

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 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	12/02/2018 14:26
Date Of Accident	10/02/2018 18:45
Exact Location Of Accident	JUNCTION OF SENGKANG EAST RD/COMPASSVALE ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM7617B
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90509714
Alternative Phone No	OFFICE-90509714

Vehicle Particulars

Manufacturer	MAZDA
Model	BIANTE-2.0 BIANTE 5-DOOR WAGON SP.6E (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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00033/VPZ/R03
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN IBRAHIM
NRIC No	S1593488C
Date Of Birth	10/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	04/12/1986
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90509714
Fax Number	
Contact Number	OTHERS-90509714
Email Address	NOEMAIL

Address	BLK 854 WOODLANDS ATREET 83 #05-76
Postcode	730854
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
Number of vehicles 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.	YES
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : KHAIRUL NIZAH GENDER: : MALE
Passenger 2	NAME: : AMIRUL HAFIZ GENDER: : MALE

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	SJ26810J
Vehicle Make/Model/Colour	AUDI Q5
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHEONG MIN SIAN
NRIC/Passport Number	S8319127I
Contact Number	82838828
Address	
Postcode	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' 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 of 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 insurers' lawyers/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
- (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) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders;



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

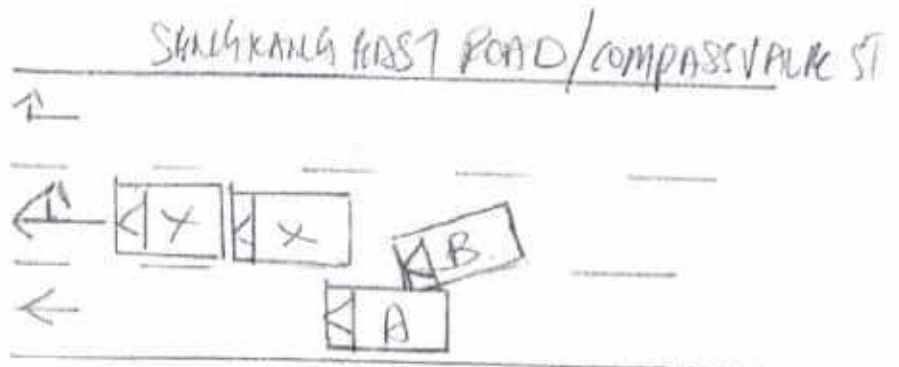
Reporting Centre Personnel's Signature
Name: *Rafael W. [Signature]*
NRIC/FIN No:

12/02/2018

SKETCH PLAN

A) SKM 7617 B

B) SJZ 6810 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 10 FEB 2018 TIME AT ABOUT 1845 HRS
I TRAVEL ALONG SENGKANG EAST RD I TRAVEL
STRAIGHT AND SUDDENLY I FELT A BUMP, I STOP MY
CAR AND I CAME DOWN AND I SAW A CAR
SJZ 6810 J BUMP INTO MY RIGHT REAR SIDE.
NOBODY WAS INJURED AND WE EXCHANGE PARTICULARS
AS BOTH AGREED.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature
Name
NRIC/FIN No.

12/02/2018
Roshni Varghese

ACCIDENT STATEMENT

ACCIDENT DATE: 10/02/2017 (DD/MM/YYYY), TIME: 18:45 (HH:MM)

LOCATION: SENGKANG EAST RD / COMPASSvale ST

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKM 7617 B
 b) INSURANCE COMPANY: LIBERTY
 c) POLICY NUMBER: _____
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: HONDA BIANTE
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)

① KHAIRUL NIZAH (M)

② AMIRUL HAFIZ (M)

- INSURED / POLICY HOLDER
 a) NAME: GOLD BELL CAR RENTAL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER

No of passenger
 (Including driver)
(3)

- DRIVER
 a) NAME: ABDUL RAHIM B. IBRAHIM (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: 515934891 CONTACT: 90509714
 c) ADDRESS: BLK 854 RD 5, 76 WOODLANDS 8293
(730389)

* d) DATE OF BIRTH: 10/08/1963 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 01-12-1986

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
()

- a) VEHICLE NUMBER: STZ 6810 J MODEL: AUDI Q5 (BLACK)
 b) DRIVER'S NAME: CHONG MA SIAN
 c) NRIC/FIN/PASSPORT: 83191272 CONTACT: 82838828

9. THIRD PARTY VEHICLE

No of passenger
 (Including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

fax =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1593488C



ABDUL RAHIM BIN IBRAHIM

Face
MALAY
10-08-1963 M
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S1593488C

Name: ABDUL RAHIM BIN IBRAHIM

Birth Date: 10 Aug 1963

Issue Date: 30 Apr 2003



1861007

NRIC No. S1593488C



Blood Group: A+ Date of issue: 06-04-1994

APT BLK 854 WOODLANDS STREET 83 #05-76
SINGAPORE 730854

S1593488C

24/10/2013 (R)

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	VALID DATE
Class 2B: Motorcycles not exceeding 200 cc	23 May 1994
Class 2A: Motorcycles between 201 cc and 400 cc	26 Jun 1999
Class 3: Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	04 Dec 1996

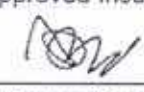


License No. S1593488C

NP 426A

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V00033 /VPZ /R03										
Form	MZ406										
Date Of Issue	26-DEC-2017										
1.Index Mark and Registration No. of Vehicle:	SKM7617B										
2.Chassis number of Vehicle:	JM6CC1071E0103460										
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD										
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM										
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM										
6.Persons or Classes of Persons entitled to drive*:	Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired. Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.										
7.Limitations as to use*:	A) Use for carriage of passengers or goods in connection with the Policyholder's business. B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.										
8.Policy does not cover:	A) Use for racing, pace-making, reliability trial or speed-testing. B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.										
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.											
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).											
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature											
For Information only: <table style="width: 100%;"> <tr> <td style="width: 30%;">COVERAGE :</td> <td>Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension</td> </tr> <tr> <td>SUM INSURED:</td> <td>MARKET VALUE AT THE TIME OF LOSS</td> </tr> <tr> <td>EXCESS:</td> <td>Section I - Singapore S\$800 / Outside Singapore S\$1300, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100</td> </tr> <tr> <td>FINANCE COMPANY:</td> <td>MAYBANK</td> </tr> <tr> <td>PRODUCER NAME:</td> <td>ACORN INTERNATIONAL NETWORK PTE LTD</td> </tr> </table>		COVERAGE :	Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension	SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS	EXCESS:	Section I - Singapore S\$800 / Outside Singapore S\$1300, Additional Excess for Young & Inexperienced Drivers S\$1500, Windscreen Excess S\$100	FINANCE COMPANY:	MAYBANK	PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD
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PLYW/-29-DEC-17

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29-DEC-17