

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	07/05/2019 12:11
Date Of Accident	05/05/2019 17:00
Exact Location Of Accident	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK8364Y
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92414201
Alternative Phone No	OFFICE-92414201

Vehicle Particulars

Manufacturer	AUDI
Model	A8L
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994316
Cover Note Number	

Driver

Name of Driver	VAN ZONNEVELD SYLVIA
Passport No/FIN	G3471922K
Date Of Birth	27/08/1969
Occupation	INDOOR
Date Of Driving Pass	04/08/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92414201
Fax Number	
Contact Number	OTHERS-92414201
Email Address	NOEMAIL

Address	3 MOUNT PLESENT DRIVE
Postcode	298381
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 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?	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	SMH6916Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE WEI CHUEN
NRIC/Passport Number	S8460530A
Contact Number	96822619
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

FIELD

- FIELD**

FIELD

- FIELD**

4 GOSSELL CAR RENTAL
PTE LTD

07/05/2008

Supporting Centre Personnel's Signature: *[Signature]*

Name: *[Signature]*

IC/FIN No.:

135X-VE-SMITHSONIAN-FOSS-YI

SKETCH PLAN

Along Upper Sarangoon Road



A) SLK 8864Y

B) SMH 6916Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped slowly to yield to bus who was standing still at bus stop and gave light to merge into traffic. I stopped before the yellow line with yellow cross. The car behind us apparently saw too late that I stopped and bumped into us from behind.

It happened at exit 15 from PIE
Upper Sarangoon Rd

DECLARATION

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

Policyholder's Signature
Date & Time

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

Reporting Centre Personnel's Signature
Name
NIC/IN No.

6/5/2019
3.30 pm

07/05/2019

Paul L. W. Hoo

ACCIDENT STATEMENT

ACCIDENT DATE: 05/05/2019 (DD/MM/YYYY), TIME: 17:00 (HH:MM)

LOCATION: UPPER SARANGGOON

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLK 836AY
b) INSURANCE COMPANY: AIG
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: AUDI A8 L
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: VAN ZONNEVELD SYLVIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3471922K CONTACT: 92414201
c) ADDRESS: 3 MOUNT PLESENT DRIVE (298381)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

* No of passenger
(Including driver)
()

DRIVER

- a) NAME: VAN ZONNEVELD SYLVIA (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: G3471922K CONTACT: 92414201
c) ADDRESS: 3 MOUNT PLESENT DRIVE (298381)

* d) DATE OF BIRTH: 27/08/1969 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 040888

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: _____

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) _____

b) ROAD SURFACE: (DRY / WET / OTHERS) _____

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

- a) VEHICLE NUMBER: SMH 6916Y MODEL: TOYOTA
b) DRIVER'S NAME: LEE WEL CHVEN
c) NRIC/FIN/PASSPORT: S8460530A CONTACT: 96822619

9. THIRD PARTY VEHICLE

* No of passenger
(Including driver)
()

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

email =

VIDEO

REPUBLIC OF SINGAPORE

FIN G3471922K



Name

VAN ZONNEVELD SYLVIA

Date of Birth

27-08-1969

Sex

F

Nationality

NETHERLANDS



GA0051520

26-12-2018

DEPENDANT'S PASS

Immigration Regulations



Download SGWorkPass
App to check status



FIN G3471922K



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



RIJBEWIJS

DRIVING LICENCE
PERMIS DE CONDUIRE
FUHRERSCHEIN

NL69



1969

1 van Zonneveld e/v van den Brink

2 Sylvia

3 27.08.1969

Middelburg

4a 25.06.2018

4b 25.06.2028

NL69

4c RDW

5 5153700734

9 AM-B

T

[Signature]

D1NL D251537007344Z3Z5RR4DW9P50

13

BSN

176356459/
5153700734

RDW



12

9

10

11

12

AM	01.07.08	25.06.28	-
A1	-	-	-
A2	-	-	-
A	-	-	-
B1	-	-	-
B	≤04.08.88	25.06.28	-
C1	-	-	-
C	-	-	-
D1	-	-	-
D	-	-	-
BE	-	-	-
C1E	-	-	-
CE	-	-	-
D1E	-	-	-
DE	-	-	-
T	≤01.07.15	25.06.28	-

1 NAAM 2 VOORNAMEN 3 GESCORTE DATUM EN -PLAATS 4b AFGIFTEDATUM 4b DATUM GELDIG TOT
4c AFGEGEVEN DOOR 5 RIJBEWIJSNUMMER 10 VANAF 11 TOT 12 BEPERKINGEN/VERMELDINGEN

AIG

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)

M 2.400

Comprehensive Commercial Motor
 CERTIFICATE NO. 999994316

(The below excess is subject to GST)

POLICY EXCESS S\$1,200.00 ** (I)

WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value

INSURING WITH COE/PARF Yes

SLK8364Y

Goldbell Car Rental Pte Ltd

1) VEHICLE REGISTRATION NO.

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 drawing 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 UOB

*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

030123-000

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

AIG Asia Pacific Insurance Pte. Ltd.

Marile

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL