

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 | 06/10/2016 18:08 |
| Date Of Accident | 05/10/2016 18:00 |
| Exact Location Of Accident | AMK AVE 1 TWDS BOUNDARY RD JUNC OF LOR CHUAN |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SKA2806T |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN SONG KOK |
| NRIC No | S8018164G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96432333 |
| Alternative Phone No | Others-96432333 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E250 A |
| Exact Purpose for which vehicle was being used at time of accident | BACK HOME |
| 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 | SI16V11109/VPE/R00 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN SONG KOK |
| NRIC No | S8018164G |
| Date Of Birth | 28/06/1980 |
| Occupation | Indoor |
| Date Of Driving Pass | 16/08/2010 |
| Driving Experience | 6 Years And 1 Month |
| Gender | Male |
| Mobile Number | (Local) +65-96432333 |
| Fax Number | |
| Contact Number | Others-96432333 |
| E-Mail Address | NOEMAIL |

| | |
|-----------------------------------------------------|------------------------------------|
| Address | BLK 219 SERANGOON AVE 4 #12-214 |
| Postcode | 550219 |
| 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 | Unknown - TP REVERSED AND HIT INSURED VEH |
| 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 |
| 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

PLS REFER TO THE ATTACHED STATEMENT.

| | |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | Yes |
|-----------------------------------------------|-----|

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|----------|
| Vehicle Registration Number | SJK2883D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Details of Witness

| | |
|---------------|--|
| Name | |
| Phone Number | |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SCP2835A |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Name of Driver | |

NRIC/Passport Number

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

SKETCH PLAN

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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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

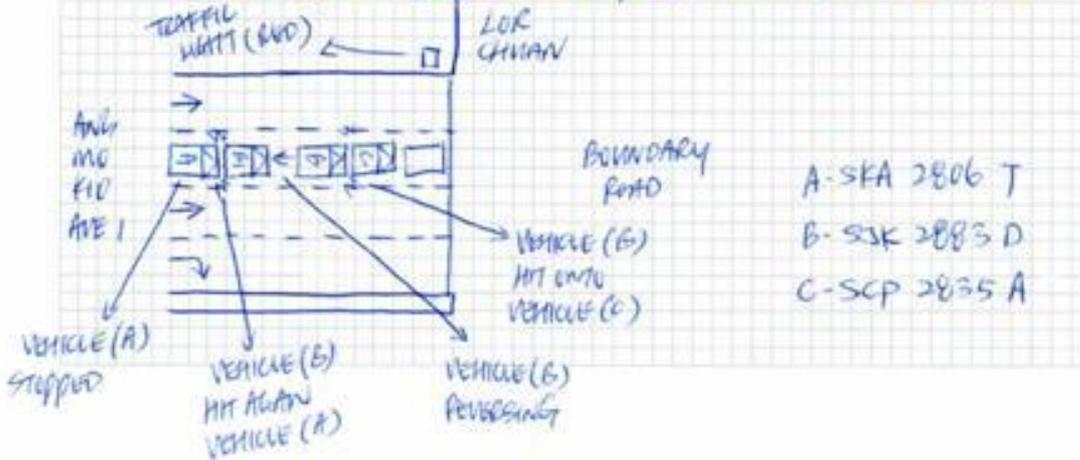
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
|  Policyholder's Signature / Date & Time |  Driver's Signature (If driver is not the policyholder) / Date & Time | Sign 06/10/16 Witnessed by Reporting Centre Personnel |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

Sketch Plan ANG MO KIU AVE 1 TOWARD BOUNDARY ROAD SECTION OF LOR CHUAN



Sketch Plan #2

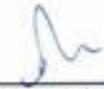
Describe Circumstances of the Accident

I WAS DRIVING ALONG AVE 100 RD AVE 1 TOWARD BOUNDARY ROAD ON THE 2ND LANE OF A 4 LANE ROAD. SOMEWHERE JUNCTION OF LOR CLAYTON, VEHICLE IN FRONT OF ME SLOWED DOWN AND STOPPED DUE TO THE TRAFFIC LIGHT AS WELL, I ALSO APPLIED BRAKE AND MANAGE TO STOPPED COMPLETELY BEHIND OF VEHICLE (B). AFTER A FEW SECONDS, I HEARD A BANG SOUND FROM THE FRONT I SAW VEHICLE (B) COLLIDED ONTO REAR PORTION OF VEHICLE (C), AFTER THAT I SAW VEHICLE (B) REVERSING AND COLLIDED DIRECTLY AGAINST FRONT PORTION OF MY VEHICLE. AFTER THE ACCIDENT, I CALLED AND REPORTED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 3 VEHICLE.

- A - SKA 2806 T
- B - SJR 2803 D
- C - SCP 2835 A

Declaration

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


Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

