

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 willful 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
Insured/Policyholder	
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
E-Mail 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)	

SKETCH PLAN

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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.

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.

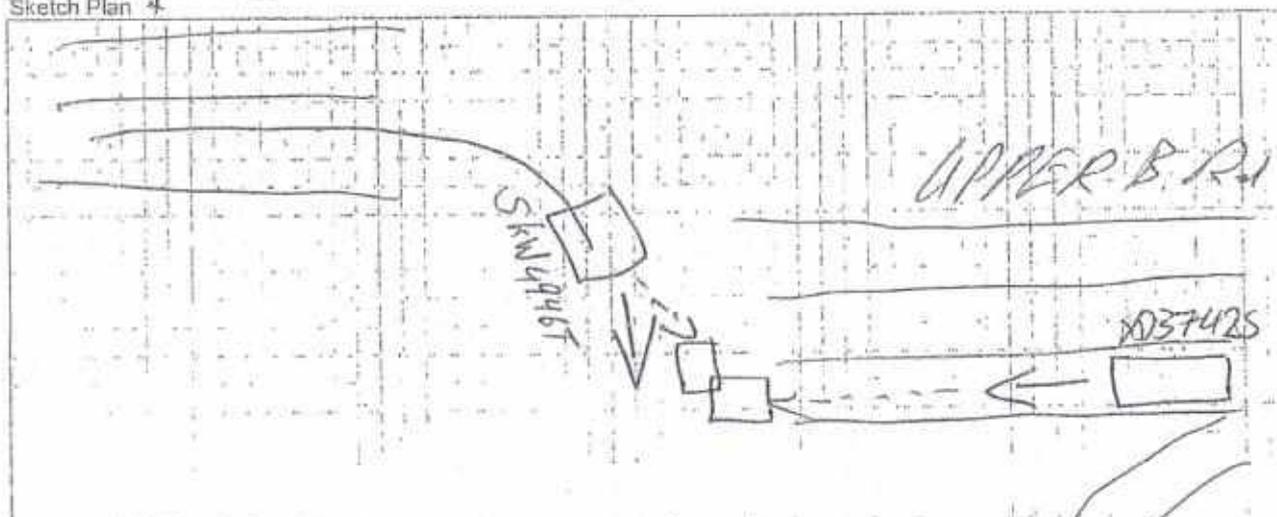
[Handwritten Signature]
Policyholder's Signature / Date & Time

[Handwritten Signature]
Driver's Signature (if driver is not the policyholder) / Date & Time

[Handwritten Signature]
Witnessed by Reporting Centre Personnel



Sketch Plan ↗



(Will send propper drawing via Mail to Eric)
[Handwritten Signature]

Describe Circumstance of the Accident *

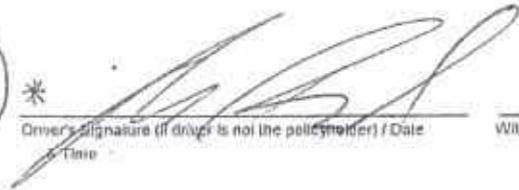
I was driving on UPPER Bukit Timah Rd, stopped at Old Bukit Timah fire station and want to turn right into Old Jurong Rd. I had to stop and let upcoming traffic through because they have the right to drive first, after traffic was clear, I saw the truck coming and he set indicator to turn left, I assumed 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 Centre Personnel

SINGAPORE ACCIDENT STATEMENT

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1. Complete and submit this Form to /Authorized Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
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6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident * Date: 01.12.2018 Time: ~ 10:22 am
 Exact Location of Accident * Junction UPPER Bukit Timah R / Old Jurong Rd

DETAILS OF OWN VEHICLE

Vehicle Registration Number * SKW 4946T

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.) Martin Dunkel
 Personal Identification - NRIC (Singaporean/PR) G514247U
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Mazda Model 3
 Type of Vehicle* Saloon MPV CRV Van Lorry
 Bus M/cycle Others
 Exact Purpose for which vehicle was being used at time of accident * Driving back home after worked on job site in Woodlands
 Are you claiming under your own insurance policy for repair to your vehicle? Yes No (If No, Pls select Third Party Reporting)
 Vehicle Category* Private Commercial Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *
 Type of Policy Comprehensive Third Party Fire & Theft TP Only
 Fleet Policy Yes No
 Policy Number
 Motor CI

DRIVER

Same as Insured above
 Name of Driver * Martin Dunkel
 Personal Identification - NRIC (Singaporean/PR) * G514247U
 - FIN/Passport Number *
 Date of Birth * 09 dd/ 12 mm/ 76 yy
 Driving Date Pass * 07 dd/ 08 mm/ 18 yy
 Year of Driving Experience * Year(s) 23 Month(s) 11
 Occupation * Indoor Outdoor
 Gender * Male Female
 Contact Number / Mobile Phone / Fax No. * +65 96639862

Address of Driver	* 176 Jalan Jurong Kechari #03-26 The Hillford	Postcode (596184)
Email Address	* daniel.martia@hennelkredit.de Hennelkredit.de	
Was driver an employee of the insured's Company?	<input type="radio"/> Yes <input type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	* collision left side with truck
Weather Conditions	* <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others
Road Surface	* <input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others

OTHER INFORMATION

a. Was anybody injured in the accident?	3	<input type="radio"/> Yes <input checked="" type="radio"/> No
b. Was any other vehicle or property damaged? (Including Witness)	4	<input checked="" type="radio"/> Yes <input type="radio"/> No

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	* <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	Police just come passing accident, / stop them.
Police Station Address	
Police Station Contact	Tel No. Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	* XD3742S
Vehicle Make/ Model/ Colour	MAN
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	LINGAM S/O ARUMUGAN
- FIN/Passport Number	S.2707427H
Contact Number	
Address	
Name of Insurance Company	
No. of Passenger (including Driver)	

(Note - Please use page 5 if you need to add more vehicles.)

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5142547U**
 Name: **DUNKEL MARTIN**

Birth Date: **09 Dec 1976**
 Issue Date: **07 Aug 2018**
 Valid Till: **06/08/2023**

002832400C




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

	EFFECTIVE DATE
Class 2E: Motorcycles =< 200 cc	07 Aug 2018
Class 3: Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	07 Aug 2018

Licence No: G5142547U

NP 428A



EMPLOYMENT PASS

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

Employer
HERRENKNECHT ASIA HEADQUARTERS PTE. LTD.



Name
DUNIEL MARTIN
Occupation
ELECTRICAL SUPERVISOR

FR#
65142547U
Date of Application
10-01-2017
Date of Issue
16-01-2017
Date of Expiry
15-01-2019



L7580726

VISIT PASS

Immigration Regulations

Name
DUNIEL MARTIN



Date of Birth
09-12-1970
Sex
M
Nationality
GERMAN
FR#
65142547U
Date of Issue
16-01-2017
Date of Expiry
15-01-2019

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.



Indications relatives au conducteur

1. Nom: _____

2. Prénoms: _____

3. Lieu de naissance: _____

4. Date de naissance: _____

5. Domicile: _____

CATEGORIES ET SUBCATEGORIES DE VEHICULES AVEC LEURS CODES CORRESPONDANTS POUR JOUER LES PERMIS ETI VALABLES

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

CACHET CACHET

A 	A1 
B 	B1 
C 	C1 
D 	D1 
BE 	
CE 	C1E 
DE 	D1E 




Signature du titulaire _____

Exclusions

La licence est octroyée au droit de conduire sur le territoire de _____

La licence est octroyée au droit de conduire sur le territoire de _____

Particulars concerning the driver

1. Surnom: _____

2. Given name, other names: _____

3. Place of birth: _____

4. Date of birth: _____

5. Place of normal residence: _____

CATEGORIES AND SUBCATEGORIES OF VEHICLES WITH THE CORRESPONDING CODES FOR WHICH THE PERMIT IS VALID

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

ЗАПИСИ, ОТНОСЯЩИЕСЯ К ВОДИТЕЛЮ

1. Фамилия: _____

2. Имя, другие имена: _____

3. Место рождения: _____

4. Дата рождения: _____

5. Обычное место жительства: _____

КАТЕГОРИИ И СУБКАТЕГОРИИ ТРАНСПОРТНЫХ СРЕДСТВ С УКАЗАНИЕМ СОТВЕТСТВУЮЩИХ КОДОВ НА КОТОРЫЕ ПОЗВОЛЯЕТСЯ ВОДИТЕЛЬСКОЕ УПРАВЛЕНИЕ

Код категории/Тип транспортного средства	Код подкатегории/Подкатегория
A 	A1 
B 	B1 
C 	C1 
D 	D1 
BE 	
CE 	C1E 
DE 	D1E 

УСЛОВИЯ, ГДЕ РАБОТАЮЩИЙ ИСПОЛЬЗОВАНИЕ

Restrictive conditions of use _____





**Liberty
Insurance**

1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

24 HR ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLOOD ASSISTANCE

Liberty Insurance Pte Ltd
Registration no. 199002791D
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611 Fax: (65) 6225 6890
Website: <http://www.libertyinsurance.com.sg>

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate No	SD18V00034 /VPZ /R03
Form	MZ406
Date Of Issue	26-DEC-2017
1.Index Mark and Registration No. of Vehicle:	SKW4946T
2.Chassis number of Vehicle:	JM6BM42A8G0320428
3.Name of Policyholder:	GOLDBELL CAR RENTAL PTE LTD
4.Effective date of Commencement of Insurance for the purpose of the Act:	01-JAN-2018 00:00 AM
5.Date of Expiry of Insurance:	31-DEC-2018 23:59 PM
6.Persons or Classes of Persons entitled to drive*:	
Any person who is driving on the Policyholder's order or with their permission or to whom the vehicle is hired.	
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.	
And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident,loss or damage.	
7.Limitations as to use*:	
A) Use for carriage of passengers or goods in connection with the Policyholder's business.	
B) Use for social, domestic, pleasure and business purposes of any person to whom the vehicle is hired.	
8.Policy does not cover:	
A) Use for racing, pace-making, reliability trial or speed-testing.	
B) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.	
C) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired.	
*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.	
We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).	
For and on behalf of LIBERTY INSURANCE PTE LTD Approved Insurers  _____ Authorised Signature	
For Information only:	
COVERAGE :	Comprehensive,Unlimited Windscreen,Personal Accident Benefit,Airside,Uber/Grabcar Extension
SUM INSURED:	MARKET VALUE AT THE TIME OF LOSS
EXCESS:	Section I -Singapore S\$850 / Outside Singapore S\$1350,Additional Excess for Young & Inexperienced Drivers S\$1500,Windscreen Excess S\$100
FINANCE COMPANY:	SING INVESTMENTS & FINANCE LTD
PRODUCER NAME:	ACORN INTERNATIONAL NETWORK PTE LTD

PLAS1/02-JAN-18

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02-JAN-18