

## 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	14/12/2017 10:21
Date Of Accident	13/12/2017 09:50
Exact Location Of Accident	SLE TOWARDS CTE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW900B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	B&E LEASING
Co Reg No	53290083M
Email Address	ESTHEROEI@BEGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-98442820
Alternative Phone No	Office-67536882

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 1.6L SDN

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	SI17V13415/VPE/R02
Cover Note Number	

### Driver

Name of Driver	LIM BUAY TIANG
NRIC No	S0135754I
Date Of Birth	26/01/1954
Occupation	INDOOR
Date Of Driving Pass	25/08/1979
Driving Experience	38 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90232966
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 148 LORONG 1 TOA PAYOH #08-911

Postcode	310148
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
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

ON THE ABOVE DATE, TIME & LOCATION, I WAS DRIVING MY COMPANY VEHICLE (A - SKW900B) AND WAS TRAVELLING ALONG SLE TOWARDS CTE. TRAFFIC WAS HEAVY AND CONGESTED. AS THE FRONT VEHICLES SLOWED DOWN AND STOPPED, I FOLLOW ACCORDINGLY. WHILE MY VEHICLE WAS AT STATIONARY POSITION, I FELT A STRONG IMPACT COMING FROM THE REAR OF MY VEHICLE. I THEN REALISED THAT THERE WAS A LORRY (B - GW2595H) COLLIDED ONTO MY VEHICLE REAR. NO INJURIES WERE INVOLVED. THAT'S ALL.

#### 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	GW2595H
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	LORRY
Name of Driver	SARAVANAN A/L SELLVEM
NRIC/Passport Number	G7474108N
Contact Number	88189759
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

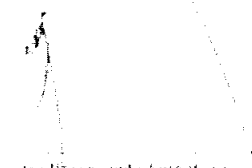
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.
- (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.

  
*Lin Biao Yang*  
Policyholder's Signature  
Date & Time  
14 DEC 2017  
9.10am

*Lin Biao Yang*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time  
14 DEC 2017  
9.10am

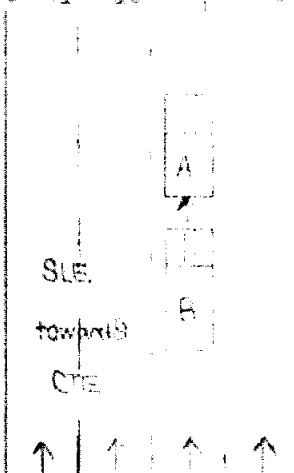
  
Reported to Centre Via Insurer's Signature  
Name  
ANG WEI GUANG  
NRIC / ID No.  
S8410708E

SKETCH PLAN

D. O. A

13. 12 2017

09: 50 hrs



A - SKW 900 B

B - GW 2595 H

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above date, time and location, I was driving my company vehicle (A - SKW 900 B) and was travelling along SLE towards OTE. Traffic was heavy and congested. As the front vehicle slowed down and stopped, I follow accordingly. While my vehicle was at stationary position, I felt a strong impact coming from the rear of my vehicle. I then realised that there was a lorry (B - GW 2595 H) collided onto my vehicle rear. No injuries were involved.

That's all.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Lim Biny Ting*  
Policyholder's Signature

Date & Time: 14 DEC 2017  
9: 10am

*Lim Biny Ting*  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 14 DEC 2017  
9: 10am

Reporting Centre Personnel's Signature  
Name: ANG WEI GUANG  
NCR / HN No: S8410708E