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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aloresald.		
	ACCIDENT STATEMENT	
Date Of Report	24/09/2018 18:22	
Date Of Accident	17/08/2018 20:30	
Exact Location Of Accident	JUNCTION OF BUKIT TIMAH ROAD AND SIXTH AVENUE	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKP9918D	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	ROXIEPAVICH@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-98395884	
Alternative Phone No	OFFICE-98395884	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	WISH-1.8 CVT (A)	
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME	
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	SD18V00033/VPZ/R03	
Cover Note Number		
Driver		
Name of Driver	PAVICH ROXANA ELLEN	
Passport No/FIN	G5717297K	

Passport No/FIN G5717297K
Date Of Birth 04/07/1978
Occupation INDOOR
Date Of Driving Pass 14/03/2012

Driving Experience 6 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98395884

Fax Number

Contact Number OTHERS-98395884

EMail Address ROXIEPAVICH@HOTMAIL.COM

261 ARCADIA ROAD Address

#05-04 HILLCREST ARCADIA

Postcode 289853

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

COLLISION - HEAD TO REAR Type Of Accident

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? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLR6140C

Vehicle Registration Number Vehicle Make/Model/Colour

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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- 7. By the lodgment 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 aforesald.
- 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 discosure 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/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.
- (c) the information so collected under (d) 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

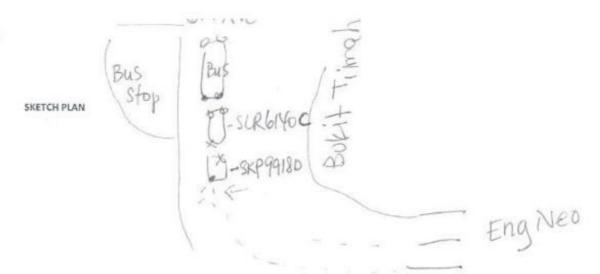
Policyholder's Signature

Date & Time:

Driveys Signature (If driver is not the policyholder)

Date & Time:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT turning Bukit limah was with BUS intront lanes slowly DIG Changing which caused infront break then bumped car DECLARATION ENTA // We declare the foregoin contributors are true in every respect. Policyholder's Signature Driver's Signature ng Centre Personney's S Date & Time: (if driver is not the policyholder) Date & Time: NRIE/FIN No.:





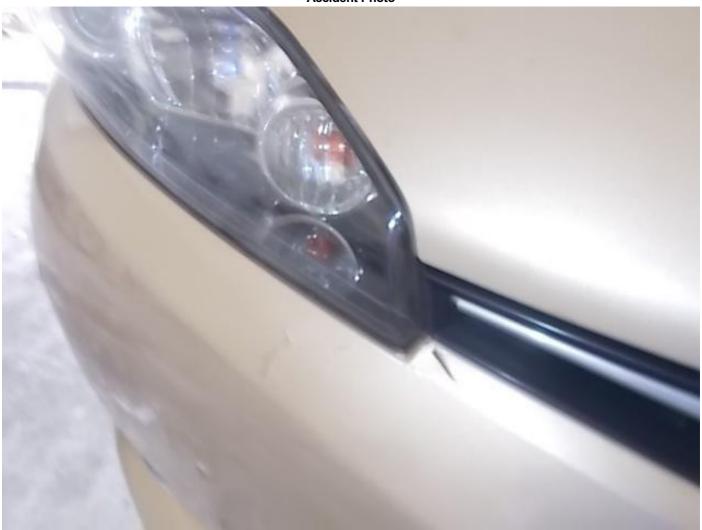
















Addendum Sheet



Policyholder / Driver's Signature

Date:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: \$66550010 J / GST Reg. No.: M40001735 .

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNAILE 24030 Vehicle Registration No. NRIC/FIN/Passport No (*Vehicle Drivery Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Mobile No. : Emall Address Date of Accident Insurance Company: (8) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

porting Centre Perso

NRIC/FIN N

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE B Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0010
Operating Hours: Monday to Friday, 09:00 = 17:00
UEN: \$665508100 / 037 Rep. Nov. M400017788

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No: MUAII8124080-0 vehicle Registration No: SH 99180
	Name (as shown in NRIC): PANCH COXANA EUM NRIC/FIN/Passport No : 9.5 11 17 18
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore()
	Contact (Tel) -: Mobile No.: 455/3657
	Email Address
	Date of Accident : 17 108 2008 Time of Accident: 20,80
	Place of Accident : FUNCTION OF BI TIMBLY RO / 81474 BVENULE
4	Insurance Company: Library
	Thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: EMM OF ACCIDIAN SHOULD BE 17 108/2018
*	
	Chel.
	Policyholder / Driver's Signature Date: Name: N