

## 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	23/11/2018 11:37
Date Of Accident	19/11/2018 18:45
Exact Location Of Accident	SLIP RD WOODLANDS AVE 3 TO WOODLANDS AVE 5
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH3107R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	YUSGI66SY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96467285
Alternative Phone No	OFFICE-96467285

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV200
Exact Purpose for which vehicle was being used at time of accident	GOING BACK AFTER WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	MOHAMED YUSRI BIN MOHAMED YA'ACOB
NRIC No	S7719284J
Date Of Birth	14/07/1977
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96467285
Fax Number	
Contact Number	OTHERS-96467285
Email Address	YUSGI66SY@HOTMAIL.COM

Address	BLK 257 YISHUN RING ROAD #02-1021
Postcode	760257
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

#### 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	SJR5421Y
Vehicle Make/Model/Colour	SUZUKI SWIFT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD NABIL BIN MOHAMAD FAZIL
NRIC/Passport Number	S9925981G
Contact Number	97535097
Address	BLK 685 JURONG WEST STREET 64 #4-169
Postcode	642685
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1


NAME:       :  
GENDER:     :

## Accident Sketch Plan

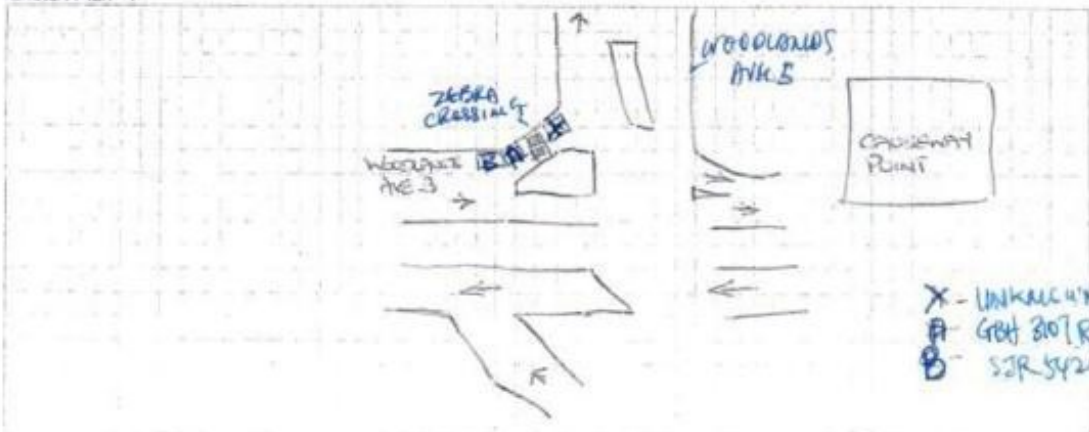
### SKETCH PLAN

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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 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' law yers/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 w ith 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 w ith 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 & Time \_\_\_\_\_ Date \_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) & Time \_\_\_\_\_ Date \_\_\_\_\_  
 Witnessed by Reporting Centre Personnel \_\_\_\_\_ Date 23/11/2018

Sketch Plan



# Accident Sketch Plan

Describe Circumstance of the Accident \*

ON THE 19TH NOV 18 @ 1845 HRS, I WAS ON A SLIP ROAD  
OF WOODLANDS AVE 3 HEADING TOWARDS WOODLANDS AVE  
5. WHILE WAITING FOR THE FRONT CAR TO MOVE, SUDDENLY  
VEHICLE NUMBER SJR5421Y HIT MY VAN REAR BUTTER.  
I PULLED MY HANDBRAKE, ON THE HAZARD LIGHT AND EXITED  
FROM MY VAN TO CHECK IF THERE IS ANY INJURY OR  
DAMAGE.

NO INJURY OR DAMAGE WAS FOUND AT THE TIME OF INCIDENT.  
BOTH DRIVER'S PARTICULARS HAVE BEEN RECORDED  
FOR RECORD PURPOSE.

## 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

Witnessed by Reporting Centre Personnel

PHOTO



# PHOTO



PHOTO



ID

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S7719284J**



Name  
**MOHAMED YUSRI BIN  
MOHAMED YA'ACOB**

Race  
**BOYANESE**

Date of birth  
**14-07-1977**

Country of birth  
**SINGAPORE**

Sex  
**M**

7719284J

4048015



7719284J



16-08-2007

APT BLK 257 YISHUN RING ROAD  
#02-1021  
SINGAPORE 760257

REPUBLIC OF SINGAPORE DRIVING LICENCE



License No. **S7719284J**

Name  
**MOHAMED YUSRI BIN  
MOHAMED YA'ACOB**

Birth Date: **14 Jul 1977**

Issue Date: **23 Feb 2009**

001712865A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B Motorcycles < 250 CC  
Class 3 Motor cars < 3500 kg with < 7 passengers, exclusive of the driver; and motor tractors < 2500 kg

PASS DATE:  
14 Jul 2019

S / No. 9000117341

7719284J

License No: 7719284J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



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Accident Photo

