

## 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	08/06/2018 17:29
Date Of Accident	04/06/2018 18:30
Exact Location Of Accident	39 REBECCA ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7155K
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#### Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NADINE.SIM@CHEZBUB.COM
Mobile Phone No	(LOCAL) +65-97996792
Alternative Phone No	OFFICE-97996792

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ASX-2.0 (A)
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	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	HETROY EP SIM NADINE ANNE
Passport No/FIN	F5624525K
Date Of Birth	20/07/1959
Occupation	INDOOR
Date Of Driving Pass	09/04/1999
Driving Experience	19 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97996792
Fax Number	
Contact Number	OTHERS-97996792
Email Address	NADINE.SIM@CHEZBUB.COM

Address	51, VANDA ROAD
Postcode	287811
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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.	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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW9319H
Vehicle Make/Model/Colour	SUBARU FORESTER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JOLBEAU CHARLOTTE MARIE FRANCOISE
NRIC/Passport Number	G5051915K
Contact Number	98257840
Address	39, REBECCA ROAD
Postcode	266712
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claims process.
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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 police 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 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.

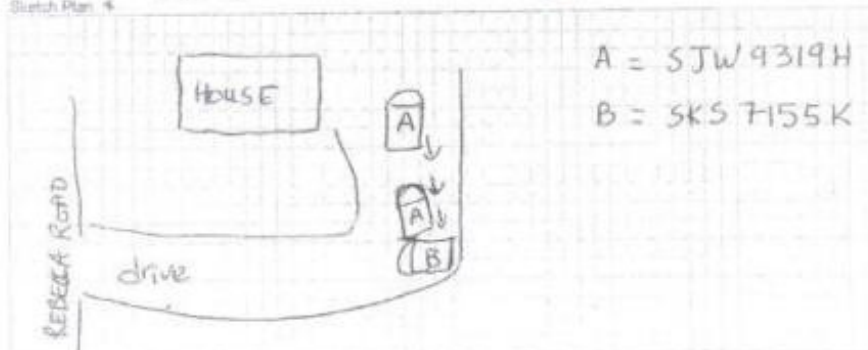
#### Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 provided by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurers who have insured vehicles involved in this accident (all Insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "Insurers", the Insurers' law firm/law firms, the Monetary Authority of Singapore and any relevant government agency/authorities (such as the police), for the purposes 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, receipts 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/postal packages; and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes");
- (b) all Insurers who have insured vehicles involved in this accident and the Insurers' law firm/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) any Personal Information may/ may not 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 third outside of Singapore, for one or more of the above Purposes.


 Insured's Signature: P. Ben Date: 5/06/18

Sketch Plan:



## Accident Sketch Plan

Describe Circumstances of the Accident \*

Both cars were parked at Mrs DeCharentenais's property - (39, Rebecca Road)

Mrs DeCharentenais had to leave. while reversing, she bumped into my car scratching the right handside of my car.

I was not inside my car at the time.

Declaration

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



Witness's Signature

\*

1/2/18 5/06/18

5/1/18

Driver's Signature (Name is not the same as the witness's)

08/06/2018

ACCIDENT SCENE

6/6/2018

1.jpg



<https://mail.google.com/mail/u/0/#inbox/163de8ac283cb3b1?projector=1&messagePartId=0.10>

1/1



ACCIDENT SCENE

6/8/2018

2.jpg



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1/1

## ACCIDENT SCENE

6/8/2018

Accident Scene.jpg



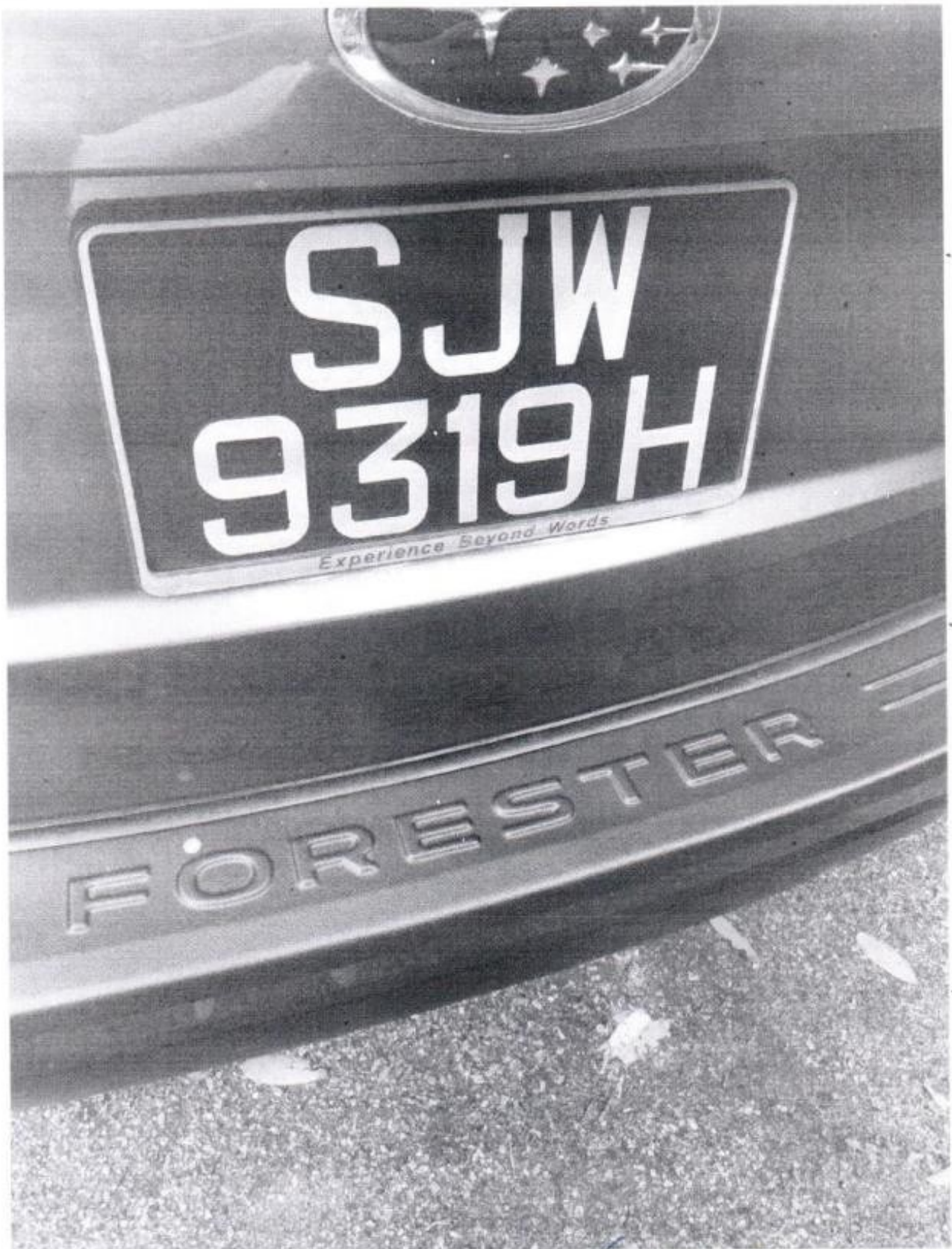
*noted*



ACCIDENT SCENE

6/8/2018

TP Vehicle.jpg



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*Handwritten signature and date: 6/8/2018*

1/1



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



Driving License

