## 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	31/10/2019 15:08				
Date Of Accident	26/09/2019 20:40				
Exact Location Of Accident	MARSILING CARPARK @ LVL 3				
Country/State of Loss	SINGAPORE				
DETAILS OF OWN VEHICLE					
Vehicle Registration Number	SLE105M				
Insured/Policyholder					
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD				
Co Reg No	-				
Email Address	KHIERTHII@ROSETAUTOCARE.COM				
Mobile Phone No					
Alternative Phone No	OFFICE-68445225				
Vehicle Particulars					
Manufacturer	MITSUBISHI				
Model	ATTRAGE				
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH				
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	LIBERTY INSURANCE PTE LTD				
Type Of Coverage	COMPREHENSIVE				
Fleet Policy	NO				
Policy Number	SD18V12322/VPZ/R00				
Cover Note Number					
Driver					
Name of Driver	NUR SABRINA BINTE MOHAMED YUSOF				

 NRIC No
 \$9601905Z

 Date Of Birth
 17/01/1996

 Occupation
 INDOOR

 Date Of Driving Pass
 02/05/2015

Driving Experience 4 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81832401

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 331 WOODLANDS AVE 1

#03-421

Postcode 730331

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

-

2

NO

NO

0

**General Information of the Accident** 

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

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.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name WOODLANDS WEST N.P.C

Police Station Address ROAD: 1 WOODLANDS STREET 12, POSTCODE: 738622, COUNTRY:

SINGAPORE

NO

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

### **Circumstances of Accident**

PLS REFER TO THE POLICE REPORT:L/20191001/2084

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

**Details Of Properties** 

Vehicle Category NA/UNKNOWN

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### Accident Sketch Plan

### SKETCH PLAN

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- 6 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.
- 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' (awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) and
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessars 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 enquines 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.
- (a) the information so collected under (d) above may be shared / disclosed
  - 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

(iii for complying with requirements under any regulations, laws or court orders.

Drivel's Signature (If driver is not the policyholder)

Date & Time: 154 E GF 2419

Reporting Conse Person Name

NRIC/FIN No.

Contract of the Contract of the

# **Accident Sketch Plan**

	m	PRSILING CARP	ARK
SKETCH PLAN	(	@ LVL 3	
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(5 LIMO)			
ECLARATION			
We declare the foregoing Bartics	nars are true in every respect.	D	
1000	Consider	Lynn	01/11/19
olicyhoider's Signatury	Selvers Signature	Report of Centre Pa	ersonnel's Signature
ate & Time	(If driver is not the policyholder)	Name	the second second
	Date & Time: 151 204 1-7	NRIC/FIN No.	





1 of 2

Report No. L/20191001/2084

## POLICE REPORT (NP299)

Police Station Of Origin Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

Date/Time Report Made 01/10/2019 16:56	Vide Rep	ort No.		Station Diary No. 299
Name Of Informant NUR SABRINA BINTE MOHAMED YUSOF	Address APT BLK 331 WOODLANDS AVENUE 1 #03-421 SINGAPORE 730331			
ID Type / ID No. NRIC NO / S9601905Z	Contact No. Home/Office		Mobile 81832401	
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Unemployed	Sex Female	Age 23	Date of Birth 17/01/1996	Race Malay
Institution/School Name	Language			
Date/Time Of Incident 26/09/2019 14:00 - 26/09/2019 21:00	Location Of Incident 305 WOODLANDS STREET 31 UNNAMED SINGAPORE 730305 Multiple locations from Blk 305 Woodlands St 31 all the way to Sentosa and back			

## Brief details.

I am the above mentioned person residing at the above mentioned location. On 26/09/2019 around 1400hrs, I have rented a Mitsubishi Attrage (SLE105M) from an online car rental company namely: TribeCar. I have rented the vehicle on the day itself for a period of 7 hours from 1400hrs to 2100hrs. Upon collecting the vehicle up at Blk 305 Woodlands St 31 Multi Story carpark at Deck 4, I made a

Signature Of Officer Recording The Report:	Signature Of Informant:	
L / Sgt 1 DAVID NG YU BOON	QUITE	
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 16:56	
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 64660000	Classification Of Case:	
Authentication Stamp		







POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191001/2084

cursory check and the vehicle all in order.

Subsequently, I drove the car from Blk 305 Woodlands St 31 to Blk 326 Woodlands St 32, followed by Cineleisure and parked the vehicle behind Orchard building at the open space carpark from 1530hrs to 1730hrs. Subsequently, I drove the car to Sentosa Palawan Beach and parked the vehicle at the basement car park for a maximum of 30minutes from 1800hrs to 1830hrs.

Lastly, I drove the vehicle to Tanjong Beach and had parked the vehicle at Open space carpark from 1900hrs to 2000hrs. I then drove the vehicle back to Blk 305 Woodlands St 31 Multi story carpark to return the vehicle. Around 2040hrs, I had arrived back and made another cursory check on the vehicle and that is when I realized that the rear bumper had a dent and the rear left tail light was slightly protruding out.

I informed that car rental company regarding this issue and they only got back to me on 30/09/2019 asking me to lodge a police report.

Base on my memory, I do not recall having any point of contact with any immovable structures or moving vehicles while I was operating the vehicle. I also do not know when did the damaged occurred to the vehicle as I only made the check upon collect and returning of the vehicle.

I am lodging this report for my own record purposes as well as to provide the report for the car rental company.

Signature Of Officer Recording The Report:	Signature Of Informant.
L / Sgt 1 DAVID NG YU BOON	alles
Signature Of Interpreter: Not applicable	Date/Time: 01/10/2019 16:56
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAN QI FANG Contact No.: 64660000	Classification Of Case:
Authentication Stamp	

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