

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	26/11/2020 10:34
Date Of Accident	22/11/2020 18:40
Exact Location Of Accident	TURNING RIGHT FROM DELTA RD TOWARDS ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMC3792H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	2XXXXX651D
Email Address	MARCUSMONTANA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97212074
Alternative Phone No	OFFICE-66039398

Vehicle Particulars

Manufacturer	TOYOTA
Model	RAV4-2.0 PREMIUM (A)
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?	YES
If No, Please state action to be taken	
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-ML000257-R00
Cover Note Number	

Driver

Name of Driver	MONTANA MARCUS TRENT
Passport No/FIN	GXXXX067U
Date Of Birth	08/03/1984
Occupation	INDOOR
Date Of Driving Pass	17/10/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97212074
Fax Number	
Contact Number	OFFICE-66039398
EEmail Address	MARCUSMONTANA@HOTMAIL.COM

Address	491A RIVER VALLEY ROAD #13-11
Postcode	248372
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 - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : FERGUSON KRISTINA JOY GENDER: : FEMALE

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	SDZ312R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA BOON LENG
NRIC/Passport Number	SXXXX488G
Contact Number	81337882
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please read carefully the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the involved Driver.
3. Information provided must be as truthful and accurate as possible. Any fraud may result in an awarding of financial loss to the other party who may be compensated to regulate policy liability.
4. The insured acceptance of this Form by signature constitutes a declaration of acceptance of the terms and conditions of the insurance policy.
5. Any false information may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Records Management Centre established by the Government of Singapore (GIA) for archiving and that copies of the report will be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the archiving of this report at the discretion of insurers if the report does contain available information.
8. **Consent under the Personal Data Protection Act (PDPA)**
I agree that, acknowledge and consent that:
 - (a) My insurer, my employer and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data, personal information set out under Form 1 and any other personal information provided by me to insurers with the insurer, including the "Personal Information" and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers who have insured vehicle(s) involved in this accident including self-insured) referred to as the "Insurers", the Insurers' lawyers, law firms, the Monetary Authority of Singapore and any relevant government agency/authorities such as the police, for the purposes of:
 - (i) investigating, 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 request, that to any enquiries to me;
 - (iv) administering my claims (including the making of correspondence, statements, invoices, reports and notes to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as the external cover of development/real practices); and/or
 - (v) complying with applicable law or statutory obligations, processing, handling and/or dealing with my claims (collectively the "Purposes").
 - (b) all insurers (including self-insured) who have insured vehicle(s) involved in this accident and the Insurers' lawyers, law firms may be 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 insurer providers and 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, claims portfolio management in present and all future claims.
 - (e) the information so collected under (a) above may be shared with:
 - (i) all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies as reasonably required for the purposes stated in (a);
 - (ii) for complying with requirements under any regulatory, law or court orders.

I HAVE READ THIS SKETCH PLAN AND HAVE A FULLY UNDERSTANDING THEREOF TO SIGN MY OWN INMADE CLAIM FORM BY COMPLETING THIS SKETCH PLAN FOR YOU.

