

## 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	04/12/2018 14:37
Date Of Accident	01/12/2018 10:20
Exact Location Of Accident	JUNCTION OF UPPER BUKIT TIMAH ROAD/OLD JURONG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW4946T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96639862
Alternative Phone No	OFFICE-96639862

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	DRIVING BACK HOME AFTER WORK ON JOB SITE IN WOODLANDS
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	SD18V00034/VPZ/R03
Cover Note Number	

### Driver

Name of Driver	DUNKEL MARTIN
Passport No/FIN	G5142547U
Date Of Birth	09/12/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/12/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96639862
Fax Number	
Contact Number	OTHERS-96639862
EEmail Address	NOEMAIL

Address	176 JALAN JURONG KECHIL #03-26 THE HILLFORD
Postcode	596184
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	XD3742S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LINGAM S/O ARUMUGAN
NRIC/Passport Number	S2707427H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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' 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;

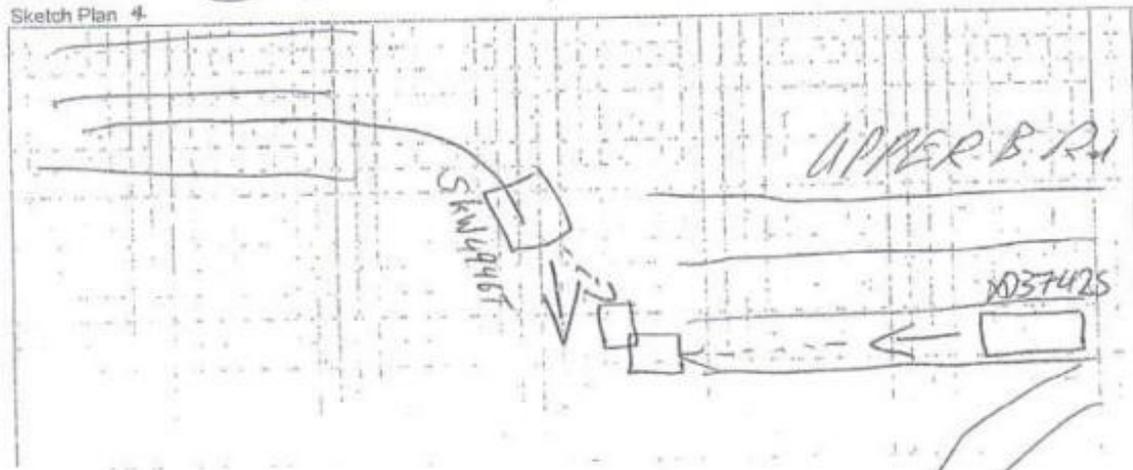
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

*[Handwritten signatures and stamps]*  
Policyholder's Signature / Date & Time: *[Signature]*  
Driver's Signature (if driver is not the policyholder) / Date & Time: *[Signature]*  
Witnessed by Reporting Centre Personnel: *[Signature]*



*I will send proper drawing  
via Mail to Eric  
M.R.*

Accident Sketch Plan

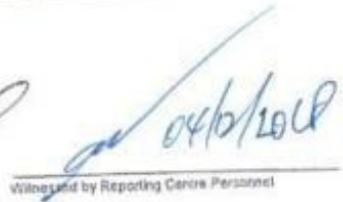
Describe Circumstance of the Accident \*

I was driving on UPPER Bukit Timah Rd, stopped at Old Bukit Timah fire station and want to turn right into Old Jurong Rd. I had to stop and let upcoming traffic thru because they have the right to drive first after traffic was clear, I saw the truck coming and he set indicator to turn left, I assumed he will turn left into mentioned Rd. I checked again in middle and left but for other vehicles and slowly moved forward, have not seen MAN truck coming.

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

 04/10/2018  
Witnessed by Reporting Person

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

002832400C



License No: **G5142547U**  
Name: **DUNKEL MARTIN**  
Birth Date: **09 Dec 1976**  
Issue Date: **07 Aug 2018**  
Valid Till: **06/08/2023**



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

		EFFECTIVE DATE
Class 2E	Motorcycles $\leq$ 200 cc	07 Aug 2018
Class 4	Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	07 Aug 2018

NP 428A

Licence No: G5142547U



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**HEBENSCHIECHT ASIA HEADQUARTERS PTE. LTD.**

Name  
**DUNFEL MARTIN**  
Occupation  
**ELECTRICAL SUPERVISOR**

PSN  
**02142547U**

Date of Application  
**10-01-2017**

Date of Issue  
**10-01-2017**

Date of Expiry  
**15-01-2019**

**17580720**



**VISIT PASS**  
Immigration Regulations

Name  
**DUNFEL MARTIN**

Date of Birth  
**00-12-1975**

Sex  
**M**

Passport No.  
**02142547U**

Date of Issue  
**10-01-2017**

Date of Expiry  
**15-01-2019**

**MULTIPLE JOURNEY VISA ISSUED**

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



Indications relatives au conducteur

Nom \_\_\_\_\_

Prénoms \_\_\_\_\_

Lieu de naissance \_\_\_\_\_

Date de naissance \_\_\_\_\_

Catégorie \_\_\_\_\_

CATEGORIES ET SUB-CATEGORIES DE VEHICULES AVEC LES CODES CORRESPONDANTS POUR LESQUELS LE PERMIS EST VALABLE

Catégorie de véhicule/ pictogramme		Code de la sous-catégorie/ Pictogramme	
A		A1	
B		B1	
C		C1	
D		D1	
BE			
CE		C1E	
DE		D1E	

Catégorie relative à l'émission \_\_\_\_\_

Date \_\_\_\_\_

Lieu de naissance \_\_\_\_\_

Date de naissance \_\_\_\_\_

Catégorie \_\_\_\_\_

CACHET

A

B

C

D

BE

CE

DE

CACHET

A1

B1

C1

D1

C1E

D1E

Signature du titulaire \_\_\_\_\_

Particulars concerning the driver

Surname \_\_\_\_\_

Given name, other names \_\_\_\_\_

Place of birth \_\_\_\_\_

Date of birth \_\_\_\_\_

Place of actual residence \_\_\_\_\_

CATEGORIES AND SUB-CATEGORIES OF VEHICLES, WITH THE CORRESPONDING CODES FOR WHICH THE PERMIT IS VALID

Category code/Pictogram		Subcategory code/Pictogram	
A		A1	
B		B1	
C		C1	
D		D1	
BE			
CE		C1E	
DE		D1E	

Restrictive conditions of use \_\_\_\_\_

ЗАПИСИ, ОТНОСЯЩИЕСЯ К ВОДИТЕЛЮ

Фамилия \_\_\_\_\_

Имя, другие имена \_\_\_\_\_

Место рождения \_\_\_\_\_

Дата рождения \_\_\_\_\_

Обычное место жительства \_\_\_\_\_

категории подкатегории транспортных средств с которыми выдан документ

Код категории/Пиктограмма		Код подкатегории/Пиктограмма	
A		A1	
B		B1	
C		C1	
D		D1	
BE			
CE		C1E	
DE		D1E	

УСЛОВИЯ, ОГРАНИЧИВАЮЩИЕ ИСПОЛЬЗОВАНИЕ \_\_\_\_\_



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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