

## 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	07/12/2018 15:55
Date Of Accident	30/11/2018 18:30
Exact Location Of Accident	BUKIT BATOK ROAD BY LAMPOST NO. 131
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX7039A
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#### Insured/Policyholder

Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	JANEANDYBARNETT@HOTMAIL.CO.UK
Mobile Phone No	(LOCAL) +65-86955214
Alternative Phone No	OFFICE-86955214

#### Vehicle Particulars

Manufacturer	BMW
Model	520I
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME FROM SCHOOL SWIM COMPETITION
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	BARNETT JANE
NRIC No	G3472656L
Date Of Birth	12/05/1970
Occupation	INDOOR
Date Of Driving Pass	05/11/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86955214
Fax Number	
Contact Number	OTHERS-86955214
EEmail Address	JANEANDYBARNETT@HOTMAIL.CO.UK

Address	18 MOUNT SINAI WALK
Postcode	276790
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

#### 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	SJV1669E
Vehicle Make/Model/Colour	HYUNDAI I30CH
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHEW HONG
NRIC/Passport Number	S8168759E
Contact Number	90301289
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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7. By the lodgment 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

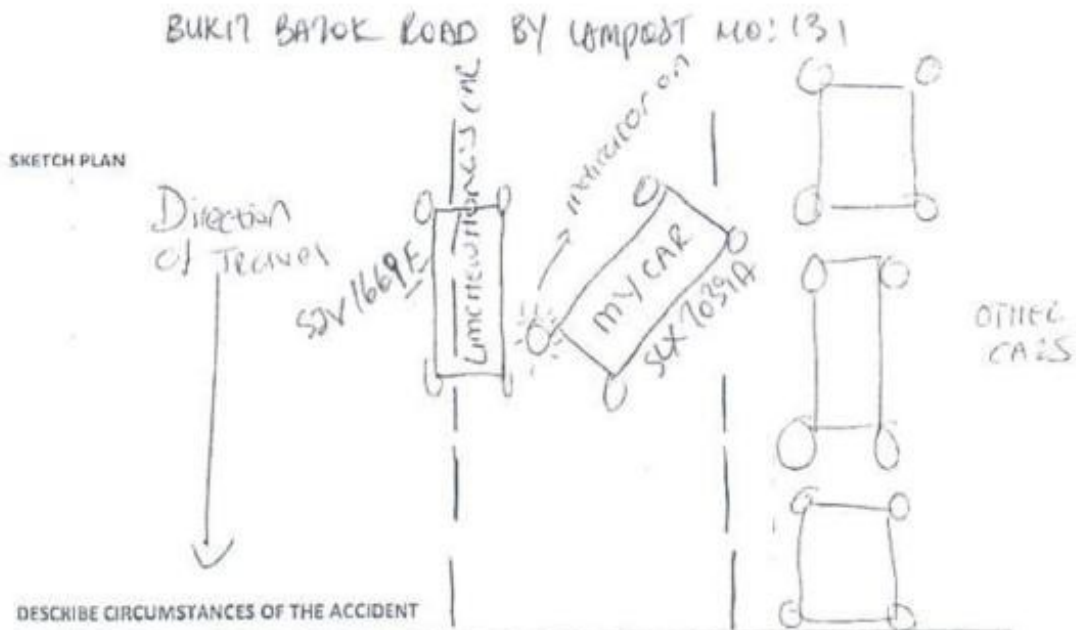
Reporting Centre Personnel's Signature  
Name:  
N.I.C./FIN No.:

4.12.18 1pm

07/12/2018

Reed Wong/B

# Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS INDICATING / SIGNALING AND WAS ALREADY 90% PULLED OVER INTO THE NEW LANE WHEN THE OTHER DRIVER HIT THE FRONT DRIVER SIDE OF MY CAR. THE OTHER DRIVER WAS NOT CLEARLY IN ONE LANE OR THE OTHER. SHE APPEARED TO BE IN BETWEEN 2 LANES

