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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 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,	recommendation to the control of the
1000年10日本中	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
A STATE OF THE PROPERTY OF DESCRIPTION OF THE PROPERTY OF THE	ETAILS 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

ABDUL RAHIM BIN IBRAHIM Name of Driver

NRIC No S1593488C Date Of Birth 10/08/1963 OUTDOOR Occupation 04/12/1986 Date Of Driving Pass

31 YEARS AND 2 MONTHS **Driving Experience**

Gender MALE

(LOCAL) +65-90509714 Mobile Number

Fax Number

OTHERS-90509714 Contact Number

NOEMAIL EMail Address

Address

BLK 854 WOODLANDS ATREET 83

#05-76

Postcode

730854

OTHER - HIRER

If No, Relationship of the Driver with the Insured

Was driver an employee of the Insured's Company NO

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)

YES

Are accident photos available for attachment? Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJZ6810J

Vehicle Make/Model/Colour

AUDI Q5

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHEONG MIN SIAN

NRIC/Passport Number

S8319127I

Contact Number

82838828

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 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 most 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
- Any false reporting may be referred to the Police for investigation.
- The 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 ladgment of this report to the invaries, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law tirms, may/are permatted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpoyes, 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

cuplying with requirements under any regulations, laws or court orders.

Palicyhalder's Signature Clate & Tuma:

Driver's Signature (if driver is not the policynolder)

Date & Time:

12/02/2018
Personnely Signature
Polli WANTARA

Name

	SELLYKALLY EAST PORD/compassivale
	1
A) SKM 7617 B	1 17 1X 101
R)SJZ 6810J	< IA
DESCRIBE CIRCUMSTANCES OF T	HE ACCIDENT
04/	10 PEB 2018 Time AT ABOUT 1845 HES
I TRAVEL ALL	MONEY I FELT A BUMB, I STOP MY
	ME DOWN AND I SAW - A CAR
	imp 1470 My RIGHT REAR SIDE.
MOBOON WAS	INJURKED AND WE FIXCHAMER PARTICULARS
AC BOTH AGRE	CO.
DECLARATION	
declare de recong particulars	are true in every respect
3719809	8/0x/co/co/8
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policytiolder) Date & Time Reporting Centre Personnel's Signature Name NAME NAME NAME NAME NAME NAME NAME NAME
/	Date & Time NAIC/FIN NO FLOSLI VONTO

A:CCIDEN DETAILS OF VEHICLE a) VEHICLE NUMBERS KM 76 DINSURANCE COMPANY: CIPOLICY NUMBER! DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) BIMAKE & MODEL: NAZDA BOSTA () TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h) PURPOSE OF USING AT ACCIDENT TIME! I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) GICHBIRUL MIZAH (MIS NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) GOLDBELL COR RHWY MI Alname: . CTOLOR DAMIRUL HAFIZ (M CIADDRESS! * CONTINUE TO 3,d IF DRIVER ALSO POLICY HOLDER A He of bustoning DRIVER ONAME: AND (Including driver) b) NRIC/FIN/PASSPORT: 1 * d) DATE OF BIRTH! LA e OCCUPATION: [INDOOR / QUIDOOR] HOATE OF DRIVING PASS 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES) NO IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED ! AURO 5. a) WEATHER CONDITION: (CLEAR) RAINING / OTHERS WAS ANYBODY INJURED (YES NO) REPORTED TO POLICE (YES (NO)) YES, PLEASE STATE WHICH POLICE STATIO VEHICLE NUMBERIJ 4 No of Dassenger (Including differ) NRIC/FIN/PASSPORT

email = : fax =

THIRD, PARTY VEHICLE

DRIVER'S NAMEL

140 of pastinger

(Including driver)

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1593488C



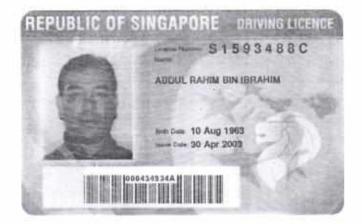


ABDUL RAHIM BIN IBRAHIM

MALAY

10-08-1963 M

SINGAPORE



1861007



₩ \$1593488C

Bronding District

06-04-1994

A+ APT BLK 854 WOODLANDS STREET 83 #05-76

SINGAPORE 730854

S1593488C

24/10/2013 (R)

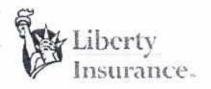
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

PASS DATE

Class 2E Motorcycles not exceeding 200 oc.
Class 2A Motorcycles between 201 oc and 4co co.
Class 3: Motor Cam and Motor Tractors the weight of which unlarien does not exceed 2500 lulegrams.

23 May 1914 26 Jun 1999 04 Dec 1956

NH AZEA





Liberty Insurance Pte Ltd Registration no.198002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 5225 6890 Website: http://www.libertyinsurance.com.sg

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	01-JAN-2018 00:00 AM
for the purpose of the Act:	/
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

Approved Insurers

∧∞

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Unlimited Windscreen, Personal Accident Benefit, Airside, Uber/Grabcar Extension

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section | -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

PLYW/-/29-DEC-17

S1_CI_T1_T3_OE_Template2-Ver1.

29-DEC-17