

## 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	13/06/2018 17:15
Date Of Accident	09/06/2018 12:00
Exact Location Of Accident	BLK 60 GEYLANG BAHRU (CARPARK RED LOT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC4237T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MUHDHIDAYAT1610@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88080169
Alternative Phone No	OFFICE-82232711

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	BACK FROM DAILY JOB/WORK
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	SD18V00032/VCZ/R03
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HIDAYAT BIN OSMAN
NRIC No	S9136672Z
Date Of Birth	16/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	09/06/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88080169
Fax Number	
Contact Number	OTHERS-82232711
Email Address	MUHDHIDAYAT1610@GMAIL.COM

Address	BLK 68 GEYLANG BAHRU #03-3243
Postcode	330068
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	
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)	1

#### 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	SLT1023E
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	LEE KUAN HUAT
NRIC/Passport Number	S8182489D
Contact Number	90282336
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

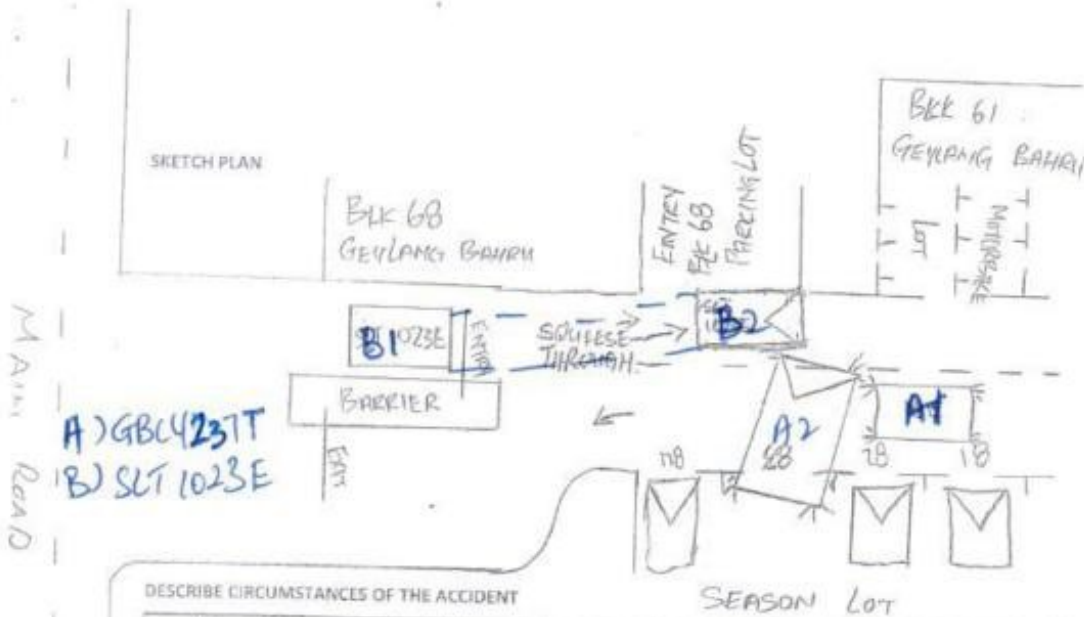
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 internal 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: 11 JUNE 18  
18 08 HRS

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

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 09 JUNE 18, I HAVE ARRIVED MY HOUSE TO PARK MY VEHICLE BUT DUE TO TREE CUTTING I NEED TO PARK FURTHER FROM MY BLOCK. I SAW AN EMPTY SLOT SEASON PARKING NO. 83 WHICH IS NEAR THE EXIT & ENTRY BARRIER. BEFORE I REVERSE MY VAN I ON THE HAZARD LIGHT AND THE ROAD WAS CLEAR BUT 1/4 OF MY VAN WAS IN THE SLOT THE GRAB DRIVER JUST DRIVE STRAIGHT FROM THE ENTRY OF THE BARRIER WITHOUT HESITATION TO STOP AND GIVE WAY TO ME. ACCUSING ME FOR NOT ON MY HAZARD LIGHT AND CHECK MY BLIND SPOT WHEN MY VAN IS 1/4 IN THE PARKING LOT. HE EVEN DECLARED SAYING THAT HE DID NOT SEEN MY VEHICLE IS ON HAZARD LIGHT WHEN IT WAS MY RIGHT OF WAY AND I ALREADY REVERSING TO THE SLOT. THE PROOF THAT ARE RIGHT ARE IN HIS CAMERA AND CLEARLY BEEN SEEN.

## DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 11 JUNE 18  
1808HRS

Reporting Centre Personnel's Signature  
Name:  
NRIC/TIN No:

ACCIDENT PHOTO

6/12/2018

TP Car.jpg



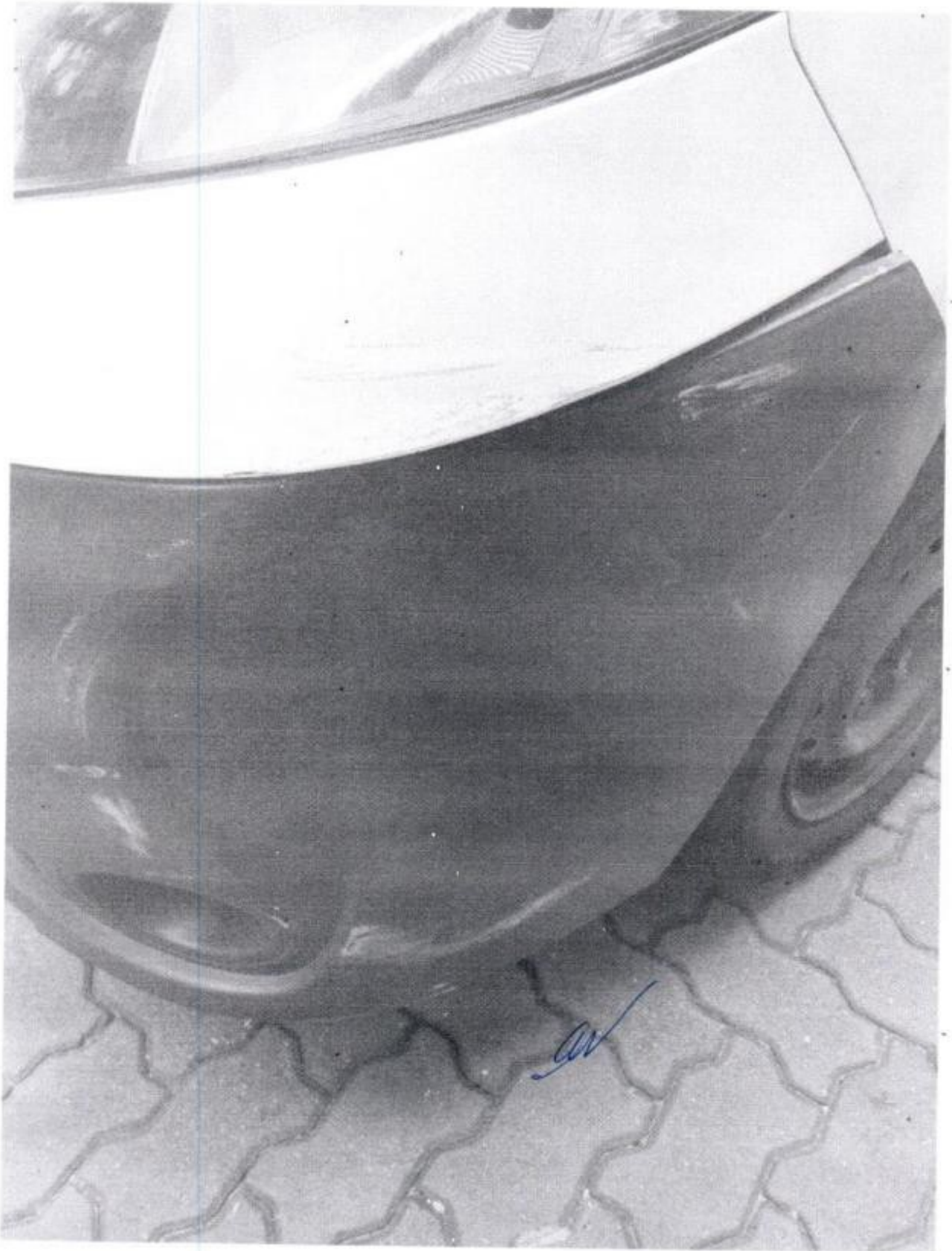
*13/06/2018*  
*Redi works*



ACCIDENT PHOTO

6/12/2018

User car.jpg



<https://mail.google.com/mail/u/0/#inbox/163f1cf4caf3b503?projector=1&messagePartId=0.5>

1/1

Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo





# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UTN: 566550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA11876861 Vehicle Registration No: GBC 4237T  
Name (as shown in NRIC): MUHAMMAD HIDAYAT BIN ASMARI NRIC/FIN/Passport No: S9138672C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 8223 2711  
Email Address: \_\_\_\_\_  
Date of Accident: 09/06/2018 Time of Accident: 12:00  
Place of Accident: BLK 60 GRAY/LOVE BOULEVARD (CARPARK ROAD 107)  
Insurance Company: LIBERTY INSURANCE

### (B) ADDITIONAL INFORMATION / ~~AMENDMENTS~~

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Insurance Vehicle Number To GBC 4237T on Skynet Plan

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Reza Apriana  
NRIC/FIN: \_\_\_\_\_  
Date: 29/06/2018