

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	02/01/2018 16:10
Date Of Accident	25/12/2017 01:00
Exact Location Of Accident	OUTSIDE 235 PAVILION CIRCLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW8128Z
Insured/Policyholder	
Name Of Registered Owner	TAY BEE LENG
NRIC No	S7305042A
Email Address	EILEENBLTAY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97902982
Alternative Phone No	OFFICE-97902982

Vehicle Particulars

Manufacturer	BMW
Model	X3
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE-PARKED
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	
Cover Note Number	

Driver

Name of Driver	TAY BEE LENG
NRIC No	S7305042A
Date Of Birth	08/02/1973
Occupation	INDOOR
Date Of Driving Pass	07/02/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97902982
Fax Number	
Contact Number	OFFICE-97902982
Email Address	EILEENBLTAY@GMAIL.COM

Address	20 WEST COAST RD #01-28
Postcode	127308
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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.	NO
Number of Passengers (Including Driver)	0

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	SKN126S
Vehicle Make/Model/Colour	WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP CHEE KEN
NRIC/Passport Number	S9673751C
Contact Number	
Address	238 PAVILLION CIRCLE
Postcode	658553
Insurance Company Name	ECICS LIMITED
Nature Of Damage	LEFT
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

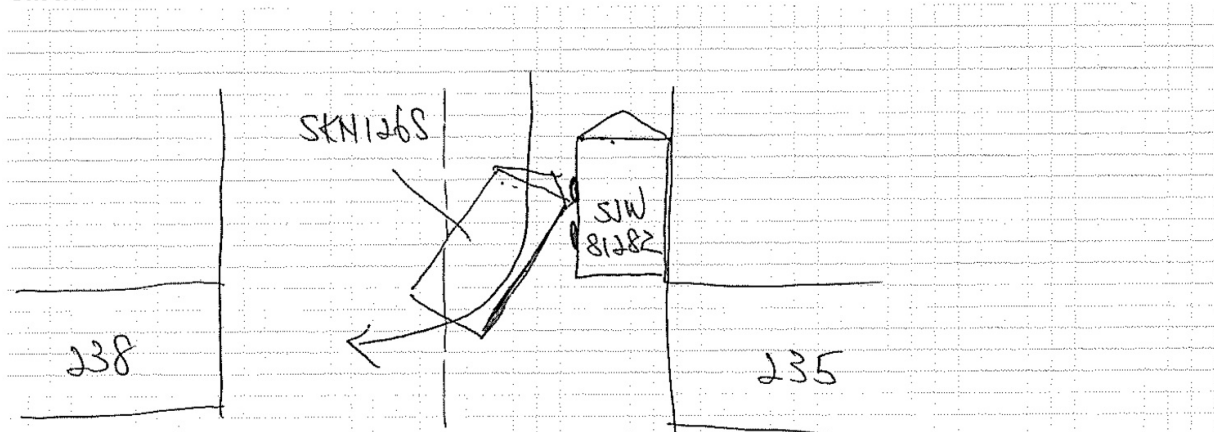
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer , my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 w ith 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 w ith 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, w hich could involve disclosure of certain personal data about me to bring about delivery of the same as w ell as on the external cover of envelopes/mail packages); and/or
(v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
(collectively the "Purposes")
(b) all insurer(s) w ho 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

[Signature] 30/12/17
Policyholder's Signature / Date & Time
(12.15pm)

[Signature] 30/12/17
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel

Sketch Plan

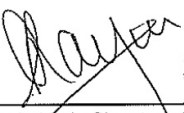
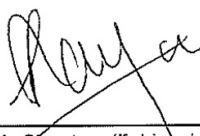
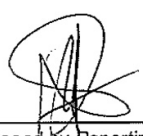


Describe Circumstances of the Accident

I, Lay Bee Leng, IC No. S7305042A, was informed on 25 DEC 2017 morning by the driver that his car collided with my car on 24 DEC 2017 around 10 plus pm. My left side 2 doors were scratched.

Declaration

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

 Policyholder's Signature / Date & Time 30/12/17	 Driver's Signature (If driver is not the policyholder) / Date & Time 30/12/17 12.27 pm	 Witnessed by Reporting Centre Personnel
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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



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S50020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : mpml18000672 Vehicle Registration No: SJW 8128 Z
Name (as shown in NRIC) : 7AY BEE LENG NRIC/FIN/Passport No : S7305042 A
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 235 PAVILLON Singapore ()
Contact (Tel) : Mobile No. : 97902982
Email Address :
Date of Accident : Time of Accident :
Place of Accident : OUTSIDE 235 PAVILLON CIRCLE
Insurance Company: Ciberty W/S

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Actual involve timing is 25/12/2017 @ 1 AM

Actual accident report statement the actual timing should be 25/12/2017 @ 1 AM.

Policyholder / Driver's Signature

Date: 4/1/18 1.45pm

GARY POH CHAY HOON
Performance Motor Limited
303 Alexandra Road

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: