

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 | 02/01/2018 15:53 |
| Date Of Accident | 31/12/2017 12:50 |
| Exact Location Of Accident | SCOTTS SQUARE CAR PARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKV3142H |
| Insured/Policyholder | |
| Name Of Registered Owner | PIERRE HUMBLLOT |
| Passport No/FIN | 14AP17850 |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96629814 |
| Alternative Phone No | OTHERS-96629814 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | PORSCHE |
| Model | PORSCHE MACAN PDK |
| 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 | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SI17V13812/VPS/R02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | YOUSUF HUMBLLOT ALIA |
| Passport No/FIN | F1826916M |
| Date Of Birth | 17/06/1975 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/11/2014 |
| Driving Experience | 3 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-83013005 |
| Fax Number | |
| Contact Number | |
| Email Address | ALIAYOUSUF3@GMAIL.COM |

| | |
|---|--------------------------|
| Address | 27 CLAYMORE RD #16-07 |
| Postcode | 229544 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - HEAD ON 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 | |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | |
| 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) | 4 |
| Passenger 1 | NAME: : PIERRE HUMBLLOT GENDER: : MALE |
| Passenger 2 | NAME: : MAYA HUMBLLOT GENDER: : FEMALE |
| Passenger 3 | NAME: : MILLEI HUMBLLOT GENDER: : FEMALE |

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

REFER SKETCH PLAN & STATEMENT

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 | SBY300D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | JAMES TAY |
| NRIC/Passport Number | |
| Contact Number | 97566003 |

SKETCH PLAN

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 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 Police for investigation.
6. 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 lodgment 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.

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: *Edwin Alegre*
NRIC/FIN No.:

Veh. A - SKV 3142 H

Veh. B - SBP 300 D

The diagram illustrates a collision between two vehicles, Veh. A and Veh. B. Veh. A is positioned at the top right, tilted, with an arrow labeled 'A' pointing away from it. Veh. B is positioned below Veh. A, also tilted, with an arrow labeled 'B' pointing away from it. Several curved arrows indicate the path of the vehicles and the direction of impact. The diagram is drawn on a grid background.

✓ WE WERE DRIVING OUT OF THE SCOTTS SQUARE CAR PARK. THE OTHER CAR WAS DRIVING IN. WE WERE GOING UP A BEND SO DID NOT SEE HIM COMING UNTIL IT WAS TOO LATE. HE WAS DRIVING AT HIGH SPEED AND DESPITE US TRYING TO MOVE AWAY, HE DROVE INTO OUR CAR AND GRAZED BOTH DOORS ON THE RIGHT HAND SIDE OF THE CAR. THEY WERE OUT OF THEIR LANE WHEN THEY TOUCHED OUR CAR.

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

are true in every respect.

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

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

F1826916M



YOUSUF HUMBLOT ALIA

Date of Birth: 17 Jun 1975


Date of Issue: 20 Nov 2014

Valid Till: 19 Nov 2019



002268040F


Employer
UBS AG



Name
YOUSUF HUMBLOT ALIA

Occupation
DIRECTOR


FIN
P1826916M



Date of Application
25-10-2017

Date of Issue
29-11-2017


Date of Expiry
11-12-2019



L8476736

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

| Class | Description | Effective Date |
|---------|--|----------------|
| Class 3 | Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg | 20 Nov 2014 |



Licence No: F1826916M

NF 428A

WOLF PASS
Immigration Regulations

Name
YOUSUF HUMBLOT ALIA



Date of Birth
17-06-1975

Sex
F

FIN
F1826916M

Nationality
BRITISH

Date of Issue
29-11-2017

Date of Expiry
11-12-2019

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.





RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-000510

Date of Request: 02/01/2018

Your Ref No: Online Purchase

Stuttgart Auto Pte Ltd
12 Sungei Kadut Ave
Singapore 729648

Dear Sir/Madam,

Enquiry Date 02/01/2018
Enquiry By Ngu Kee Siong
TP Vehicle No. SBY300D
Accident Date 31/12/2017

| DESCRIPTION | AMOUNT (\$) |
|----------------------------------|-------------|
| TP Insurer Enquiry | 1.87 |
| GST Amount | 0.13 |
| Total Amount Due (GST Inclusive) | 2.00 |

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque