Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 06/12/2017 18:04

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 witholding of material facts may allow insurance companies to repudiate policy ability.
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 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	27/11/2017 19:13
Date Of Accident	23/11/2017 16:55
Exact Location Of Accident	ALONG RAEBURN PARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD2565J
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SHARONNGANKY@GBCR.COM.SG
Mobile Phone No	(LOCAL) +65-91463813
Alternative Phone No	OFFICE-91463813
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD16V16658/VPZ/R02
Cover Note Number	
Driver	
Name of Driver	SHARON NGAN KAR YEE
NRIC No	S9320381Z
Date Of Birth	07/06/1993
Occupation	OUTDOOR
Date Of Driving Pass	03/11/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91463813
Fax Number	
Contact Number	OFFICE-91463813
EMail Address	SHARONNGANKY@GBCR.COM.SG

Address	BLK 30 JALAN KLINIK #08-19
Postcode	160030
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	SJJ6521C
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Name of Driver	OH KOK BOON
NRIC/Passport Number	S7716464B
Contact Number	94377087
Address	BLK 667C #03-141 JURONG WEST STREET 65
Postcode	643667
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

IMPORTANT PLAN

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 Traffice Police Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association Of Singapore (GIA) for archiving and the copies of this report will be a fee be made available upon available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the 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, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "**Personal Information**") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively reffered to as the "**Insurers**"), the insurer/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 or correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to being 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 Insurer's lawyer/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.

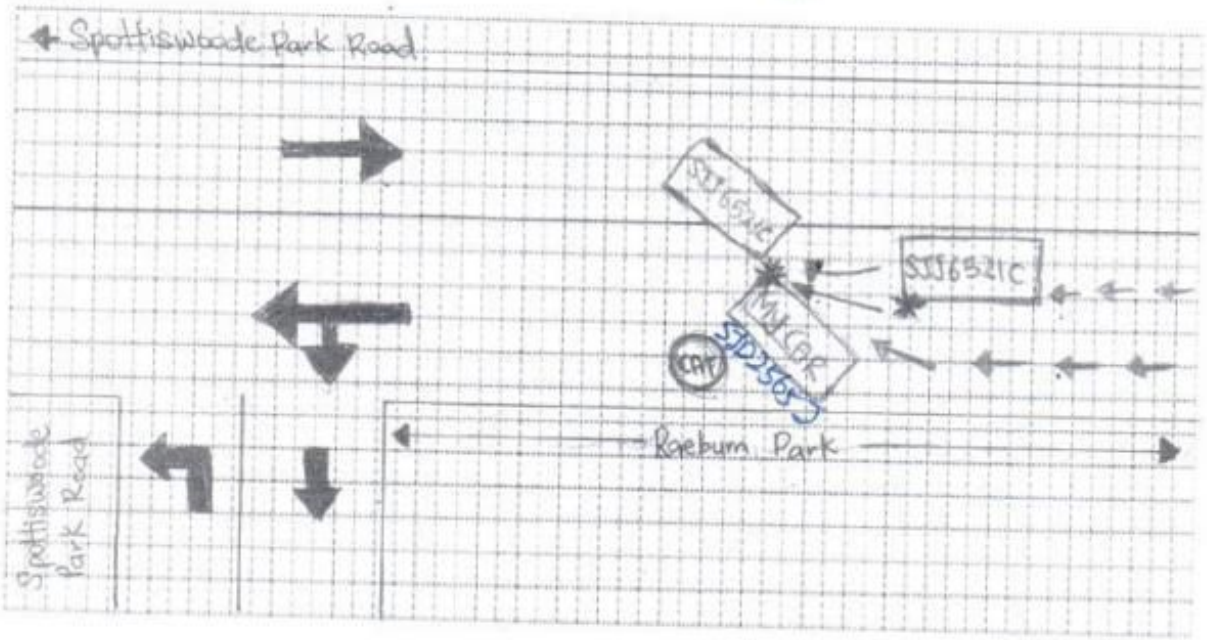
Policyholder's Signature / Date & Stamp

Driver's Signature (if driver is not the Policyholder) Date & Time

21/11/2017

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstance of the Accident

At 4.45pm, I left my office (10 Raeburn Park) to meet a client. I was driving a Toyota Altis and was travelling at about 20-30km/hour along that stretch of road. (Raeburn Park towards Spottiswoode Park Road).

As I was travelling at a slow speed, I noticed there was an obistacle (cat) at the left side of my lane. I slowed down, signalled right, check both my rear and side mirror and blindspot to exercise extra caution upon filtering out to avoid the cat.

While checking my rear mirror, I noticed a Toyota Camry had just exited the gantry of my office building. The distance between the Toyota Camry and my location was approximately 200-300m away. Therefore, I started filtering towards the right. The next moment, there was a sudden huge impact towards my car, causing me to jerk forward. I jammed break immediately. The Toyota Camry had hit the front right side of my car and he skidded forward.

After the accident, I alighted my car to assess the damages made. My car had slight scratches on the front right side and at the right headlight due to the Toyota Camry dragging/side swipping the front side of my car. While the Toyota Camry had a huge dent and scratches in the left front side and the headlight was broken.

The driver of the Toyota Camry SJJ6521C, Mr. David Oh Kok Boon, was a Private Hired Driver and during the time of accident, he had 2 passengers in the car with him. As there was no injuries sustained to the passengers and the drivers, the both of us came to a conclusion not to file a police report and let our company handle the situation.

Declaration

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the Policyholder) Date & Time

27/4/2017

Witnessed By Reporting Centre Personnel

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
8 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 3665002008 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1171568 60 Vehicle Registration No: SJD 2565J

Name(as shown in NRIC) : SHARON NGAN KAR YEE NRIC/FIN/Passport No : S9320381Z

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 91463813

Email Address : _____

Date of Accident : 23/11/2017 Time of Accident : 16:55

Place of Accident : ALONG RAKBURN PARK

Insurance Company : LIBERTY INSURANCE PTE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF BIRTH TO 07/06/1993

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KARLI WAHAB
NRIC/FIN No:
Date: 06/12/2017