## DECLARATION

We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

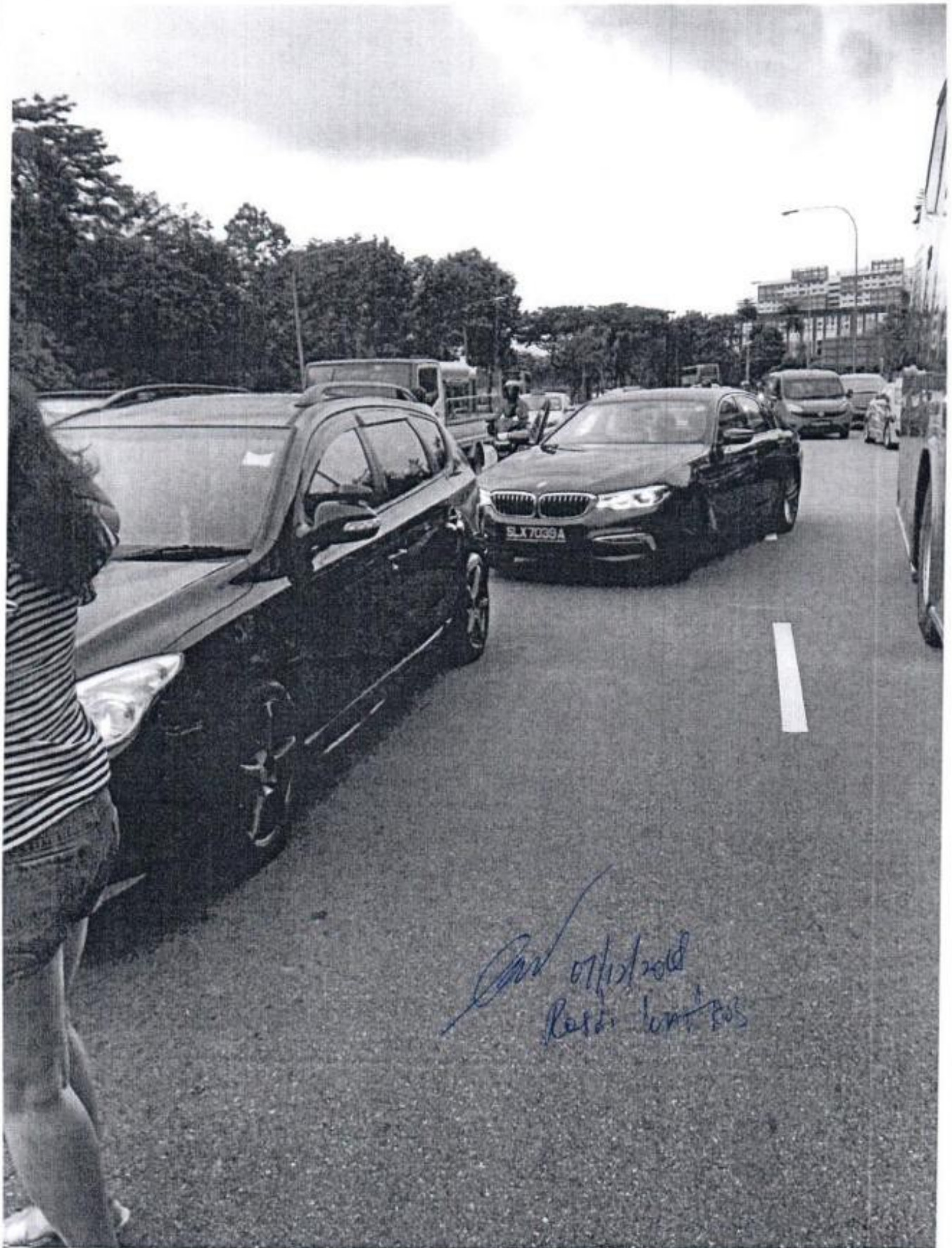
*[Signature]*

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]* 07/12/2018  
Reporting Centre Person's Signature  
Name: *[Signature]*  
NRIC/FIN No.:



ACCIDENT SCENE



ID

REPUBLIC OF SINGAPORE  
FIN G3472656L



Name  
BARNETT JANE

Date of Birth  
13-05-1970  
Nationality  
BRITISH

Sex  
F

72656

HONG KONG SPECIAL ADMINISTRATIVE REGION  
DRIVING LICENCE

M524669 0

BARNETT, JANE

正式執照 Full Classes 1 2

學習執照 Learner's Classes -

暫准執照 Probationary Classes -

限制事項代號 Restrictions DIA33-0009-180316

執照到期 Valid to 17/03/2026

GA0947403

18-08-2018

# DEPENDANT'S PASS Immigration Regulations



Download SGWorkPass App to check status



FIN G3472656L



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

車輛類別代號 Vehicle Classification Codes

1 私家車 Private Car	16 政府車輛 Government Vehicle
2 輕型貨車 Light Goods Vehicle	17 專利公共巴士 Public Bus - Franchised
3 機車 Motor Cycle	18 中型貨車 Medium Goods Vehicle
4 私家小巴 Private Light Bus	19 重型貨車 Heavy Goods Vehicle
5 公共小巴 Public Light Bus	20 掛牌式車輛 Articulated Vehicle
6 的士 Taxi	21 特別用途車輛 Special Purpose Vehicle
7 私家巴士 Private Bus	22 機動三輪車 Motor Tricycle
10 公共巴士 Public Bus	A 裝有自動轉動系統之車輛 Class Type of vehicle with automatic transmission
15 無牌車輛 Invalid Carriage	

限制事項代號 Restriction Codes

1 連繫聯線 Connective Lenses	2 助聽器 Hearing Aids	3 其他 Other(s)
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• 除牌照外，此類牌照在到期前或後，均不可使用。  
Except for licence's class, this licence is not operative after three years from its expiry.

• 如有更改地址、姓名或身分證明文件，須於七十二小時內通知。  
Any change of address, name or identity document must be reported within 72 hours.

Accident Photo





Accident Photo



**Accident Photo**



Accident Photo





Accident Photo



Accident Photo





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