

## 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 14:57
Date Of Accident	03/11/2020 17:30
Exact Location Of Accident	ALONG CAVENAGH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7378J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90908164
Alternative Phone No	OFFICE-90908164

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	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-ML000245-R00
Cover Note Number	

### Driver

Name of Driver	RAMACHANDRAN ATHITHAN
Passport No/FIN	GXXXX952P
Date Of Birth	25/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	27/02/2018
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90908164
Fax Number	
Contact Number	OTHERS-90908164
Email Address	NOEMAIL

Address	48 TOH GUAN ROAD EAST #05-97
Postcode	608586
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	SLA395M
Vehicle Make/Model/Colour	DISCOVERY LAND ROVER
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)	

# Sketch Plan

## SKETCH PLAN

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4. The issue and completion 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. The report will be forwarded by the issuers of the Traffic Courts Management Centre established by the Criminal Justice Administration of Singapore for any finding and that copies of the report will be made available upon application by interested parties.
7. By the signing of this report to the insurers, you hereby consent to the archiving of this report at the centre and for copies of this report to being made available if required.
8. Consent under the Personal Data Protection Act (PDPA)
 

(a) I, the undersigned, do hereby agree and consent to:

  - (i) the issuance of this report and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, store, maintain, process my personal data/personal information set out in this form and any other personal information provided by me or occurring by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurance(s) who have insured vehicle(s) involved in this accident (insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"); the insurable lawyer/law firms, the Maritime Authority of Singapore and the relevant government agencies/authority body as the police for the purposes of:
  - (ii) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claim;
  - (iii) investigating the accident (either my claim);
  - (iv) verifying and/or dealing with my instructions or answering to any enquiries by me;
  - (v) administering my claims including the making of correspondence, statement, notices, reports or required forms, which may include, direct use of certain personal data about me to bring about delivery of the same as well as on the sale and cover of the packages used packages; and/or
  - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (b) all insurance(s) who have insured vehicle(s) involved in this accident and the insurers' lawyer/law firms, may be permitted to collect, use, process and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information supplied be collected by any of the insurers who are GIA as their third party service purposes or agent in filing their lawsuit/claim, which may be made inside or 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) any information or collected under (a) above may be stored / disclosed:
- (i) to all insurers and/or any other third parties who seek or requiring, investigating, processing or managing fraud, investigation and management and government agencies as reasonably required for the purposes stated; or
- (ii) for complying with requirements under any regulatory law, in court orders.

I/We declare that all information that have a MAJOR IMPACT on me to include on my name claim in this accident is true and correct. I/We agree not to make any further statement.

  
Policyholder's Signature  
Date: 8/1/2020

  
Authorized Driver's Signature  
Date: 8/1/2020

  
Witness's Signature  
Date: 8/1/2020

# Sketch Plan #2

SKETCH PLAN

ALONG CAVENAGH ROAD



A) GBF 7378 J

B) SLA 395M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Heavy traffic, stop not ~~at~~ time and hit the back of the vehicle Dented

DECLARATION

I hereby declare the foregoing to be true and correct.

*[Signature]*  
 Date & Time: *[Signature]*

Vehicle No. 1 Signature: *[Signature]*  
 Date & Time: *[Signature]*

Driver's Signature: *[Signature]*  
 (If driver is not the possessor)  
 Date & Time: *[Signature]*

- ☐ Claim coverage
- ☐ Claim liability
- ☐ Claim CO/TP of other party
- ☐ For record purposes

Policy No. \_\_\_\_\_  
 In car \_\_\_\_\_ Whole \_\_\_\_\_

Reporting Vehicle To Insurance Company  
 Name: *[Signature]*  
 Date & Time: *[Signature]*

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