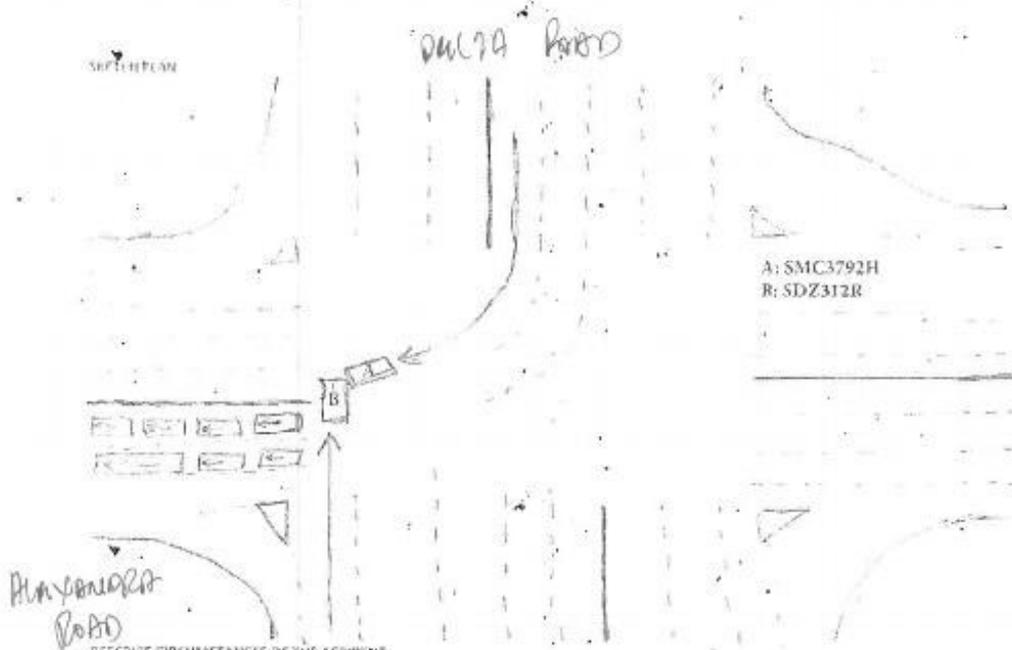


Handwritten signature and printed name: Driver's Signature, Name of Insured Policyholder, Date: 24/11/20

Handwritten signature and date: 26/11/2020, with additional handwritten text below.

Sketch Plan #2

TURNING RIGHT FROM DELTA RD TO TOWARDS ALXANDRIA ROAD



A: SMC3792H
R: SDZ312R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Direction of travel: Turning right from Delta Rd towards Alexandria Rd
 Direction of travel of other vehicle: Travelling straight from Lane Delta Rd towards Delta Rd
 Description of accident: My vehicle was stopped behind a number of vehicles in the right turn lane on the Delta Rd side of the intersection. The light turned green and the cars in front of me all moved forward and turned right. I followed the cars in front of me, pulled into the intersection and started to turn right. I believed I was clear that to turn when I saw the other vehicle, I applied the brakes and attempted to avoid a collision. The front of my vehicle collided with the front right side of the other vehicle. I was on the inside turning lane. There were approximately five cars in front of me that turned right, and a bus also turned right. I was in the right turn lane and to me, I maintained lane discipline at all times. I started my right turn when the lights were green and the light turned amber when we were in the intersection.

