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 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.**
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
Insured/Policyholder	
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?	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	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	
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

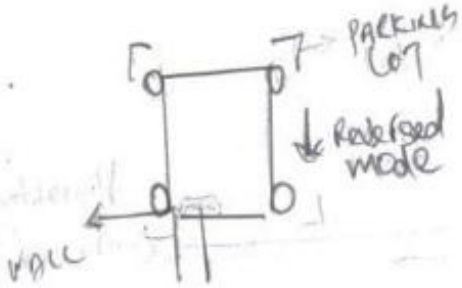
PLEASE REFER TO SKETCH PLAN

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 BLK 223 CHUA CHU KANG CENTRAL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 1 30pm, November 8th 2018, while trying to start the vehicle GBE 3966T, accidentally [illegible] knock on to the [illegible] wall while in reversed gear mode. The area is a multi-storey carpark near to Blk 223 Chua Chu Kang Central.
The rear-end and the windscreen rear is shattered and broken

DECLARATION

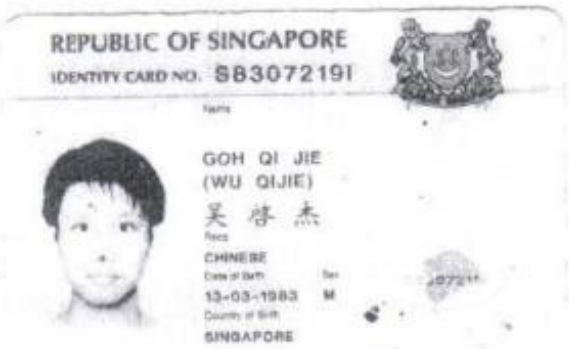
I/We declare that the above particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 9/11/2018 3:30pm

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

Sketch Plan #2



Accident Photo

Accident Photo

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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNAJS14531 Vehicle Registration No: GBE 3966T

Name(as shown in NRIC) : [illegible] NRIC/FIN/Passport No : S8307219I

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 85333559

Email Address : _____

Date of Accident : 08/11/2018 Time of Accident : 01:30

Place of Accident : MSCP NEAR BLK 223 AMK AVE 1 CARPARK

Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

From O/D Claim to Reporting only

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: [illegible]
NRIC/FIN No.:
Date: 03/12/2018