

## 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 16:40
Date Of Accident	08/11/2018 07:30
Exact Location Of Accident	MSCP NEAR BLK 223 CHOA CHU KANG CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3966T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	S.GOH@MONITOU-GROUP.COM
Mobile Phone No	(LOCAL) +65-85333559
Alternative Phone No	OFFICE-85333559

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI 1.6 MTJ 6MT GLAZE
Exact Purpose for which vehicle was being used at time of accident	SALES VISIT AND BACK TO HOME
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	SD18V00032/VCZ/R03
Cover Note Number	

### Driver

Name of Driver	GOH QI JIE (WU QIJIE)
NRIC No	S8307219I
Date Of Birth	13/03/1983
Occupation	INDOOR
Date Of Driving Pass	18/04/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85333559
Fax Number	
Contact Number	OTHERS-85333559
Email Address	S.GOH@MONITOU-GROUP.COM

Address	BLK 345 CHOA CHU KANG LOOP #09-61
Postcode	680345
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

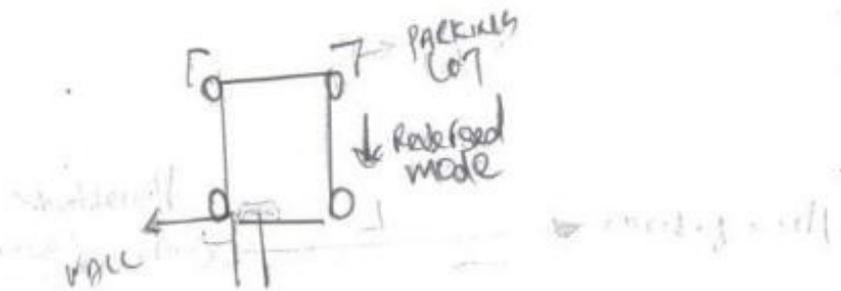
PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

Sketch Plan

SKETCH PLAN MSCP NEAR BIK 223 CHUA CHU KANG CENTRAL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 4 30am, November 5th 2018, while trying to start the vehicle GBE 3966T, accidentally knock on to the retaining wall while in reversed gear mode. The scene is in a multi-story car park near to BIK 223 Chua Chu Kang Central.  
 After treatment and checks, the windscreen rear is shattered and broken.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time: 9/11/2018  
 3:20pm

Reporting Centre Personnel's Signature  
 Name: Roshan  
 NRIC/FIN No.:

Sketch Plan #2

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. SB3072191



NAME  
GOH QI JIE  
(WU QIJIE)  
吴启杰

RACE  
CHINESE

Date of Birth  
13-03-1983 M

Country of Birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Assigned Number SB3072191

NAME  
GOH QI JIE  
(WU QIJIE)

Birth Date 13 Mar 1983

Issue Date 18 Apr 2011



2820278



NRIC No. SB3072191

Special Group: Class of race  
Q+ 20-04-1985

Address  
APT BLK 345 CHOA CHU KANG LOOP  
#09-61  
SINGAPORE 2398



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

EFFECTIVE DATE

Class 3 Motor Cars <= 2000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg 18 Apr 2011

NP 429A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