- I am the party
- I am not the party
- Part of the party
- I am not present



[Signature]
 Officer Signature
 I have read the published
 Rank/Unit

26/11/2020
[Signature]
 Report Number
 Date
 Time

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



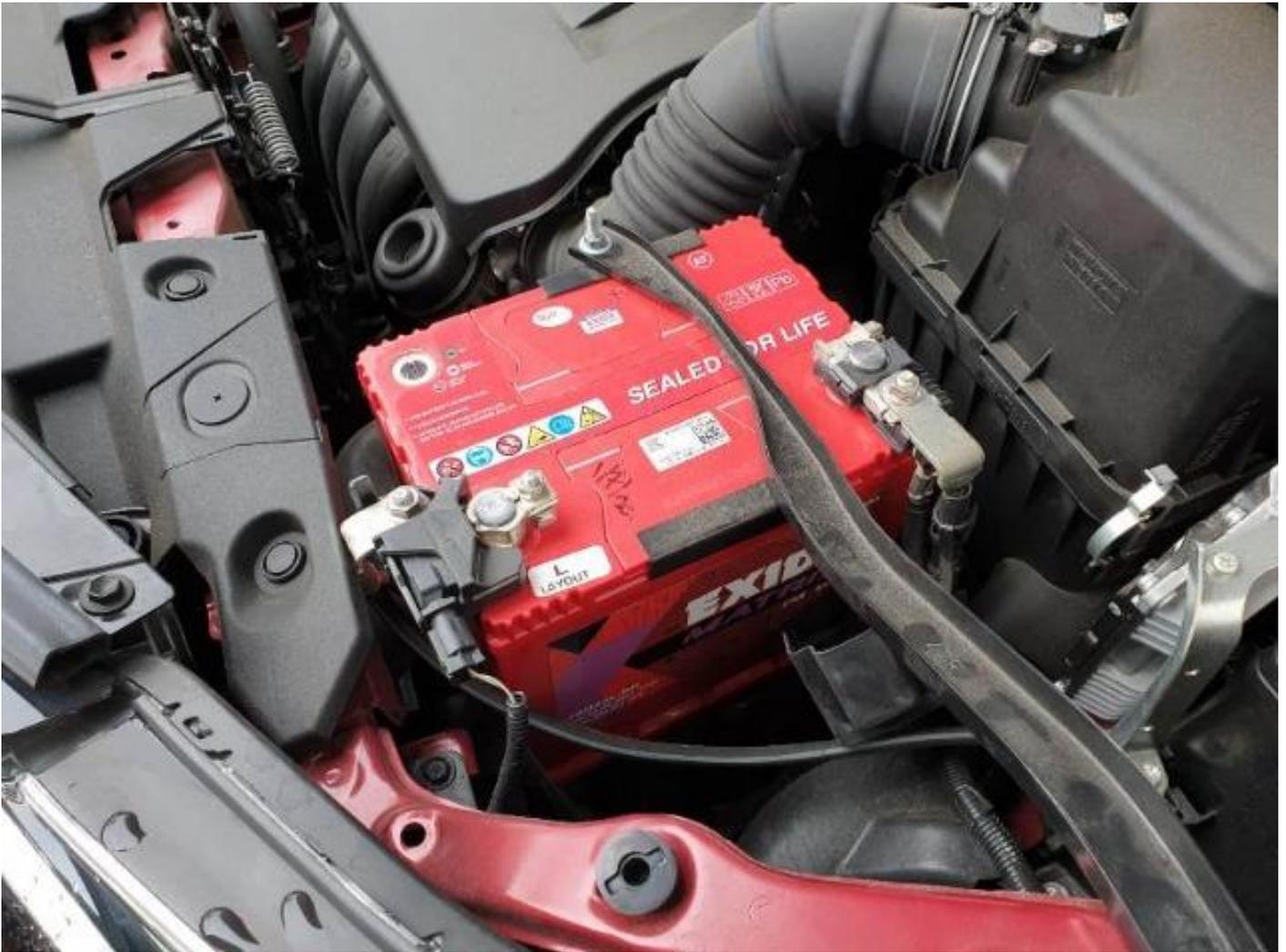
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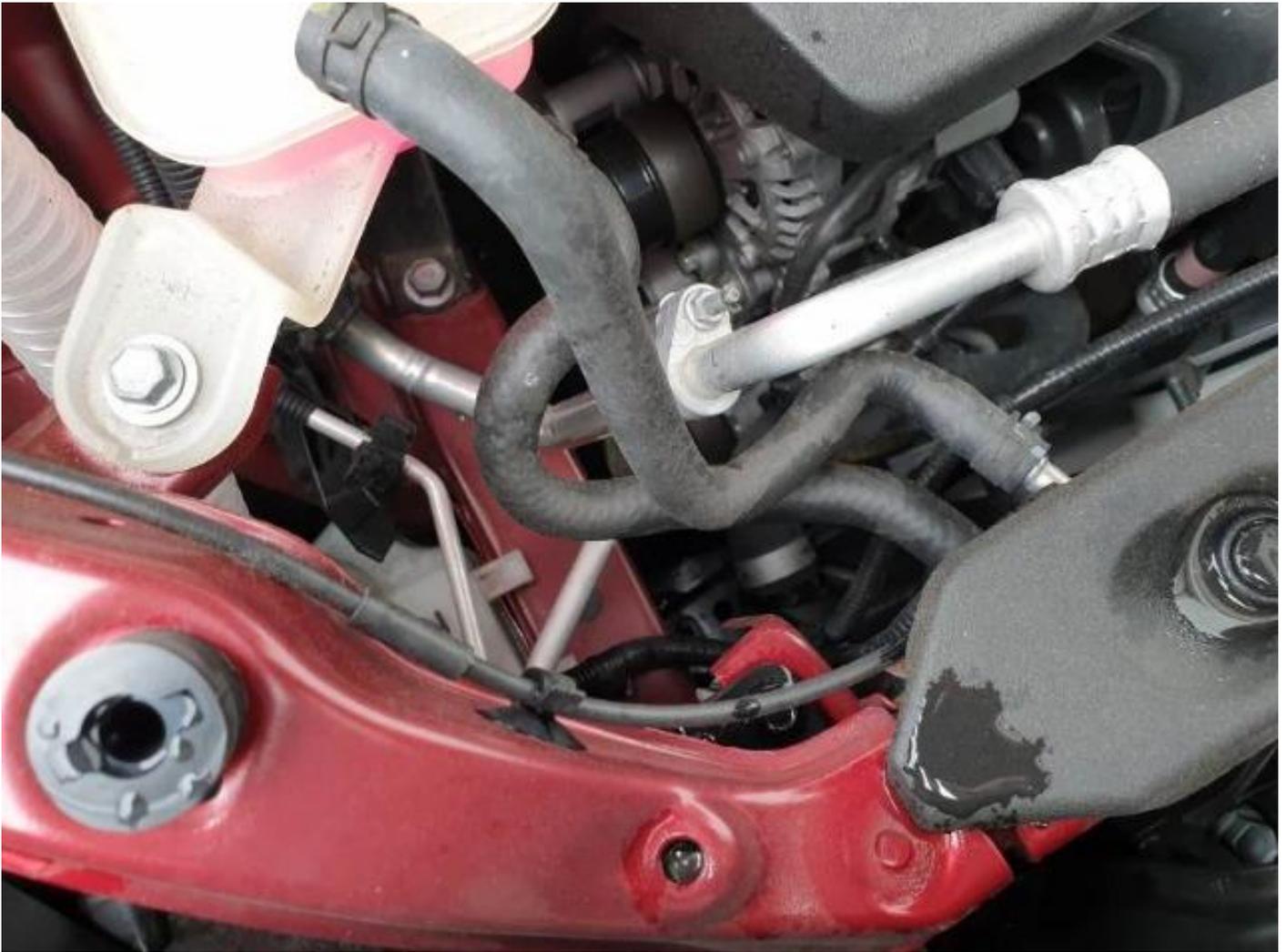
