

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	11/09/2018 14:10
Date Of Accident	08/09/2018 14:25
Exact Location Of Accident	ALONG CHOA CHU KANG STREET 62
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3027M
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	AHMADAIDEIYL.AMIR@ECOLAB.COM
Mobile Phone No	(LOCAL) +65-97555012
Alternative Phone No	OFFICE-66594810

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME FROM 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	AHMAD AIDEIYL BIN AMIR
NRIC No	S8519467D
Date Of Birth	20/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	14/10/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97555012
Fax Number	
Contact Number	OFFICE-66594810
Email Address	AHMADAIDEIYL.AMIR@ECOLAB.COM

Address	BLK 811B CHOA CHU KANG AVENUE 7 #15-613
Postcode	682811
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	SGF3898S
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLV8197E
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Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

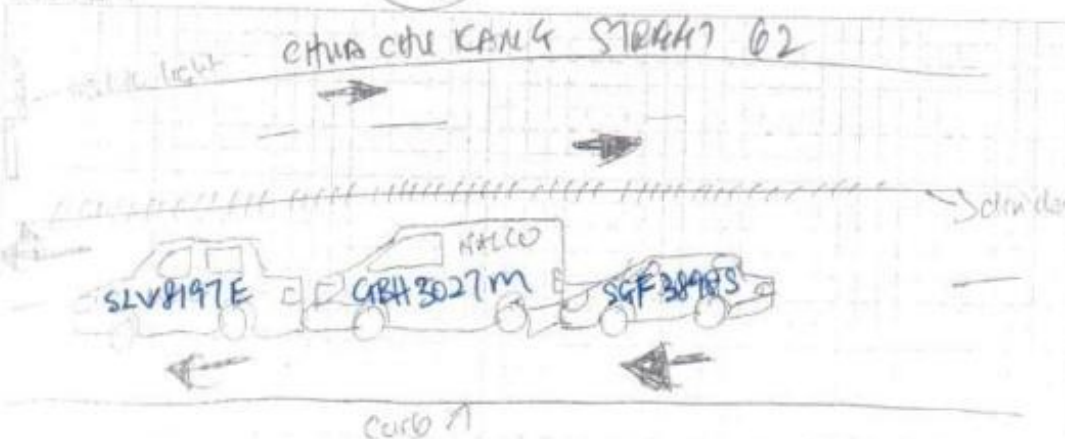
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4. The return and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Accident reporting may be referred to the Traffic Police Department for investigation.
6. This report 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. With the submission 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 a/through.
8. Governing under the Personal Data Protection Act (PDPA)
 - (a) I/We hereby acknowledge, agree and consent that:
 - (i) My/our self, my/our work-up 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 otherwise to my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) and third-party 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 authority (such as the police), for the purpose(s) of:
 - (1) handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claim;
 - (2) investigating the accident and/or my claims;
 - (3) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (4) settling my claim (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 and/or any other);
 - (5) complying with applicable law in administering, processing, handling and/or dealing with my claims;
 - (6) any other "Purposes";
 - (ii) My/our self, 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
 - (iii) My/our self and 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.



11/09/2018
Witnessed by Reporting Centre Personnel

Sketch Page: 4



Sketch Plan #2

Details of Circumstance of the Accident *

On the 3rd September 2018, I was driving back home when I was hit by a red Nissan Sylphy driven by a lady. The route of the collision made me hit the front Mercedes sign. Luckily no one was injured. My front bumper number plate was bent and my rear door area was damaged. It was a 3 car chain collision. The lady driving the Mercedes mentioned she saw me brake along with her when a car in a 2 way lane suddenly cut in just in front of her car resulting in both have to jammed brake. Unfortunately the car behind me did not stop on time and hit my rear. It spoken by the lady driving SYLPHY she do not want any claim cause her car was alright. She did not change particulars then drove off. The lady in the Nissan Sylphy SGF 38985 asked me what she has to do. I told her we exchange particulars and let the insurance settle it. She also claimed she was driving a her dad's car. Finally we all drove away not to obstruct traffic flow. I am lucky that the car has both rear and back camera. If both the parties did initial claims

Declaration

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



Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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