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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.										
	ACCIDENT STATEMENT									
Date Of Report	31/12/2018 15:24									
Date Of Accident	30/12/2018 19:05									
Exact Location Of Accident	JUNCTION OF BAYFRONT AVENUE									
Country/State of Loss	SINGAPORE									
	DETAILS OF OWN VEHICLE									
Vehicle Registration Number	SLU4116X									
Insured/Policyholder										
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD									
Co Reg No	200710651D									
Email Address	FAIZAL.SANIF@GMAIL.COM									
Mobile Phone No	(LOCAL) +65-90903710									
Alternative Phone No	OFFICE-90903710									
Vehicle Particulars										
Manufacturer	TOYOTA									
Model	COROLLA ALTIS-1.6 (A)									
Exact Purpose for which vehicle was being used at time of accident	DRIVING GRAB									
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	SD18V00034/VPZ/R03									
Cover Note Number										
Driver										

Name of Driver MUHAMMAD FAIZAL BIN SANIF

 NRIC No
 \$7921992D

 Date Of Birth
 30/07/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 16/10/2007

Driving Experience 11 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90903710

Fax Number

Contact Number OTHERS-90903710

EMail Address FAIZAL.SANIF@GMAIL.COM

BLK 445 YISHUN AVENUE 11 Address

#08-42

Postcode 760445

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

NO

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

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 SHF276U

Vehicle Make/Model/Colour **TOYOTA PRIUS**

Details Of Properties

Vehicle Category TAXI

TAN LAI HUAT Name of Driver NRIC/Passport Number S0139283B **Contact Number** 93825599

Address Postcode

Insurance Company Name

Nature Of Damage

Accident Sketch Plan

SKETCH PLAN

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- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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)
 - (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, involces, 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
- 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.
- 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

(a) for complying with gequirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

New Personnoi Strante Horz Date & Time: 31/13/18 1230PM

Accident Sketch Plan

PARENT AVE

B) SHE 276 W.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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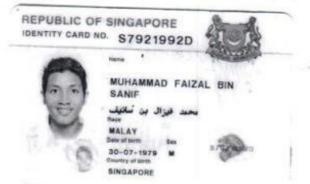
DECLARATION

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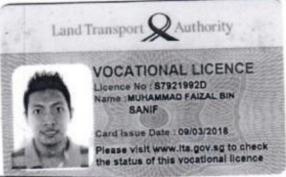
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Oriver's Signature (If driver is not the policyholder) Date & Time:

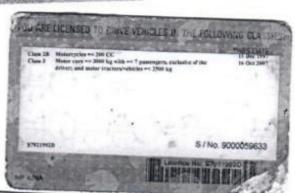
NRIC/FIN No.:











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

13

PRIVATE HIRE CAR VL

09/03/2018









