

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	20/11/2018 17:10
Date Of Accident	16/11/2018 18:20
Exact Location Of Accident	ALONG LOYANG AVENUE TOWARDS TPE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH9628X
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JOEL.NAVARRO@BOEING.COM
Mobile Phone No	(LOCAL) +65-96245091
Alternative Phone No	OFFICE-96245091

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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?	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	SD18V00030/VPZ/R03
Cover Note Number	

Driver

Name of Driver	NAVARRO JOEL BATTAD
Passport No/FIN	G3048261T
Date Of Birth	23/11/1972
Occupation	INDOOR
Date Of Driving Pass	07/02/2015
Driving Experience	3 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96245091
Fax Number	
Contact Number	OFFICE-96245091
Email Address	JOEL.NAVARRO@BOEING.COM

Address	175 DUCHESS AVENUE
Postcode	266348
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	SIDE SWIPE
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	SJY5889U
Vehicle Make/Model/Colour	MERCEDES BENZ B180 GREY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW JIA HAO PAUL
NRIC/Passport Number	S9504475A
Contact Number	93396162
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: :
	GENDER: :

Passenger 2

NAME: :
GENDER: :

Accident Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

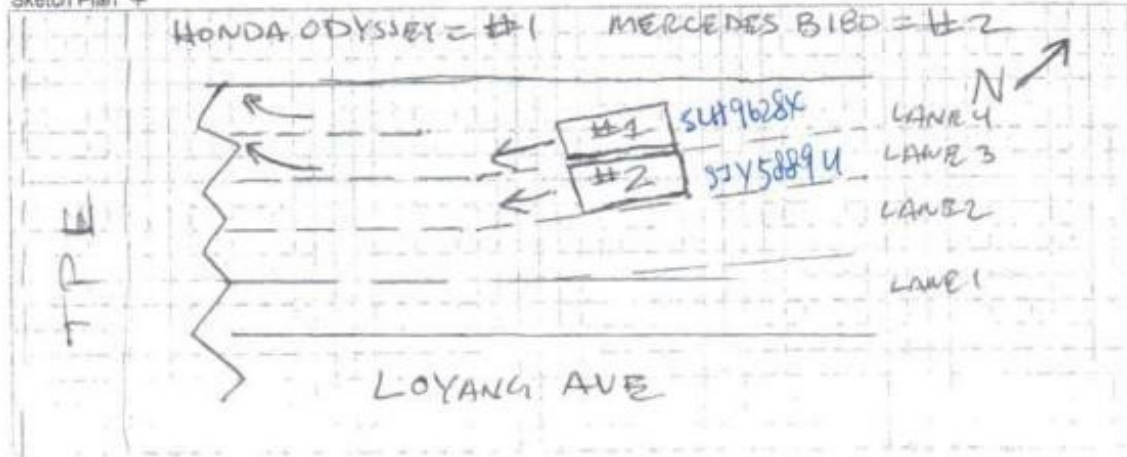
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature  Date 17 NOV 2018 18:00

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel  17/11/2018

Sketch Plan *



Accident Sketch Plan

Describe Circumstance of the Accident *

TRAVELING SOUTHBOUND ON LOYANG AVENUE, I WAS STOPPED WITH THE TRAFFIC APPROXIMATELY 80 TO 100 METERS NORTHEAST FROM THE TPE OVERPASS. I WAS IN THE THIRD LANE (COUNTING FROM LEFT TO RIGHT) OF FOUR LANES. THE LANE I WAS IN IS INTENDED TO TRAVEL STRAIGHT THROUGH THE INTERSECTION. MY INTENTION WAS TO MOVE TO THE FOURTH LANE ON MY RIGHT, WHICH WIDENS AND TRANSITIONS TO FROM ONE TO TWO TURNING LANES. NOTING THE TRAFFIC IN FRONT OF ME BEGINNING TO MOVE, I ALLOWED THE VEHICLE I WAS BEHIND TO TRAVEL FORWARD AND CREATE ENOUGH SPACE SO I WOULD BE ABLE TO CHANGE LANES. WITH AMPLE SPACE BETWEEN MY VEHICLE AND THE VEHICLE IN FRONT, I SWITCHED ON THE RIGHT-TURN SIGNAL, LOOKED AT BOTH THE REAR VIEW MIRROR, RIGHT SIDE MIRROR, AND OVER MY RIGHT SHOULDER, AND NOTED THE OPPORTUNITY TO CHANGE LANES. I BEGAN TO ACCELERATE FORWARD, VEERED RIGHT INTO THE NEXT LANE, AND THEN VEERED LEFT TO STRAIGHTEN THE DIRECTION OF TRAVEL AND COMPLETE THE LANE CHANGE. HOWEVER, I OVER-CORRECTED THE STEERING TOO SOON CAUSING MY VEHICLE TO SIDE SWIPE THE VEHICLE THAT I WAS ORIGINALLY BEHIND.

Declaration

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



Policyholder's Signature /

Driver's Signature (if driver is not the policyholder) / Date & Time
17 Nov 2018
18:00

Witnessed by Reporting Centre Personnel

PHOTOS



PHOTOS



8/14

ID



ID

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

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 07 Feb 2015

NP 428A

Licensee No: G3048261T

VISIT PASS
Immigration Regulations

Name
NAVARRO JOEL BATTAD



Date of Birth	Sex	Nationality
23-11-1972	M	AMERICAN
File	Date of Issue	Date of Expiry
G3048261T	18-05-2016	31-07-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo

