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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 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,
- 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 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.

- 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.
- 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
  afterward.

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ACC	IDEN	T STA	-111	ENI

Date Of Report

29/10/2018 10:28

Date Of Accident

24/10/2018 06:15

Exact Location Of Accident

BLK 158 JALAN TECK WHYE MSCP

Country/State of Loss

SINGAPORE

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

PC1698A

Insured/Policyholder

Name Of Registered Owner

GOLDBELL CAR RENTAL PTE LTD

Co Reg No

200710651D

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-97760560

Alternative Phone No

OFFICE-97760560

Vehicle Particulars

Manufacturer

TOYOTA

Model

HARREIR

Exact Purpose for which vehicle was being used at

time of accident

ON THE WAY TO WORK

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

SD18V00031/VBZ/R03

Cover Note Number

Driver

Name of Driver

RAMLAN BIN SUKAR

NRIC No Date Of Birth S1564409E 19/06/1962

Occupation

OUTDOOR

Date Of Driving Pass

12/11/1999

Driving Experience

18 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97760560

Fax Number

Contact Number

OTHERS-97760560

EMail Address

NOEMAIL

Address

BLK 158 JALAN TECK WHYE

#02-111

Postcode

680158

OTHER - HIRER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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 PARKED VEHICLE

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

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

GBB1389M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- B. 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 tirms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of the purpose(s).
  - 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, involces, 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:
  - 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)

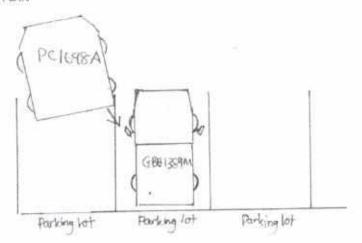
Date & Time: 34/10/2013

Borring Centra Gerzonnel's Senature

NRIC/FIN NO.:

# BLK 158 JOHON THEK WHYK MSCP

# SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was reversing into parking lot, may rear hit the loft side mirror of the vehicle
parked at the next lot. Therefore, damaging my near windscoren. The driver of the affected
third party vehicle was not cet the scene when it happened. No visible damage can be found
on the third party vehicle. I also reported to the Police on this incident but was advised - by
the Police that it was not necessary since there is no injury involved.

DECLARATION ENTAL

//We declare the bregoin Engriculars are true in every respect.

Policyholder's Signature Date & Time:

Driver's Signature (if driver is not the policyholder) Date & Time: 24/6/208 Reporting Centre Personnel', Signature

NRIC/FIN No.:

Address of Driver	¥	BIK	158	)d an	Teck W	hyc	#02-111		
Email Address	Ħ								
Was Driver An Employee of the Insured's Company?		0	Yes	0	No				
If No, Relationship of the Driver with the Insured									
Vehicle Registration Number of Driver's Dwn		0	Yes	0	No				
Vehicel Registration Number of Driver's Own Vehicle (if applicable)									
Insurance Company of Driver's Own Vehicle (if applicable)									
GENERAL INFORMATION OF THE ACCIDENT			-						
Tyre of Collision (Eg. Chain Collision, Head-On Collision, Sid Swipe, Front to Rear)	fe -¥	Ren	r to fi	ont					
Weather Conditions	h	Ø	Clear	0	Raining	C	Others		
Road Surface	¥	Ø	Dry	0	Wet	C	Others		
OTHER INFORMATION									
a. Was anybody injured in the accident?		0	Yes	VØ	No				
b. Was any other vehicle or porperty damaged? (Including Witness)		Ø	Yes	0	No				
DETAILS OF POLICE ACTION									
Was the Accident reported to the Police?	4	Ø	Yes	0	No (if Yes	, plea	se state which	Police Stat	ion.)
Police Station Name			on Stirre			SQ#C1F5A		NATIONAL PROPERTY.	oreman.
Police Station Address			CO STATE	-2-2		O1-1	58 Singapore	610158	
Police Station Contact		Tel No.		-			Fax No.		
Was notice of intended Prosecution given?		0	Yes	Ø	No (if Yes	, agai	nst whom?)		
DETAILS OF OTHER VEHICLE / PROPERTY 1									
Vehicle Registration Number	4	G-88	1389	1					
Vehicle Make/ Model/ Colour									
Details of Properties									
Name of Driver									
Personal Identification - NRIC (Singaporean/PR)									
- FIN/Passport Number									
Contact Number									
Vehicle Make/ Model/ Colour									
Address of Driver									
Name of Insurance Company		-							
TOTAL CONTRACTOR OF THE PROPERTY.	-	_		_					

