





## 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	11/11/2020 12:48
Date Of Accident	02/11/2020 12:50
Exact Location Of Accident	BETWEEN BLOCK 515 AND BLK 517 OPEN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA9628H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	ONG.KIANSHENG@AETOS.COM.SG
Mobile Phone No	(LOCAL) +65-91318438
Alternative Phone No	OFFICE-91318438

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	YES
Policy Number	20-ML000256-R00
Cover Note Number	

### Driver

Name of Driver	ONG KIAN SHENG
NRIC No	GXXXX762P
Date Of Birth	29/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	20/02/2020
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91318438
Fax Number	
Contact Number	OTHERS 01318438

Address	BLK 119 BUKIT MERAH VIEW #13-89
Postcode	152119
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	YP2874B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	GAN KOK YEW
NRIC/Passport Number	
Contact Number	97762325
Address	BLK 690 JURONG WEST CENTRAL 1 #10-191
Postcode	640890
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

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7. By the lodgment 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' 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 sited 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 (d) 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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.



Policyholder's Signature  
Date & Time:

Driver's Signature:  
(If driver is not the policyholder)  
Date & Time: 6/11/2020  
0946203

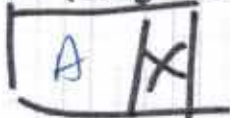
11/11/2020  
Records Centre Person's Signature  
Date:  
NRIC/FIN No:



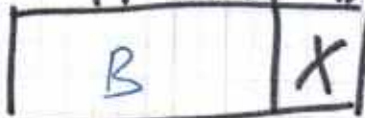
SKETCH PLAN

BETWEEN BLK 515 AND BLK 517

SA 9628 H



YP 2894 B



← ← REVERSE

TRAFFIC DIRECTION  
OPEN CAR PARK

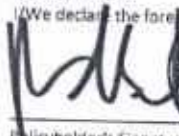

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 2<sup>nd</sup> November 2020 at about 1250hrs  
I parked my vehicle behind lorry  
YP 2894 B.

YP 2894 B reversed without notice my  
vehicle behind. While reversing the lorry  
hit my vehicle front bumper to the lorry.  
My vehicle SA 9628H damage is on the front  
bumper. No one was injured.

DECLARATION

(We declare the foregoing statements are true in every respect.)

Policyholder's Signature

Date & Time:

  
Driver's Signature

(If driver is not the policyholder)

Date & Time:

- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purpose

Policy No. \_\_\_\_\_

Insurer \_\_\_\_\_

Veh No. \_\_\_\_\_

 11/11/2020  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT FOR INPUT			
DATE OF ACCIDENT	2/11/2020	TIME OF ACCIDENT	1230 hrs
COUNTRY/STATE OF LOSS	<input checked="" type="checkbox"/> SINGAPORE <input type="checkbox"/> MALAYSIA ( <input type="checkbox"/> JOHOR <input type="checkbox"/> PAHANG <input type="checkbox"/> KELANTAN <input type="checkbox"/> OTHERS _____ ) <input type="checkbox"/> THAILAND		
ACCIDENT LOCATION	Main Thoroughfare between block 115 and 117		
VEHICLE NUMBER	SLA9628H		
INFORMATION OF INSURED			
NAME OF REGISTERED OWNER	GOLDBELL CAR RENTAL PTE. LTD.		
COMPANY ROC /NRIC OF OWNER	200710651D		
EMAIL	MABELBOO@GBCR.COM.SG	TELEPHONE / FAX	6603 9398
VEHICLE MODEL /MAKE	MITSUBISHI ATTAGE 1.2CVT		
ARE YOU CLAIMING?	<input type="checkbox"/> OWN POLICY <input type="checkbox"/> THIRD PARTY <input type="checkbox"/> RECORD PURPOSE ONLY (if CLAIM THIRD PARTY AT OTHER WORKSHOP, PLS STATE WORKSHOP NAME: _____)		
INSURANCE COMPANY	TOKIO MARINE		
TYPE OF COVERAGE	<input checked="" type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> THIRD PARTY FIRE & THEFT <input type="checkbox"/> THIRD PARTY		
POLICY NUMBER	20-M1000256-R00 (Private Motor Car)		
INFORMATION OF DRIVER			
NAME OF DRIVER	ONG KIAN SHIH		
NRIC OF DRIVER	62222762P		
DATE OF BIRTH	29/08/1940		
OCCUPATION	<input type="checkbox"/> INDOOR <input checked="" type="checkbox"/> OUTDOOR ( _____ )		
DATE OF DRIVING PASS	20/01/2020	GENDER	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
MOBILE NUMBER	91315439	OFFICE NUMBER	
ADDRESS	Bukit Merah View Block 119 17-89		
EMAIL ADDRESS	ong.kianshih@bcr.com.sg		
RELATIONSHIP OF DRIVER WITH INSURED	Hiree		
DO YOU OWN OTHER VEHICLE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VEH NO.?	INSU. CO?
INFORMATION OF ACCIDENT			
WEATHER CONDITIONS	<input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> RAINING <input type="checkbox"/> OTHERS: _____		
ROAD SURFACE	<input type="checkbox"/> WET <input checked="" type="checkbox"/> DRY <input type="checkbox"/> OTHERS: _____		
OTHER INFORMATION			
ANY INJURY	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES	INJURED CONVEYED BY AMBULANCE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ANY FOREIGN VEHICLE INVOLVED?	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (FOREIGN VEHICLE NUMBER: _____)		
IS ACCIDENT CAPTURED BY VIDEO	<input type="checkbox"/> NO <input type="checkbox"/> YES (please provide link/video if YES)		
ACCIDENT REPORT AT WHICH POLICE STATION? * ATTACH POLICE REPORT *	<input type="checkbox"/> NO <input type="checkbox"/> YES	WAS NOTICE OF INTENDED PROSECUTION GIVEN?	
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	<input type="checkbox"/> NO <input type="checkbox"/> YES	NO. OF VEHICLES INVOLVED IN ACCIDENT	
NO. OF PASSENGERS IN CAR (INCLUDING DRIVER)		NAME / GENDER OF PASSENGERS	
NAME / GENDER OF PASSENGERS		NAME / GENDER OF PASSENGERS	
<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> M <input type="checkbox"/> F	
DETAILS OF THIRD PARTY (1)			
VEHICLE NUMBER	YP2874B		
NAME OF DRIVER	GAN KOK YEW		
NRIC OF DRIVER	SXXXX432D		
ADDRESS OF DRIVER	BLK 690 JURONG WEST CENTRAL 1 #10-191 (S) 630890		
CONTACT NUMBER	9776 2325		
OTHER INFO			
DETAILS OF THIRD PARTY (2)			
VEHICLE NUMBER			
NAME OF DRIVER			
NRIC OF DRIVER			
ADDRESS OF DRIVER			





## Certificate of Insurance

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Policy No.: 20-ML000256-R00 (Private Motor Car)

1. Index Mark and Registration Number of Vehicle SLA9628H Chassis No.: MMBSTA13AFH014063
2. Name of Policyholder GOLDBELL CAR RENTAL PTE LTD
3. Effective date of the Commencement of Insurance for the purposes of the Act 01/04/2020
4. Date of Expiry of Insurance 31/03/2021
5. Persons or Class of Persons entitled to drive\*  
Any person who is driving on the Policyholder's order or with their permission.  
The hirer.  
Any other person who is driving on the hirer's order or with his/ their permission.

\* Provided that the Person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## 6. Limitations as to use\*

Use for the carriage of passengers or goods in connection with the Policyholder's business or the hirer's business.

Use for social domestic and pleasure purpose and business purposes of the Policyholder or of any person to whom the vehicle is hired.

The Policy does not cover:-

1) Use for racing, pace-making, reliability trial or speed-testing.

2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

3) Use for the carriage of passengers for hire or reward by any person whom the vehicle is hired.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please refer to the Policy Schedule for full details, terms and conditions of the insurance.

**IMPORTANT NOTICE**

This Certificate is not transferable. During its currency, if the insurance is cancelled for whatsoever reason, you must return the Certificate to Tokio Marine Insurance Singapore Ltd. within 7 days thereof or, if the Certificate has been lost/destroyed, you must make a statutory declaration to that effect. Failure to comply with this duty is an offence under Motor Vehicle (Third-Party Risks and Compensation) Act (Chapter 189).

Tokio Marine Insurance Singapore Ltd.

Authorised Signature

User Name: Hee Boon Jie - ITD

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