

Survey by Tan Ky H
on 3/5/16

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 ability.
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 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	24/04/2016 13:29
Date Of Accident	23/04/2016 13:45
Exact Location Of Accident	18.5 KM PIE TO CHANGI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF3110X
Insured/Policyholder	
Name Of Registered Owner	CHAN KHAM HONG
NRIC No	S2538200E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97937022
Alternative Phone No	Office-97937022

Vehicle Particulars

Manufacturer	BMW
Model	523i XL
Exact Purpose for which vehicle was being used at time of accident	
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	Private Car

Insurance Company

Name of Insurance Company	Liberty Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI15V06591/VPC/R01
Cover Note Number	

Driver

Name of Driver	CHAN KHAM HONG
NRIC No	S2538200E
Date Of Birth	06/07/1951
Occupation	Indoor
Date Of Driving Pass	16/06/1975
Driving Experience	40 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-97937022
Fax Number	
Contact Number	Office-97937022
Email Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company No
If No, Relationship of the Driver with the Insured Owner
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 (TP Hit Insured)
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 2

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

PLS REFER ATTACHED ACCIDENT REPORT FROM THE DRIVER. ATTENDED BY LYNDIA
Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SH9823R
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver LEOW CHIN CHAI
NRIC/Passport Number S0177706H
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

SKETCH PLAN

IMPORTANT NOTICE

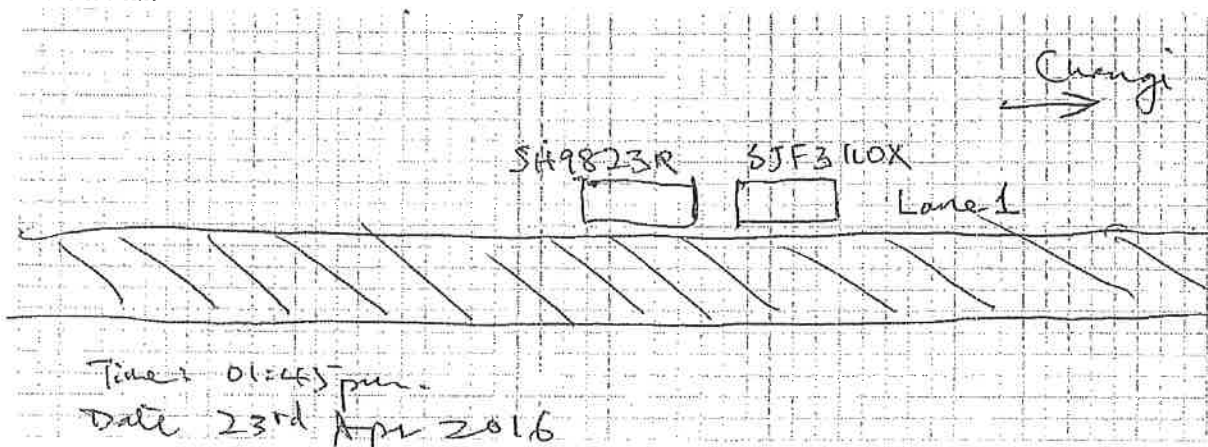
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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, 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.

Chanoy
Policyholder's Signature / Date & Time
24th Apr 2016

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

While my wife and I was travelling along PIE towards Changi, suddenly I felt a very big impact at the back of my car. I stopped slowly and walked out from my car. I saw a blue Hyundai Comfort Taxi was sizzling with steam. I took a few pictures of my rear bumpers and the damage front of the taxi. Soon I saw a police in motorcycle coming to me and asked what had happened. He told me he was told to come to investigate reason for the slowing moving traffic along this stretch of PIE. He told me I was in the 18.5m PIE in the direction to Changi. I quickly recorded the following particulars:

Name of Taxi Driver: LEOW CHIN CHAI

Vocational Licence No: S0177706H

Vehicle Reg No: SH9823R

Taxi: Blue Hyundai Sonata Comfort Taxi

As there was apparently nobody was hurt, the police requested us to make respective report and move on so not to obstruct the traffic flow.

My Name: Chan Kham Tong.


My wife: Jean Ng Yin Zhen.

My Car Reg. No: SJF 3110X BMW 523i Grey color.

Note: The accident happened in Lane 1 of PIE
And the time of accident was about 1:45 pm.
Date of accident was 23rd of Apr 2016.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

24 Apr 2016

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

Witnessed by Reporting Centre Personnel

