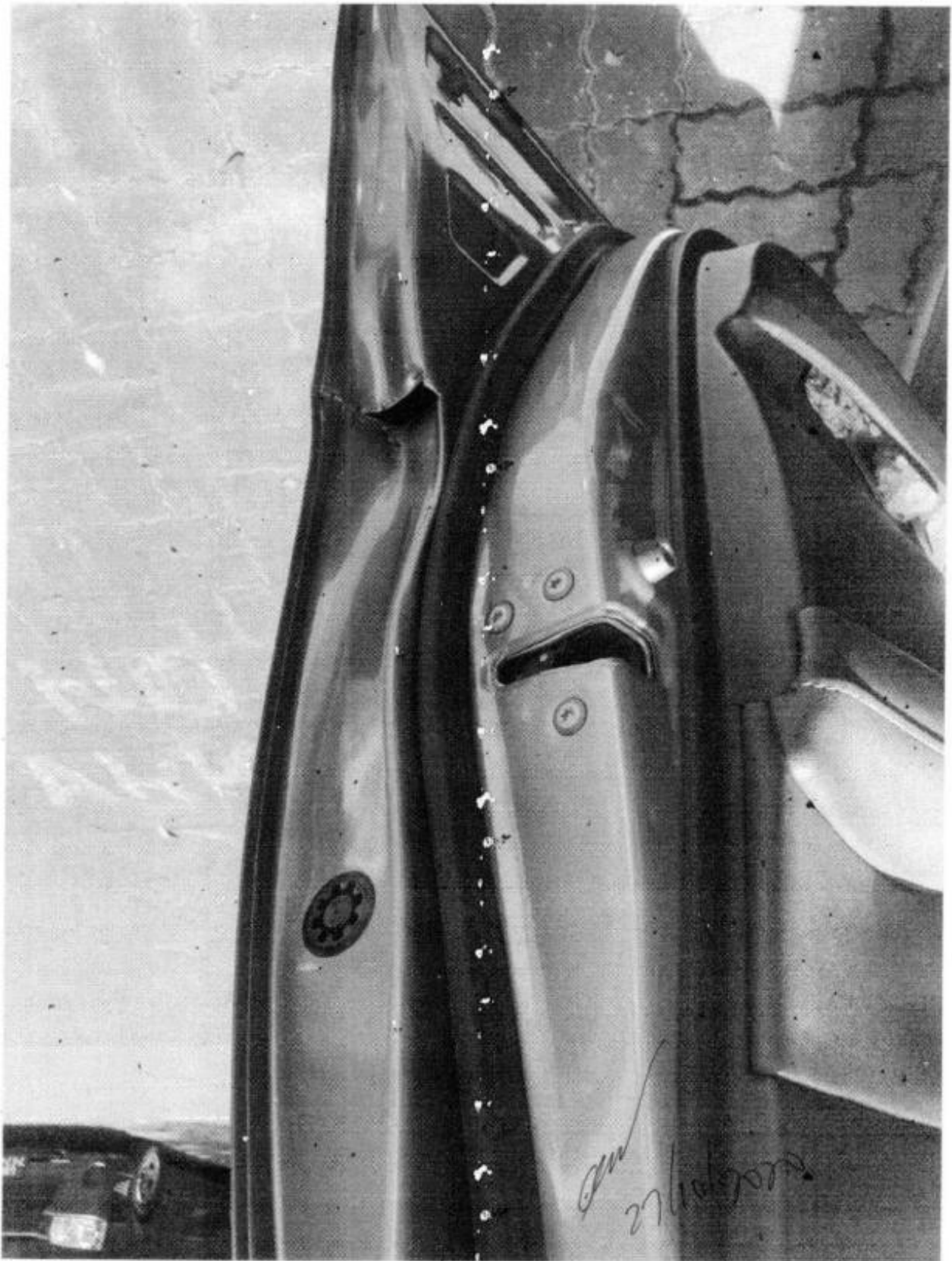
2017/10/10

ACCIDENT PHOTO



27/10/2020

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