

## 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	30/07/2018 14:18
Date Of Accident	30/07/2018 07:15
Exact Location Of Accident	AYE TOWARDS CHANGI (ALEXANDRA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1069R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MANTORA1980@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94564696
Alternative Phone No	OFFICE-94564696

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGHROOF
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	SD18V00031/VBZ/R03
Cover Note Number	

### Driver

Name of Driver	JURAIMAN BIN MOHAMAD
NRIC No	S8035682Z
Date Of Birth	29/10/1980
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2009
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94564696
Fax Number	
Contact Number	OTHERS-94564696
Email Address	MANTORA1980@GMAIL.COM

Address	BLK 273C JURONG WEST AVENUE 3 #02-03
Postcode	643273
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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ443D
Vehicle Make/Model/Colour	KTM DUKE 200
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KHAIRUL ANUAR BIN IBRAHIM
NRIC/Passport Number	S9434897H
Contact Number	90253144
Address	BLK 864 JURONG WEST STREET 81 #03-533
Postcode	640864
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN



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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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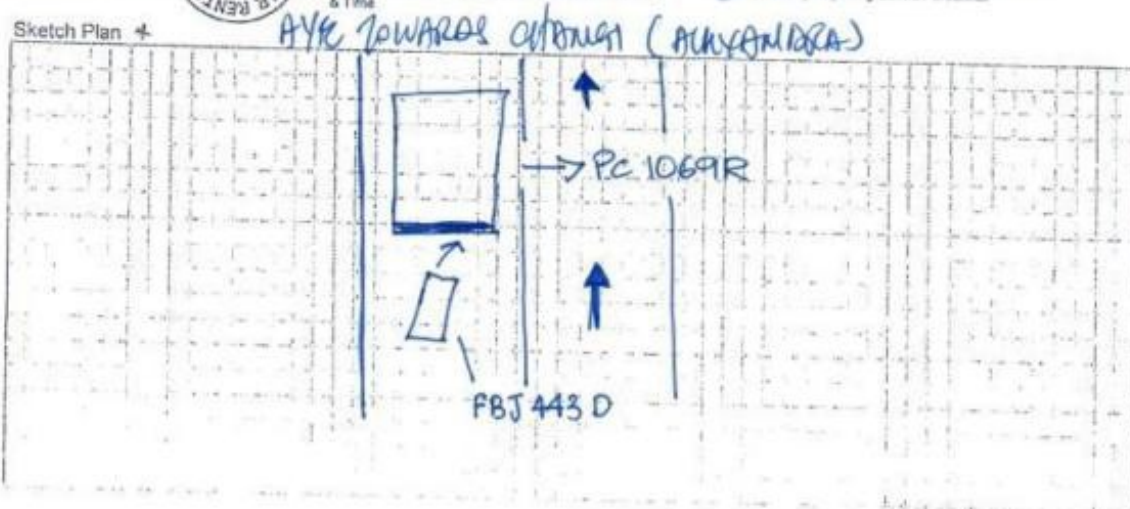
#### 8. Consent under the Personal Data Protection Act (PDPA)

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 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/are 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.

Policyholder's Signature  & Time  Driver's Signature (if driver is not the policyholder) / Date Muraiman 30/7/18 Witnessed by Reporting Centre Personnel 30/07/2018

Sketch Plan \*



## Accident Sketch Plan

Describe Circumstance of the Accident \*

On 30/7/18 at 0715, I was driving at AYE (Changi). It was a massive jam & my van (PC1069R) was at a complete stop. Suddenly I heard a loud bang which made my vehicle shook heavily. I checked my mirror & saw a bike bearing FOS 443D which already hit me.

I went down & checked my vehicle & the rider. The bumper of my van came off & there was some scratches at the RR Door. The rider informed me that he was OK & he apologized.

We exchange particulars & that he said he was on his way to work.

### Declaration

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

  
Policyholder's Signature



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

30/7/18

  
Witnessed by Reporting Centre Personnel

30/07/2018

PHOTO



*8/6/07/2008*



Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo





ASSIS NO.	DIRECTOR P 8000/1535	
ILADEN WT.	2720	KG
AX. LADEN WT.	3200	KG
ASSENGER CAR:	1 DRIVER	13 OTHER
YRE SIZE	(F) 195 R 150 106 1045	
	(R) 195 R 150 106 1045	