

### 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	29/06/2018 11:48
Date Of Accident	27/06/2018 20:20
Exact Location Of Accident	JUNCTION OF CORPORATION ROAD AND JURONG WEST AVE 2
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4036P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	-
Email Address	MOHAMMADALIFGHAZALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85887461
Alternative Phone No	OFFICE-85887461

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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 HIRE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

#### Driver

Name of Driver	MOHAMMAD ALIF BIN MOHD GHAZALI
NRIC No	S9037451F
Date Of Birth	14/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2010
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85887461
Fax Number	
Contact Number	
EMail Address	MOHAMMADALIFGHAZALI@GMAIL.COM

Address	BLK CANBERRA ROAD #02-29
Postcode	750303
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : ADIRA ZAFFAR 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**

REFER STATEMENT (ATTENDED BY: JAMES NG)

**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	SHB6646S
Vehicle Make/Model/Colour	HYUNDAI I40 BLUE COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN LYE THIAM
NRIC/Passport Number	S1725306I
Contact Number	
Address	350 CORPORATION DRIVE #04-538
Postcode	610350
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	ADIRA ZAFFAR
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	SLQ4036P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

**IMPORTANT PLAN**

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**B. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurer 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 or 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 Insurer's lawyer/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.

*James*  

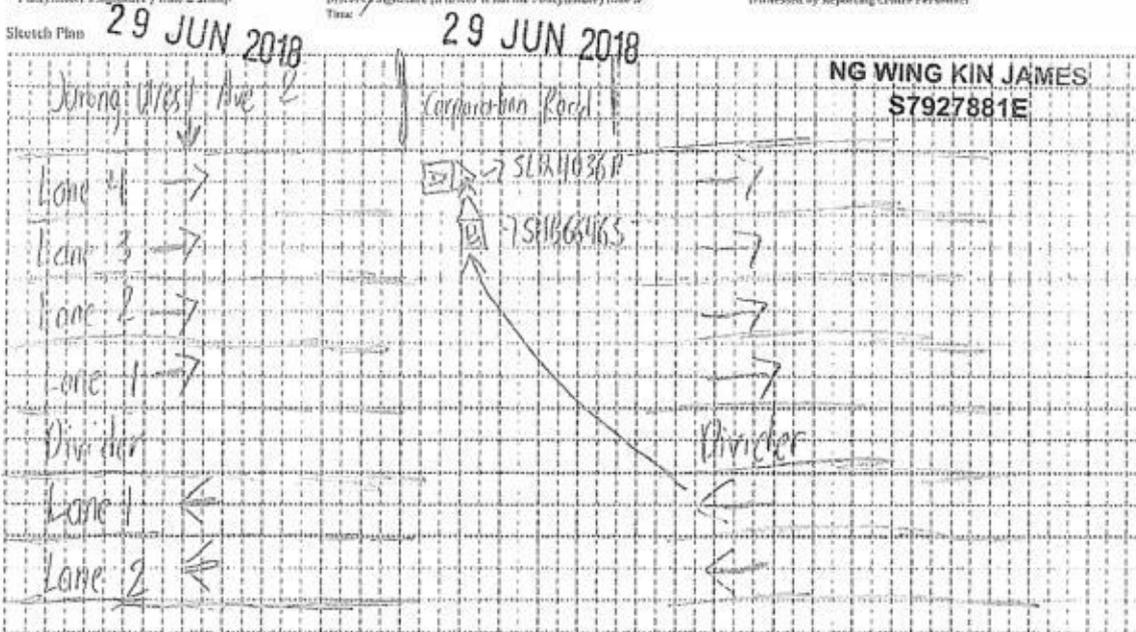

Policyholder's Signature / Date & Stamp

*Ng Wing Kin*  


Driver's Signature (if driver is not the Policyholder) Date & Stamp



Witnessed by Reporting Centre Personnel



Sketch Plan #2 Pg. 1

Describe Circumstance of the Accident

I was travelling at the left most lane on Jordan Road Ave 2 at about 90kphs on 27/6/2018 with my father passenger sitting at the back when approaching the cross-junction of Connaught Road the traffic light was still green and in the lane. A van from the opposite side turned right without waiting for me to clear the junction. As such he collided with my car. The van had a passenger sitting at the back. Both my and the van's passenger were conveyed to the hospital by an ambulance.

Declaration

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



Policyholder's Signature / Date & Stamp

29 JUN 2018



Driver's Signature (if driver is not the Policyholder) Date & Time

29 JUN 2018



Witnessed by Reporting Centre Personnel

NG WING KIN JAMES  
S7927881E