

## 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	30/11/2018 18:09
Date Of Accident	23/11/2018 16:00
Exact Location Of Accident	22 ST.THOMAS WALK CARPARK ENTRANCE/EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM6510U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	LANDJKLINE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98579462
Alternative Phone No	OFFICE-98579462

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 AVG (R18 LED)
Exact Purpose for which vehicle was being used at time of accident	EXITING BUILDING FOR GROCERIES
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	SD18V00033/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	KLINE LORIE ANN
Passport No/FIN	G3337547L
Date Of Birth	02/04/1959
Occupation	INDOOR
Date Of Driving Pass	11/01/2018
Driving Experience	0 YEAR AND 10 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98579462
Fax Number	
Contact Number	OTHERS-98579462
Email Address	LANDJKLINE@GMAIL.COM

Address	22 ST. THOMAS WALK #23-01/02
Postcode	238107
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 ON COLLISION
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	SLW3016Y
Vehicle Make/Model/Colour	AUDI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH YEAN CHENG
NRIC/Passport Number	S2765052Z
Contact Number	94613303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

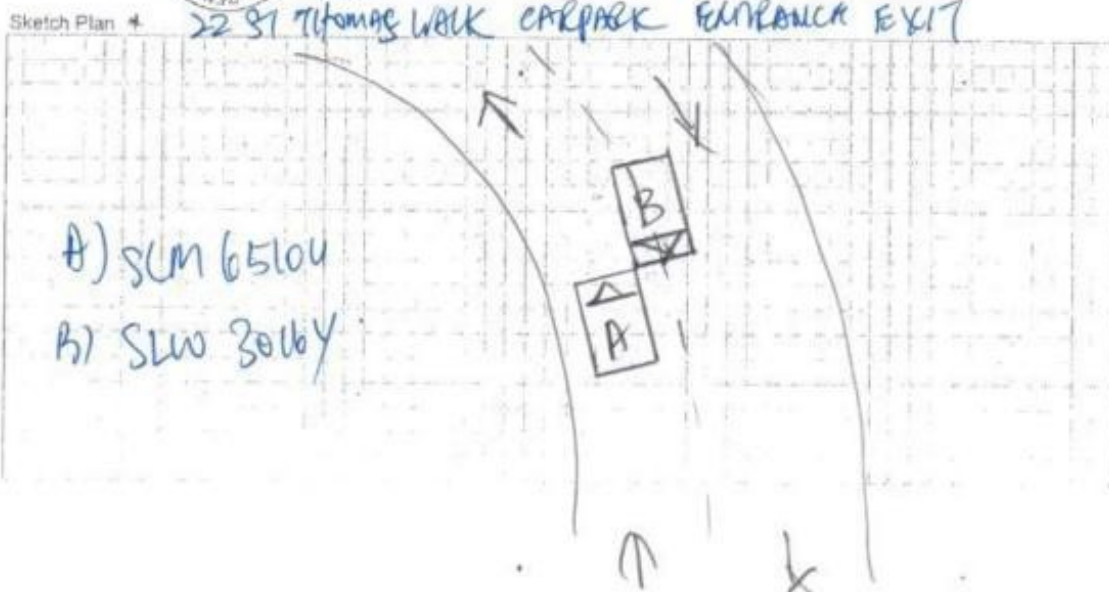
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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 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/email 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: [Signature] 22/01/2017  
Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 22/01/2017  
Witnessed by Reporting Centre Personnel: [Signature] 22/01/2017



# Accident Sketch Plan

Describe Circumstance of the Accident \*

I was exiting the car park at 22 St. Thomas Walk in said car. As I was staying on the left side of the white divider line, I noticed a silver car coming down the "center" of the white divider line. I immediately stopped my car (cement wall on left) and waited for car to swerve away from my car. The silver Audi did not swerve away and drove down the center line and hit my right front bumper and side of right car. She hit the car & immediately backed up (see photos).

## Declaration

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

  
Policyholder's Signature / Date



\*   
Driver's Signature (if driver is not the policyholder) / Date  
& Time

  
Witnessed by Reporting Centre Personnel

## ACCIDENT SCENE

11/30/2018

Gmail - Accident statement for SLM6510U



TJ Car Care Service <tjccser@gmail.com>

### Accident statement for SLM6510U

1 message

Colin Tan Ban Hoe <ColinTanBH@gbcr.com.sg>

Fri, Nov 30, 2018 at 1:21 PM

To: Dennis Gmail <tjccser@gmail.com>

Cc: Md Suhaimi Bin Hussain <MdSuhaimi@gbcr.com.sg>, Alfred Ong Wan Hang <AlfredOngWH@gbcr.com.sg>

Hi Mr Lim,

Please refer to attached report.



**GOLDBELL**  
CAR RENTAL

10,000 Leasing Clients Served,  
And Counting.

Colin Tan Ban Hoe | Goldbell Car Rental Pte Ltd  
Senior Assistant, Customer Care

DID: +65 6603 9387 | Tel: +65 6838 6300 | Fax: +65 6225 1029 |  
Mobile: +65 9176 9839 | Web: <http://www.gbcr.com.sg>

Sales | Leasing | Financing | Insurance | Fuel Card | Advanced Fleet Management System

12 attachments



1.jpg  
1613K



2.jpg  
1739K

3.jpg  
1924K

## ACCIDENT SCENE

11/30/2018

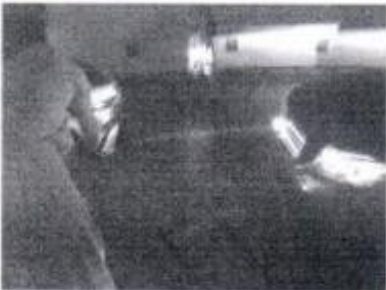
Gmail - Accident statement for SLM6510U



4.jpg  
2117K



5.jpg  
2106K



6.jpg  
1626K



7.jpg  
1947K

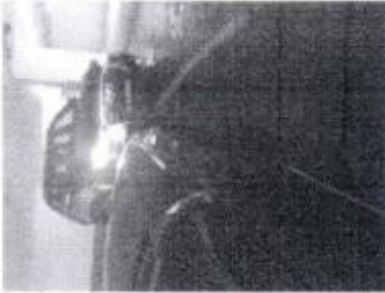
8.jpg  
1449K



## ACCIDENT SCENE

11/30/2018

Gmail - Accident statement for SLM6510U




DL\_Front.jpg  
1995K



CI.JPG  
138K



Passport.JPG  
80K

 SLM6510U accident report.pdf  
502K

PASSPORT PASSEPORT PASAPORTE	<b>UNITED STATES OF AMERICA</b>	
	Type / Type / Tipo : <b>P</b>	Passport No. / No. de Pasaporte / No. de Pasaporte : <b>506110535</b>
	Surname / Nom / Apellido : <b>KLINE</b>	
	Given Name(s) / Prénoms / Nombres : <b>LORIE ANN</b>	
	Nationality / Nationalité / Nacionalidad : <b>UNITED STATES OF AMERICA</b>	
	Date of Birth / Date de naissance / Fecha de nacimiento : <b>02 Apr 1959</b>	
	Place of birth / Lieu de naissance / Lugar de nacimiento : <b>PENNSYLVANIA, U.S.A.</b>	
	Date of issue / Date de délivrance / Fecha de expedición : <b>13 Feb 2015</b>	Sex / Sexe / Sexo : <b>F</b>
	Date of expiration / Date d'expiration / Fecha de caducidad : <b>12 Feb 2025</b>	Authority / Autorité / Autoridad : <b>United States Department of State</b>
	Endorsements / Mentions / Observaciones : <b>SEE PAGE 51</b>	



