

## 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	12/10/2018 10:19
Date Of Accident	07/10/2018 16:00
Exact Location Of Accident	TERMIRAL 1 ARRIVAL PICK UP DOOR 3
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU4116X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	FAISAL.SANIF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90903710
Alternative Phone No	OFFICE-90903710

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB
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	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAIZAL BIN SANIF
NRIC No	S7921992D
Date Of Birth	30/07/1979
Occupation	INDOOR
Date Of Driving Pass	16/10/2007
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90903710
Fax Number	
Contact Number	OTHERS-90903710
Email Address	FAISAL.SANIF@GMAIL.COM

Address	BLK 445 YISHUN AVENUE 11 #08-42
Postcode	760445
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	CLEAR
Road Surface	DRY

#### 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

MY FRONT LEFT SIDE OF MY CAR HIT THE VEHICLE SFA4884M IN FRONT OF ME. THE OWNER'S CAR HAD SCRATCHED ON HIS RIGHT BUMPER. WE AGREED TO DO PRIVATE SETTLEMENT. I HAD PAID \$450/- FOR THE REPAIR TO THE DAMAGE OF HIS CAR. THE MUTUAL SETTLEMENT FORM AND THE REPAIR RECEIPT HAS BEEN FORWARDED TO GOLDBELL REPRESENTATIVE, MR RAUF THAT ALL.

#### 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	SFA4884M
Vehicle Make/Model/Colour	LEXUS RX 200
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WEE KENG PAK
NRIC/Passport Number	S1590588C
Contact Number	92383388
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN


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6. The 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 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 aforesaid.
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/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.
- (e) 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
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
Policyholder's Signature  
Date & Time

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 12/10/2018 04:44 AM

  
Reporting Centre Person's Signature  
Name:  
NRIC/FIN No:

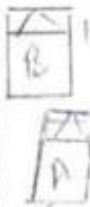
## Sketch Plan #2

### SKETCH PLAN

T1 ARRIVAL PICK UP BOOK 3

A) Suu 4116x

B) SFA 4884 M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY FRONT LEFT SIDE BUMPER OF THE CAR WAS HIT THE VEHICLE IN FRONT  
WE THE OWNER'S CAR WAS STOPPED ON HIS DIST. RIGHT HAND SIDE WE  
AGREED TO DO PRIVATE SETTLEMENT. I WAS PAID \$450 FOR THE  
DAMAGE TO MY CAR. THE AUTOM. SETTLEMENT FIRM AND THE ELIAB  
KELLYPI WAS BORN FORWARDED TO COUNTELL REPRESENTATION. HE SAID.

## DECLARATION

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

Policyholder Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 12/15/18

Reporting Centre Personnel's Signature  
Name \_\_\_\_\_  
NARC File No. \_\_\_\_\_

Sketch Plan #3

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7921992D



Name  
MUHAMMAD FAIZAL BIN  
SANIF  
محمد فيزال بن سانيف  
Race  
MALAY  
Date of birth 30-07-1979 Sex M  
Country of birth  
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7921992D

Name  
MUHAMMAD FAIZAL BIN  
SANIF

Birth Date 30 Jul 1979  
Issue Date 22 Feb 2003




4444767



NRIC No. S7921992D



Date of issue  
12-08-2009

Address  
APT BLK 445 YISHUN AVENUE 11 #08-42  
SINGAPORE 760445

NRIC No. S7921992D Date: 20/02/2012 No. 6991712


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles <= 200 CC  
Class 2 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

11 Dec 2007  
14 Oct 2007

S/No. 900059633

Licence No. S7921992D



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