#### SINGAPORE ACCIDENT STATEMENT IMPORTANT NOTICE 1. Complete and submit this form to the Authorised Reporting Centre ("ARC") for effling. 7. Please report correctly the details of the accident to speed up the claims process. 3. This Form must be completed by the Policyholder and/or the Authorised Driver. 4. Information provided must be as truthful and accurate as possible. Any witful misrepresentation or withholding of muterial facts may allow insurance companies to repudiate policy liability. 5. The insurance and acceptance of this Form by insurance companies is nit an admission of the policy liability on the part of the insurance companies. 6. Any false reporting may be referred to the Traffice Police Department for investigation, ACCIDENT STATEMENT Date: 24/10/2018 Date and Time of Accident Time: 615am Exact Location of Accident Multi Storey carpark BIK 168 Falan Teck Whye #102-111 ï DETAILS OF OWN VEHICLE Vehicle Registration Number PC1698'A à INSURED / POLICYHOLDER (OWN VEHICLE) Name of Registered Owner (See Insurance Cert.) Personal Identification - NRIC (Singaporean/PR) - FIN/Passport Number - Not Applicable VEHICLE PARTICULARS (OWN VEHICLE) Vehicle Make / Model Manufacturer: Model: Type of Vehicle MFV Saloon CRY Van Lorry Bus O M/cycle Others Exact Purpose for which vehicle was being used at time of Leaving for work, need to park to retrieve connecting from home before leaving Are you claiming under own insurance policy for repair to No (If No. Pls select. Third Party your vehicle? INSURANCE COMPANY (OWN VEHICLE) Name of Insurance Company Type of Policy Comprehensive 0 Third Party Fire & Theft TP Only Fleet Policy Yes 0 No Policy Number Motor Cl. DRIVER Same as Insured above Name of Driver Ramlan Bin Sukar Personal Identification - NRIC (Singaporean/PR) S1564409E × FIN/Passport Number -6 Date of Birth 19 06 1962 /dd /mm 144 w Driving Date Pass 12 /dd 11 /rimi 1799 /49 4 Year of Driving Experience 20 Year(s) Month(s) Month(s) ъ Occupation Outdoor 1 Indoor Driver

4

Male

97760560

O Female

Gender

Contact Number / Mobile Phone / Fax No.

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1564409E





RAMLAN BIN SUKAR

JAVANESE See or more 19-06-1962 BINGAPORE

5783452



04-07-2917

APT BLK 158 JALAN TECK WHYE 802-111 SINGAPORE 660158



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE.

Class 2D Moltorcycles not exceeding 290 pc
Class 2A Moltorcycles between 301 pc and 400 pc
Class 3 Motor Cars and Motor Tractors the weight of
which unladen stees not as seed 2500 billograms
tway Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 billograms 18 Apr 1986 18 Apr 1986 20 May 1998

12 Nev 1999

NR 428A

5

Land Transport Authority



VOCATIONAL LICENCE

Name RAMLAN BIN BUKAR

Tudde Date 1/20/9/2011

Please visit www.ita.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description

Issue Date

13/10/2000 13/10/2000







Liberty Insurance Pte Ltd

Registration no.199002791D 51 Club Street #03-00 Liberty House Singapore 069428 Tel: (65) 6221 8611 Fax: (65) 6225 6890 Website: http://www.libertyinsurance.com.sq.

### CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) DIJLES, 1969 (MALAYSIA)

Certificate No	SD18V00031 /VBZ /R03
Form	MZ603A
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	PC1698A
2.Chassis number of Vehicle:	JTFHT02P900078773
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM

5.Date of Expiry of Insurance:6.Persons or Classes of Persons

entitled to drive\*:

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

#### 7.Limitations as to use\*:

- A) Use only for the carriage of passengers or goods in connection with the Policyholder's business.
- B) Use only in the Republic of Singapore.

# 8.Policy does not cover:

A) Use for racing, pace-making, reliability trials or speed-testing.

B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers

Authorised Signature

For Information only:

COVERAGE:

Comprehensive, Airside of Singapore Changi Airport, Personal Accident Benefit, Third Party Property

31-DEC-2018 23:59 PM

Damage, Unlimited Windscreen

SUM INSURED:

MARKET VALUE AT THE TIME OF LOSS

EXCESS:

Section I S\$2250,Additional Excess for Young & Inexperienced Drivers S\$3000,Windscreen Excess

S\$100

FINANCE COMPANY:

DBS BANK LTD

PRODUCER NAME:

ACORN INTERNATIONAL NETWORK PTE LTD

PLAS/-/26-DEC-17

S1\_CI\_T1\_T3\_OE\_Template2-Ver1.

26-DEC-17