

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	18/06/2018 14:17
Date Of Accident	15/06/2018 11:10
Exact Location Of Accident	MARINE TERRACE (YELLOW BOX INFRONT OF BLK 51/52)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE260Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	RYUDH@SSYEITC.COM
Mobile Phone No	(LOCAL) +65-96788072
Alternative Phone No	OFFICE-96788072

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY
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	RYU DONG HOON
NRIC No	G5299338K
Date Of Birth	04/01/1968
Occupation	INDOOR
Date Of Driving Pass	10/07/2012
Driving Experience	5 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96788072
Fax Number	
Contact Number	OTHERS-96788072
EEmail Address	RYUDH@SSYEITC.COM

Address	21 WEST COAST CRESCENT #19-06
Postcode	128045
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	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 Witness 1

Name	KIM SUN MO
Phone Number	84175057
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GX4798X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD AMIN
NRIC/Passport Number	S0414720J
Contact Number	83035922
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 (a) 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:


Recording Centre Personnel's Signature
Name:
NRIC/TFN No:

Accident Sketch Plan

SKETCH PLAN

See Enclosed

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See Enclosed

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/PPN No.:

12/06/2018

Robert W. Jones

Accident Sketch Plan

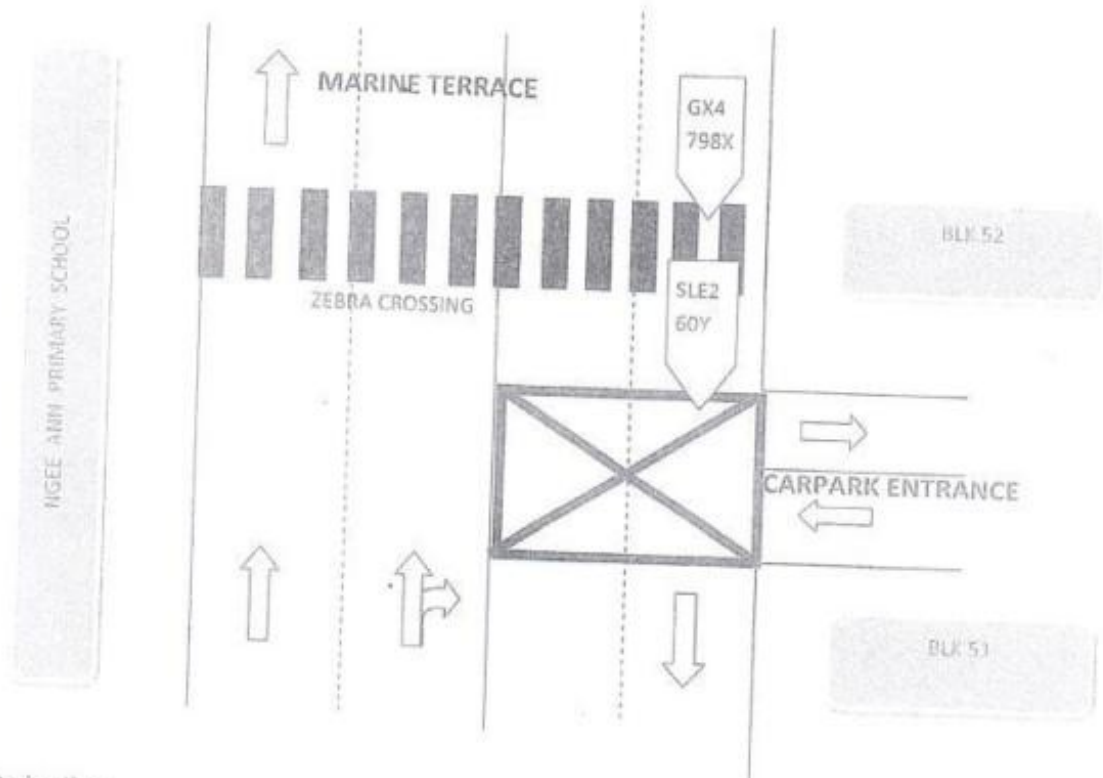
Described Circumstances of the Accident

On 11.06.2018 at around 11.10am, I was driving SLE260Y to my office at 302A Marine Parade Road. It was still raining and the road surface was wet, plus this location was mark as 'Silver Zone', so I drove at a very slow speed.

Upon approaching HDB carpark between Blk 52 & 51 of Marine Terrace entrance, I was about to turn left into the carpark entrance, when suddenly a van GX4798X hit my vehicle SLE260Y at the rear. Due to the impact, my car SLE260Y slides about few metre forward.

I stopped the car and went down to check on the condition. The rear bumper and bonnet compartment of SLE260Y were dented and scratched. GX4798X however suffered minimum damaged.

GX4798X driver Mr Mohammad Amin of Nric No.: S0414720J informed me not to worry as his company's insurance will cover for the damaged. He then passed me his supervisor name card for reference.



Declaration.

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

Policyholder's Signature/Date & Time

Driver's Signature . 18 Jun 2018
Driver's Signature/Date & Time

18/06/2018
Reshwan

Accident Sketch Plan

6/18/2018

Damage of SLE260y.jpg



<https://mail.google.com/mail/u/0/#inbox/16411198c34bcbdd?projector=1&messagePartId=0.5>

Signature
12/06/2018

1/1

Accident Sketch Plan

6/18/2018

both car position after impact.jpg



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aw 18/06/2018

1/1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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