

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	05/09/2018 12:34
Date Of Accident	30/08/2018 13:00
Exact Location Of Accident	OASIS @ SAKRA CARPARK AT 2ND STOREY CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG5085L
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	MINGHWE626@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97215426
Alternative Phone No	OFFICE-97215426

Vehicle Particulars

Manufacturer	NISSAN
Model	NAVARA D/CAB 7AT
Exact Purpose for which vehicle was being used at time of accident	GOING FOR LUNCH
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	YANG MINGFENG
NRIC No	S2704431Z
Date Of Birth	26/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97215426
Fax Number	
Contact Number	OTHERS-97215426
Email Address	MINGHWE626@HOTMAIL.COM

Address	BLK 509A YISHUN AVENUE 4 #12-10
Postcode	761509
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

Accident Sketch Plan

SKETCH PLAN

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 3. The information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to rescind the policy.
 4. The completion and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 5. Any filing, reporting may be referred to the Traffic Police Department for investigation.
 6. This Form 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 completion 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.
 8. Consent under the Personal Data Protection Act (PDPA)
- I, the undersigned, do hereby acknowledge, agree and consent that:
- (a) My insurer, broker 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 my authorized driver (together collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) and/or broker(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be referred collectively to as the "Insurers"), the insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government regulatory 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) performing or in order dealing with my instructions or responding to any enquiries by me;
 - (iv) in connection with 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 parcels); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- I understand the "Purposes".
- I understand that the Insurers and/or GIA may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- I understand that information may also be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

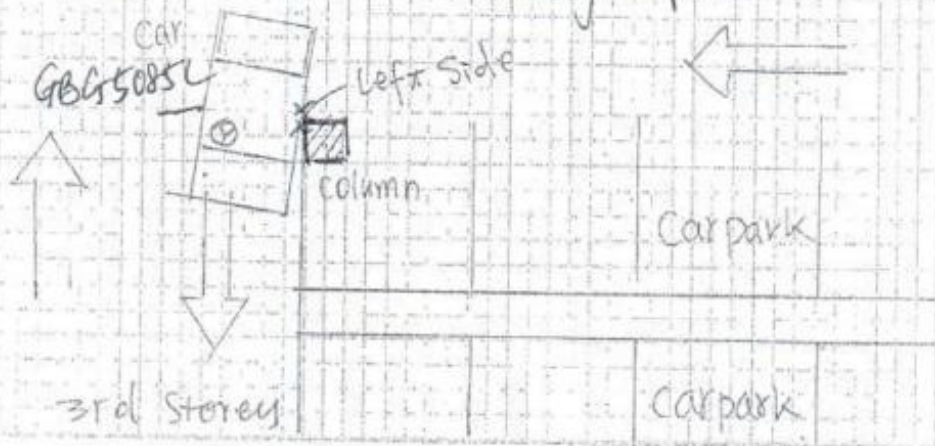


Yanyan 31/08/2018 20:30 PM

Witnessed by Recording Centre Personnel

Sketch Plan

BASIS @ SAKRA A7 2ND STOREY CARPARK



Accident Sketch Plan

Driver's Description of the Accident *

At 1:00pm 30/08/2018 I drive the car go to Sakra
Road and drive inside Oasis @ Sakra multi carpark,
at 2nd storey I turn Left along ramp to 3rd Storey,
I feel my car touch the column beside the ramp,
I drive Very slow so just have a little bit feeling,
When finish parking at 3rd Storey I check my car,
- find left side Swipe the column corner and damaged
back door and wheel.

Declaration:

I hereby declare the above particulars are true in every respect.



*

Yangmuk

20:30 pm

31/08/2018

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

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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