

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 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	28/12/2017 09:38
Date Of Accident	11/11/2017 05:30
Exact Location Of Accident	ANG MO KIO AVENUE 10 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF3837X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97955878
Alternative Phone No	OFFICE-97955878

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	SD16V16618/VPZ/R02
Cover Note Number	

Driver

Name of Driver	NOR HISHAM BIN TAJUDDIN
NRIC No	S2200923J
Date Of Birth	03/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	04/06/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97955878
Fax Number	
Contact Number	OTHERS-97955878
Email Address	NOEMAIL

Address	BLK 406 ANG MO KIO AVENUE 10 #12-721
Postcode	560406
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

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

SKETCH PLAN

IMPORTANT PLAN

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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 Traffic 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 made 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.

B. 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 referred 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 claim 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 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 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 cited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Stamp


Insurer's Signature (if driver is not the Policyholder) Date: 11-12-17


Witnessed by Reporting Centre Personnel 28/11/2017

Sketch Plan

Sketch Plan

Diagram illustrating the accident scene layout on a grid background.

The diagram shows a horizontal road with a central divider labeled "DIVIDER". Arrows indicate traffic flow: one arrow points right above the divider, and two arrows point left below the divider.

Handwritten notes on the right side of the grid:

- CARPAK: Photo @ X
- FRONT OF CAR
- POWERS DIVISION

Below the grid, a hand-drawn sketch of a car is shown, facing forward. The license plate area is labeled "9KF 3837X".

Handwritten notes next to the car sketch:

- DRIVER
- END

Sketch Plan #2

Describe Circumstances of the Accident

On 11th Nov 2017, at around 0530 when I was about to start the day's work, upon entering vehicle SCF 38374, I saw deep dents on the bumper & rear door.

I took pictures of the damage then returned my house for part of the incident.

Declaration

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


Policyholder's Signature / Date & Stamp


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


Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



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