

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	09/11/2018 15:16
Date Of Accident	29/10/2018 16:30
Exact Location Of Accident	SITE AT TUAS SOUTH BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9260H
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JINSUNG@DAELIM.CO.KR
Mobile Phone No	(LOCAL) +65-90551504
Alternative Phone No	OFFICE-90551504

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA8 5-DOOR WAGON 2.3L SP. 5EAT
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	LIM JINSEONG
Passport No/FIN	G3264347M
Date Of Birth	10/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	04/02/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90551504
Fax Number	
Contact Number	OTHERS-90551504
EEmail Address	JINSUNG@DAELIM.CO.KR

Address	65 JURONG WEST CENTRAL 3 #09-32 THE CENTRIS
Postcode	648332
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	WINDY
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. 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/mail packages); and/or

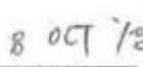
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(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.

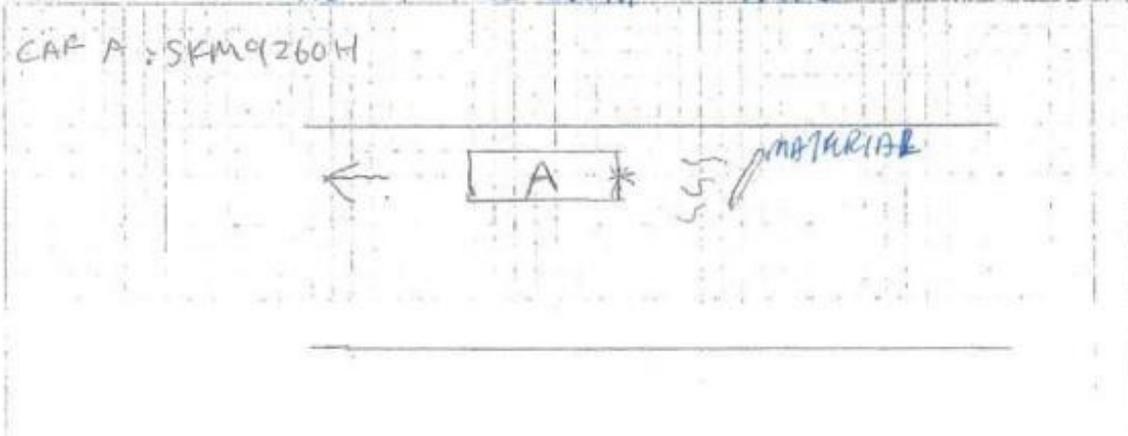



Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan +

SITE A7 TAAS SOUTH BOULEVARD



Accident Sketch Plan

Describe Circumstance of the Accident *

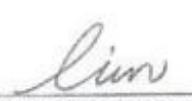
The incident happened on the 29th October 2018, 16.30.
Due to strong wind, a piece of material flew
towards the rear end on my vehicle & damaged
it.

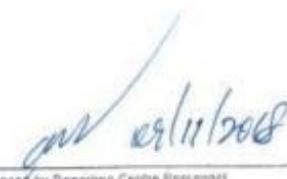
Declaration

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


Policyholder's Signature



*  8 OCT '18
Driver's Signature (if driver is not the policyholder) / Date
& Title


Witnessed by Reporting Centre Personnel

ID

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

SATIM INDUSTRIAL CO. LTD.

LEE JICEONG
CIVIL & STRUCTURAL ENGINEER

ICN: 0326-4347M

10-01-2018

01-02-2018

21-03-2020

18504871



VISIT PASS
Immigration Regulations

LEE JICEONG

10-04-1002 B

KORSAK, SOUTH

0326-4347M 01-02-2018 25-05-2020

MULTIPLE JOURNEY VISA ISSUED

PLEASE TO APPROVE WHEN SHE CARD WHEN IT IS CANCELLED
OR THIS CARD IS WITH A NEW CARD IS ISSUED TO YOU



ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

G3264347M



LIM JINGEONG

Date of Birth: 10 Apr 1962
Licence Class: 04 Feb 2017
Valid Till: 03/02/2022

002653601K

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3500kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	04 Feb 2017

MP 428A

Licence No: G3264347M

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