ID

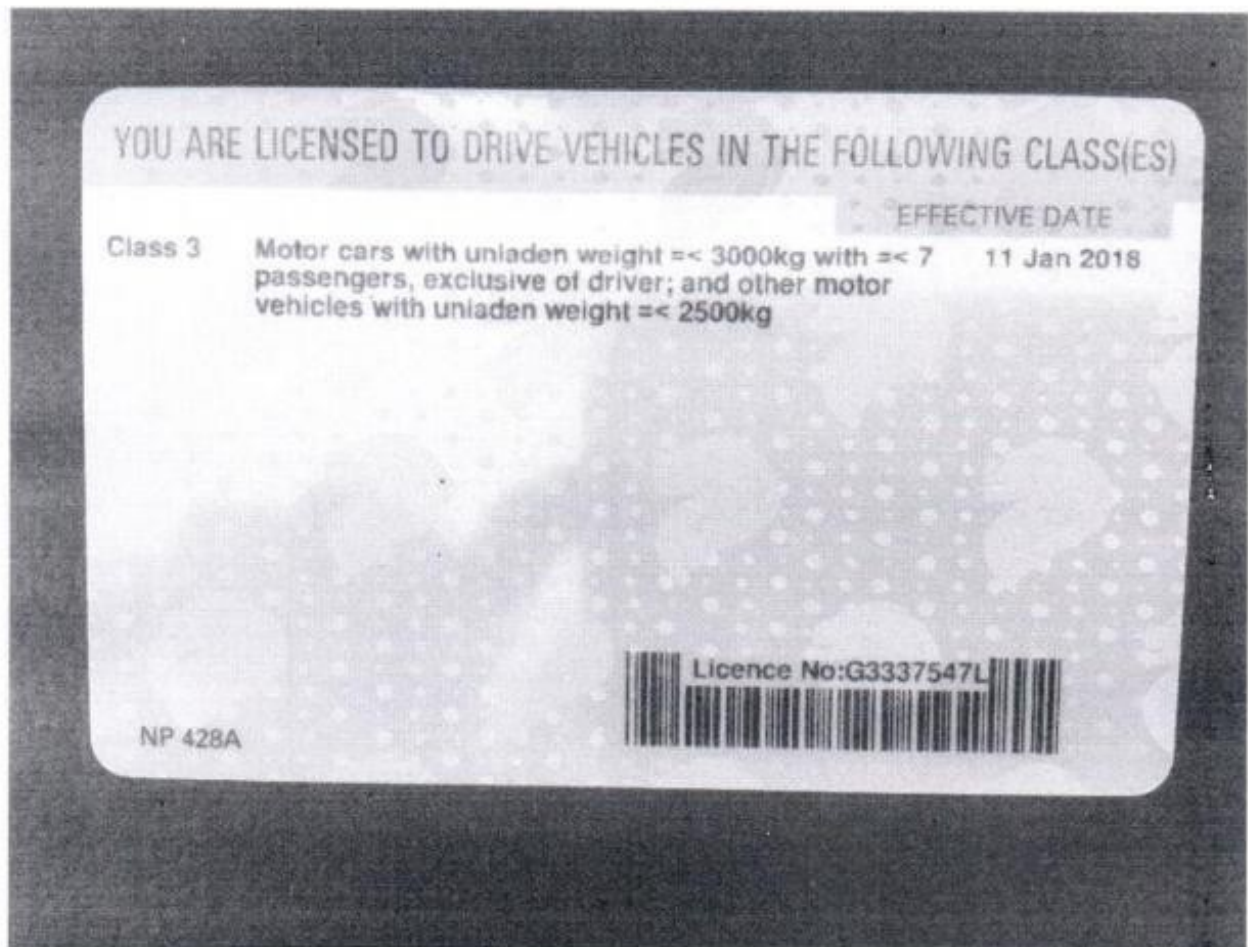
11/30/2018

DL\_Front.jpg



11/30/2018

DL\_Back.jpg



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

