#### 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 <u>truthful and accurate</u> 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.

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	29/11/2017 17:22		
Date Of Accident	25/11/2017 14:30		
Exact Location Of Accident	WOODLANDS CAUSEWAY POINT BASEMENT CARPARK		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	GBE4138K		
Insured/Policyholder			
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD		
Co Reg No	200710651D		
Email Address	RAJ.KUMAR@GCPAT.COM		
Mobile Phone No	(LOCAL) +65-96655083		
Alternative Phone No	OFFICE-96655083		
Vehicle Particulars			
Manufacturer	FIAT		
Model	DABLO		
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	LIBERTY INSURANCE PTE LTD		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	SD16V16557/VCZ/R02		
Cover Note Number			
Driver			
Name of Driver	RAJ KUMAR S/O RAJAH		
NRIC No	S1478690B		
D-4- Of Distle	20/00/4000		

NRIC No S1478690B

Date Of Birth 30/09/1960

Occupation OUTDOOR

Date Of Driving Pass 16/12/2003

Driving Experience 13 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96655083

Fax Number

Contact Number OTHERS-96655083

EMail Address RAJ.KUMAR@GCPAT.COM

Address BLK 611 WOODLANDS RING ROAD

#03-201

Postcode 760611

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 CLEAR
Road Surface DRY

#### 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? NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
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

#### Sketch Plan

#### SHETCH PLAN

#### INFORTANT NOTICE

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WOODLANDS CONSPRINT BASEFINANT CO

# Sketch Plan #2

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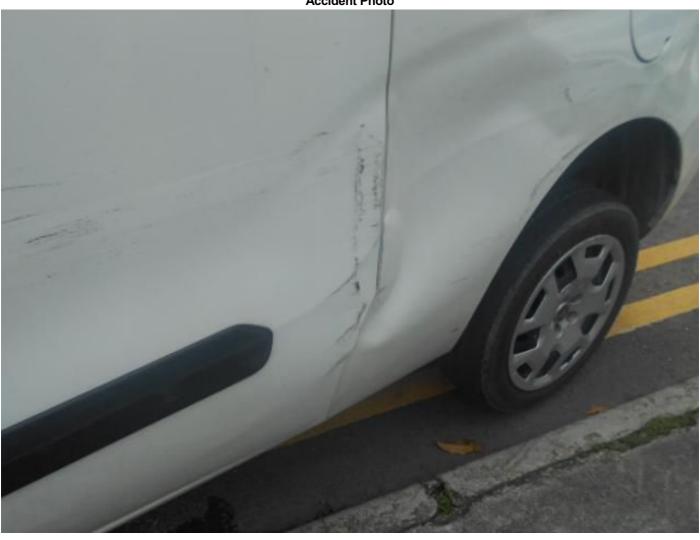
















#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 5 Raffles Quay #15-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0050

Operating Hours : Monday to Friday, 03:00 - 17:00 UEN: \$665500206 / GST Reg. No.: M400017735

Date:

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

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAI Vehicle Registration No: NRIC/FIN/Passport No : T\*Vehicle Driver Vehicle Owner) (\*) Please delete as appropriate Address Contact (Tel) Emall Address Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: SD16V16557/VCZ/ROZ KUMBKI Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date: