

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	14/03/2019 13:55
Date Of Accident	08/03/2019 10:45
Exact Location Of Accident	HOLLAND ROAD (NEAR BOTANICAL GARDEN)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9640U
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66039399

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	ODENTHAL GEB MAERCZ JEANETTE CHRISTINA
Passport No/FIN	G3310551M
Date Of Birth	23/03/1977
Occupation	INDOOR
Date Of Driving Pass	15/05/2017
Driving Experience	1 YEAR AND 9 MONTHS

Gender	FEMALE
Mobile Number	(LOCAL) +65-91133559
Fax Number	
Contact Number	
E-Mail Address	SINGBOCKPUF@GMAIL.COM
Address	24 LEEDON HEIGHTS #09-33 LEEDON RESIDENCE
Postcode	266220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER'S WIFE
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 TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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	SDU9696A
Vehicle Make/Model/Colour	BMW SERIES 2
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO CHYE YONG
NRIC/Passport Number	S8227109J

Contact Number	98739696
Address	BLK 301 CLEMENTI AVE 4
Postcode	
Insurance Company Name	
Nature Of Damage	TOTAL 2 INCLUDING DRIVER
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN

IMPORTANT PLAN

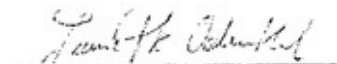
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 the copies of this report will be a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, hereby consent to the archiving of this report at the centre and the copies of the report being made available aforesaid.

B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, workshop and General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process by insurer (collectively the "Personal Information") and any other personal information provided by me or who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurer 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 or 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 Insurer's lawyer/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 (If Driver is not the Policyholder) Date & Time


Driver's Signature (If Driver is not the Policyholder) Date & Time


Witnessed by Reporting Centre Personnel

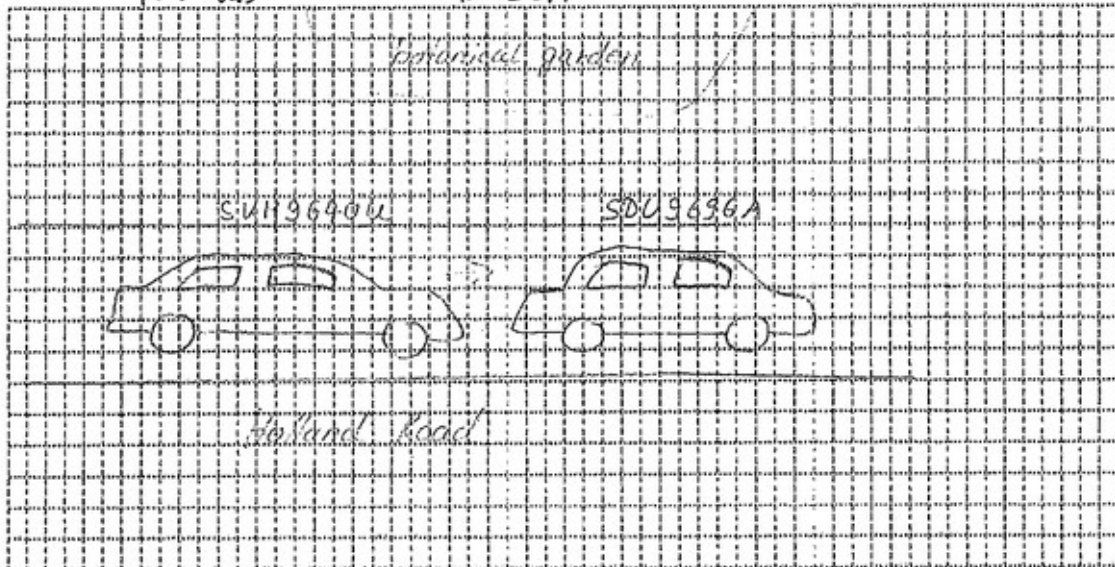
Sketch Plan

13:56hrs

13:56hrs

Parangal Road

SUN9690U SDU9696A



Parangal Road

Describe Circumstance of the Accident

I drove along Holland near botanical garden when the car in front of me suddenly stopped. It directly bumped into the car right in front of me. It was a Front to Rear crash. Nobody was injured. I was together with my spouse and 2 children in the car.

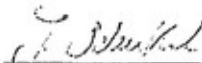
Declaration

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

Policyholder's Signature / Date & Stamp

14 MAR 2019
(3.56hrs)



Driver's Signature (if driver is not the Policyholder) Date & Time

14 MAR 2019
(3.56hrs)



Witnessed by Reporting Centre Personnel

Poh Kwee Choo
S6840583A

CERTIFICATE OF INSURANCE



HOTLINE TEL: (65) 6419-3000

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1950
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M 2,450

		(The below excess is subject to GST)	
Comprehensive Commercial Motor		POLICY EXCESS	S\$800.00 ** (I)
CERTIFICATE NO.	999994316	WINDSCREEN EXCESS	S\$100.00
		SUM INSURED	Market Value
		INSURING WITH COE/PAF	Yes
		SKM9640U	
1) VEHICLE REGISTRATION NO.		Goldbell Car Rental Pte Ltd	
2) NAME OF POLICYHOLDER			
3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT		01 January 2019	
4) DATE OF EXPIRY OF INSURANCE		31 March 2020	
5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*			
Any person who is driving on the insured's order or with their permission.			
Additional Excess of \$1000 applies to all claims for Drivers below 23 years old and/or with Driving Experience less than 12 months.			
Additional excess of \$500 applies to all claims for accident outside Singapore			
** Policy Excess vary according to Vehicle Usage. Refer to Policy for more details.			
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.			
6) LIMITATION AS TO USE*			
1) Use for social, domestic, pleasure purposes and business purposes of insured			
2) Use for social, domestic, pleasure purposes and business purposes of any person whom the vehicle is hired.			
The Policy does not cover			
1) Use for racing, pace-making, reliability trial or speed-testing.			
2) Use whilst towing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.			
3) Use for the carriage of passengers for hire or reward by any person to whom the Vehicle is hired.			
4) Use for any purpose in connection with Motor Trade.			
LOSS OF USE		Not included	
HIRE PURCHASE COMPANY		N.A.	

*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.

I / 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).

Issued in Singapore 16 Jan 2019

AIG Asia Pacific Insurance Pte. Ltd.

030123-000

Acorn International Network Pte Ltd
48 Changi South St 1 Level 3
SINGAPORE 486130

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL

DRIVER'S DEPENDANT'S PASS + DRIVING LICENCE

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 3 3 1 0 5 5 1 M**

ODENTHAL GEB MAERCZ JEANETTE CHRISTINA

Birth Date: **23 Mar 1977**
Issue Date: **15 May 2017**
Valid Till: **14/05/2022**

002683760F



REPUBLIC OF SINGAPORE

FIN **G3310551M**

ODENTHAL GEB MAERCZ JEANETTE CHRISTINA

Date of Birth: **23-03-1977** Sex: **F**
Nationality: **GERMAN**




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

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg

EFFECTIVE DATE 15 May 2017

NP 428A

Licence No: G3310551M



GA0028901

DEPENDANT'S PASS
Immigration Regulations

Download SGWorkPass App to check status



FIN **G3310551M**



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.



Accident Photo



Accident Photo



Accident Photo



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