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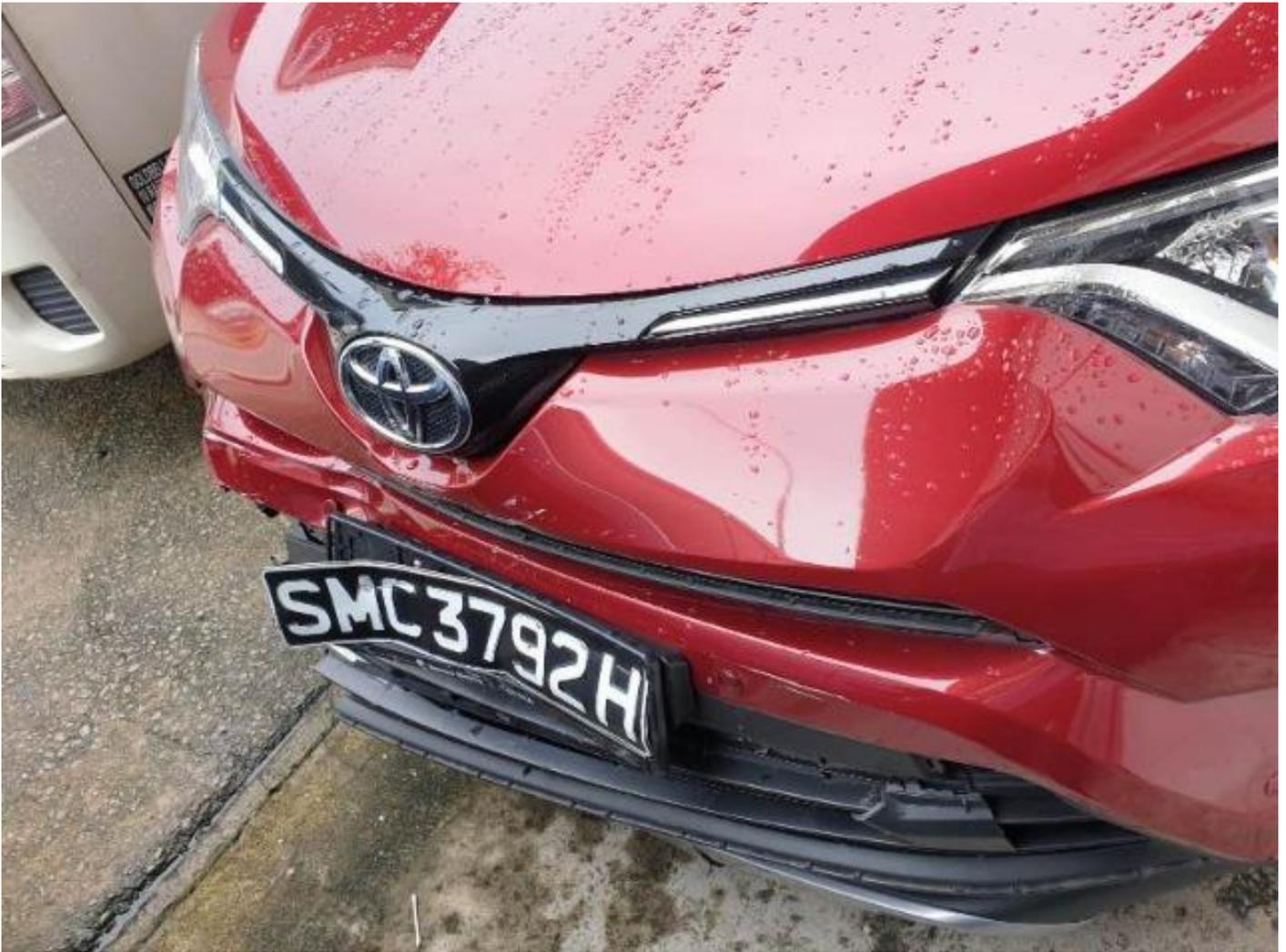
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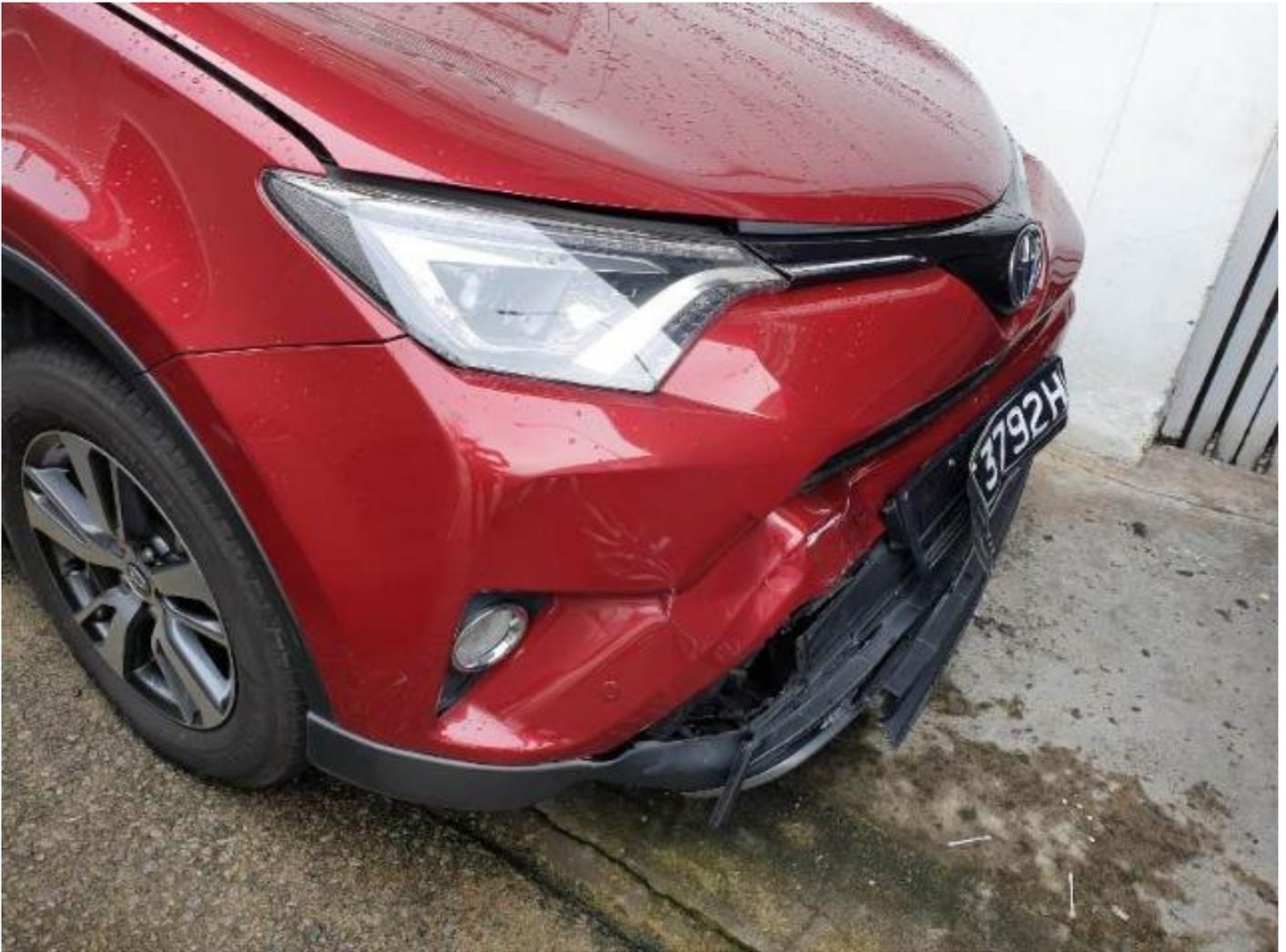
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