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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.

- 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.

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	07/05/2019 12:11
Date Of Accident	05/05/2019 17:00
	ALONG UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE
Di	ETAILS 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	
	2004 O 2010 CONTRACTOR

OTHERS-92414201

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

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

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 Vehicle Make/Model/Colour

SMH6916Y 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)

SKETCH PLAN

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 Oriver.
- Information provided must be as truthful and accurate as possible. Any willut 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.
- The 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.
- 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)

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) 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, 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
- (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:

Differ s Signature

(If driver is not the policyholder)

Date & Time:

6/5/2019

3.30 pm

Reporting Centre Personnel's Signature

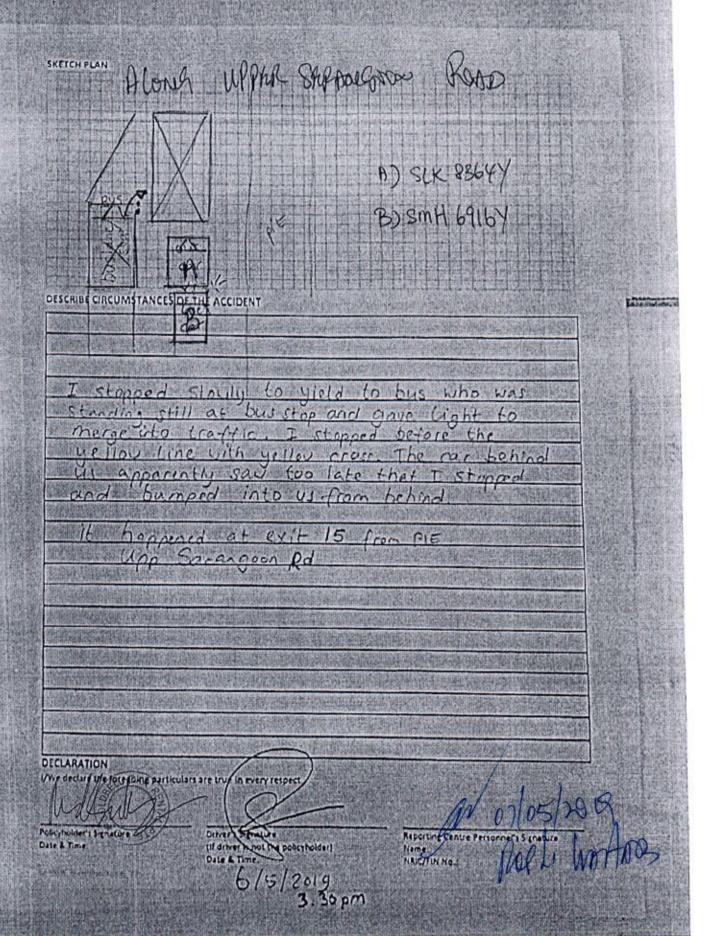
Name:

NRIC/FIN NO.

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Mark Superfluides vi



ACCIDENT STATEMENT

ACCID	DENT DATE: (05/05/2019) (DD/MM/YY)	M), TIME:(17:00)(HH:MM)
	ION: UPPER SARANGOON	
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SLK 8364 Y b) INSURANCE COMPANY: A)G c) POLICY NUMBER: d) POLICY TYPE: (COMPREHENSIVE / THIRD P.	
ě	6) MAKE & MODEL: AUDI AS L f) TYPE: (SALOON / COUPE / MPV /VAN / LOF g) VEHICLE CATEGORY: (PRIVATE / COMMER h) PURPOSE OF USING AT ACCIDENT TIME: I) ARE YOU CLAIMING UNDER YOUR OWN IN:	RRY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE) SURANCE (YES/NO)
2.,	IF NO, PLEASE STATE (THIRD PARTY CLAIM / INSURED / POLICY HOLDER A) NAME: VAN ZONNEVELD SYN b) NRIC/FIN/PASSPORT: G3471922K c) ADDRESS: 3 MOUNT PLESSAR J	CONTACT: 92414201
*Ho of passanger (Including driver)	*CONTINUE TO 3.d IF DRIVER ALSO POLICY DRIVER C) NAME: UAN ZONNEUELD SYLL b) NRIC/FIN/PASSPORT: G3471922 K c) ADDRESS: 3 MOUNT PLESBUED	CONTACT: 92414201
	e)OCCUPATION: (INDOOR FOUTDOOR) f)DATE OF DRIVING PASS 04-08- WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W	88 JRED'S COMPANY? (YES / NO) /ITH INSURED:
5.	a) WEATHER CONDITION: (CLEAR / RAINING b) ROAD SURFACE: (DRY / WET / OTHERS	/OTHERS
	WAS ANYBODY INJURED (YES / NO) a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIC	DN:
He of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SMH 6916 Y b) DRIVER'S NAME: LEE WEL CHU	MODEL: TOYOTA
(_) 9.	C) NRIC/FIN/PASSPORT: S & 460530 THIRD PARTY VEHICLE	A CONTACT: 9682 2619
* No of passenger	d) VEHICLE NUMBER:	MODEL:
(Induding driver)) f) NRIC/FIN/PASSPORT:	CONTACT:
()	J	

email = VIDEO

REPUBLIC OF SINGAPORE FIN G3471922K





VAN ZONNEVELD SYLVIA

Date of Birth 27-08-1969

Nationality NETHERLANDS Sex F



GA0051520

20-12-27-2

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



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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)

(The below excess is subject to GST)

Comprehensive Commercial Motor

CERTIFICATE NO.

999994316

POLICY EXCESS

S\$1,200.00 ** (I)

WINDSCREEN EXCESS

\$\$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

31 March 2020

4) DATE OF EXPIRY OF INSURANCE

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*

- Use for social, domestic, pleasure purposes and business purposes of insured
- 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.
- 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, 1967 (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.

AUTHORISED REPRESENTATIVE

SSPKWJ

ORIGINAL