

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	18/12/2017 17:06
Date Of Accident	16/12/2017 18:00
Exact Location Of Accident	JUNCTION OF BISHAN ST 21 & MARYMOUNT ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL313D
Insured/Policyholder	
Name Of Registered Owner	AGUS DJUNAEDI
NRIC No	S2573680Z
Email Address	AGUS.SINAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96204541
Alternative Phone No	OFFICE-64685924
Vehicle Particulars	
Manufacturer	BMW
Model	328I
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	SD17V10128/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	AGUS DJUNAEDI
NRIC No	S2573680Z
Date Of Birth	04/04/1966
Occupation	INDOOR
Date Of Driving Pass	14/07/1983
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96204541
Fax Number	
Contact Number	OFFICE-64685924
EEmail Address	AGUS.SINAI@GMAIL.COM

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

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. 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

REFER TO ATTACH.

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 SU12E

Vehicle Make/Model/Colour NISSAN QASHQAI GREY

Details Of Properties DENTS TO BUMPER BOOT & DAMAGE TO PARKING SENSOR

Name of Driver ANDY PEH YONG LI (ANDY BAI YONGLI)

NRIC/Passport Number S8426717A

Contact Number 91690901

Address BLK 273B BISHAN ST 24#07-112

Postcode 572273

Insurance Company Name LONPAC INSURANCE BHD

Nature Of Damage FRONT

No. Of Passenger (Including Driver) 5

Details of Witness

Name


Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

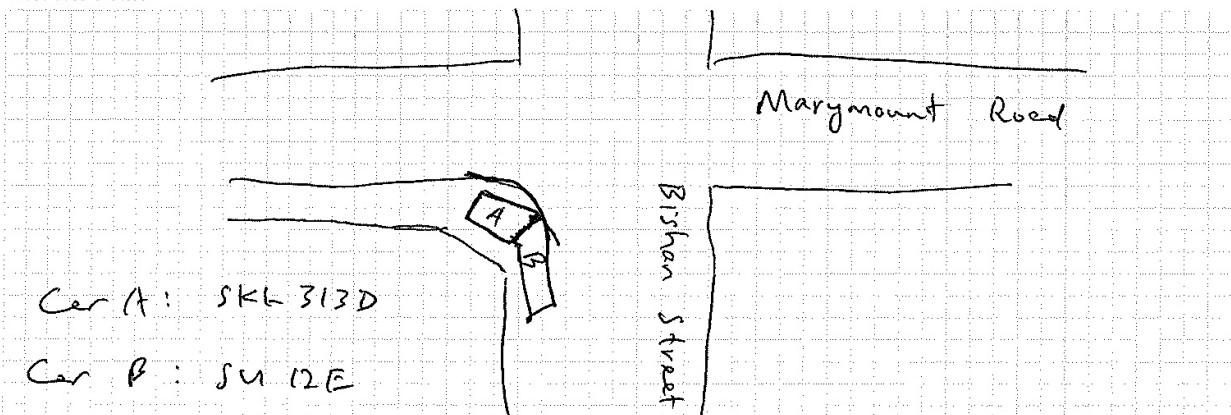
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
 - (a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose 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' 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

4.15pm
18/12/17
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was driving along Bishop Street 21 turning left into Marymount Road. I stopped as I turned into the slip road into Marymount Road to check for oncoming vehicles.


Suddenly, a car (SU 12E) hit my car from behind. I exited my car to inspect the damage. The driver of the other car (SU 12E) apologised for hitting my car. We exchanged particulars and took photos of the damage done to both cars.

The rear bumper and boot of my car were ~~was~~ dent and scratched. The rear parking sensor was also damaged.

As my neck hit the headrest, I felt discomfort and pain and may need medical check-up.

Declaration

We declare the foregoing particulars are true in every respect.

 4:15 pm
18/12/17



Accident Photo



Accident Photo



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