

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 liability.
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 | 05/10/2018 17:02 |
| Date Of Accident | 28/09/2018 12:15 |
| Exact Location Of Accident | 66B GREENLEAF VIEW |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | SLU7744M |
| Insured/Policyholder | |
| Name Of Registered Owner | GOLDBELL CAR RENTAL PTE LTD |
| Co Reg No | 200710651D |
| Email Address | GIANFRANCO.CUNEO@US.MCD.COM |
| Mobile Phone No | (LOCAL) +65-97240531 |
| Alternative Phone No | OFFICE-97240531 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | VOLVO |
| Model | XC90 |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | YES |
| Policy Number | SD18V00033/VPZ/R03 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | CUNEO BONNIE KAY |
| Passport No/FIN | G3427869K |
| Date Of Birth | 01/05/1971 |
| Occupation | INDOOR |
| Date Of Driving Pass | 05/06/2017 |
| Driving Experience | 1 YEAR AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97240531 |
| Fax Number | |
| Contact Number | OTHERS-97240531 |
| EEmail Address | GIANFRANCO.CUNEO@US.MCD.COM |

| | |
|---|--------------------|
| Address | 66B GREENLEAF VIEW |
| Postcode | 279317 |
| 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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5. Any false reporting may be referred to the Traffic Police Department for investigation.
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Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

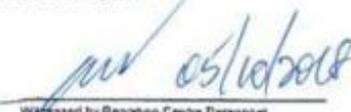
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law firms/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/small 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

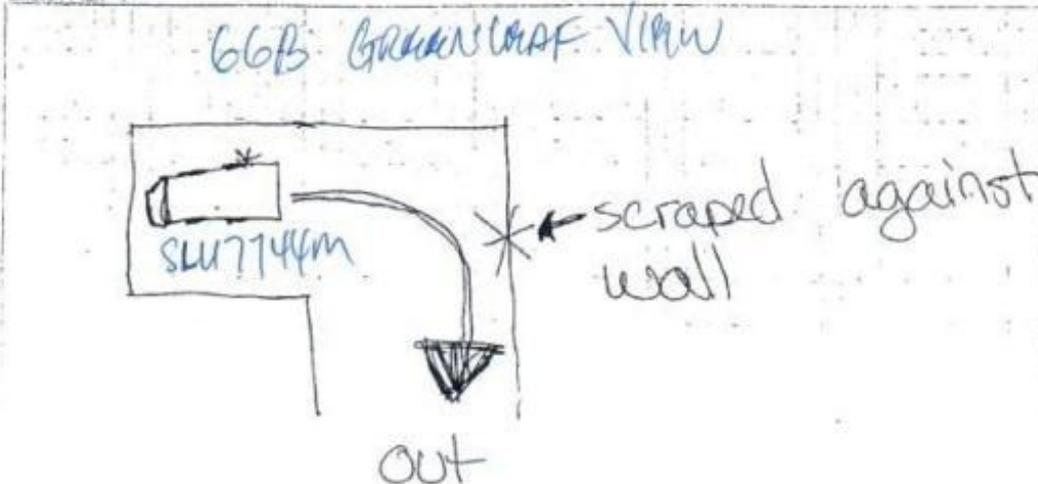
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.





Policyholder's Signature & Time Driver's Signature (if driver is not the policyholder) & Time Witnessed by Reporting Centre Personnel

Sketch Plan *



Accident Sketch Plan

Describe Circumstance of the Accident *

I was reversing out of the garage and the driver's side passenger door scraped against the garage wall.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature




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

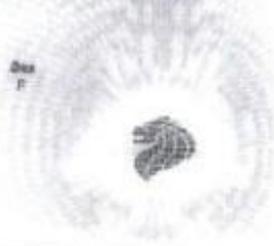

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
FIN G3427869K



Name
CUNEO BONNIE KAY

Date of Birth 01-05-1971 Sex F
Nationality AMERICAN



FA197R760

DEPENDANT'S PASS
Immigration Regulations



FIN G3427869K

Date of Issue 05-01-2019 Date of Expiry 03-01-2020



YOU ARE TO RETURN THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

MINNESOTA
DRIVER'S LICENSE



BONNIE KAY CUNEO
6320 SUMMIT CIRCLE
CHANHASSEN, MN 55317

Date of Birth 01-01-1971
Sex F Eyes BLU Class D
Height 5-4 Weight 120 DOMQR
ISSUED 06-2017 EXPIRES 05-01-2021

H340000642215



CLASS: D - VALID SINGLE UNIT AND COMBINATIONS UP TO THREE
LSD OPER. ALL RECREATIONAL & FARM VEH. (R.F.S. 171.02)
RESTRICTIONS: NONE

RESTRICTIONS: NONE

Living Will/Healthcare Directive



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo

