

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 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	28/02/2018 11:31
Date Of Accident	27/02/2018 07:00
Exact Location Of Accident	WHITLEY RD AFTER TURNING FROM PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFF9328T
Insured/Policyholder	
Name Of Registered Owner	LEE SENG KIA
NRIC No	S7638814H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97825676
Alternative Phone No	OFFICE-97825676

Vehicle Particulars

Manufacturer	VOLVO
Model	S80 T4 1.6 AT ABS D/AB 2WD 4DR TURBO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V11998/VPE/R01
Cover Note Number	

Driver

Name of Driver	LEE SENG KIA (LI SHENGJIA)
NRIC No	S7638814H
Date Of Birth	25/11/1976
Occupation	INDOOR
Date Of Driving Pass	08/07/1996
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97825676
Fax Number	
Contact Number	OFFICE-97825676
Email Address	NOEMAIL

Address	64 LENGKONG TIGA #02-09
Postcode	417456
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE

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 STATEMENT.

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	YN7863K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Accident Sketch Plan

SKETCH PLAN

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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.



Policyholder's Signature
Date & Time:

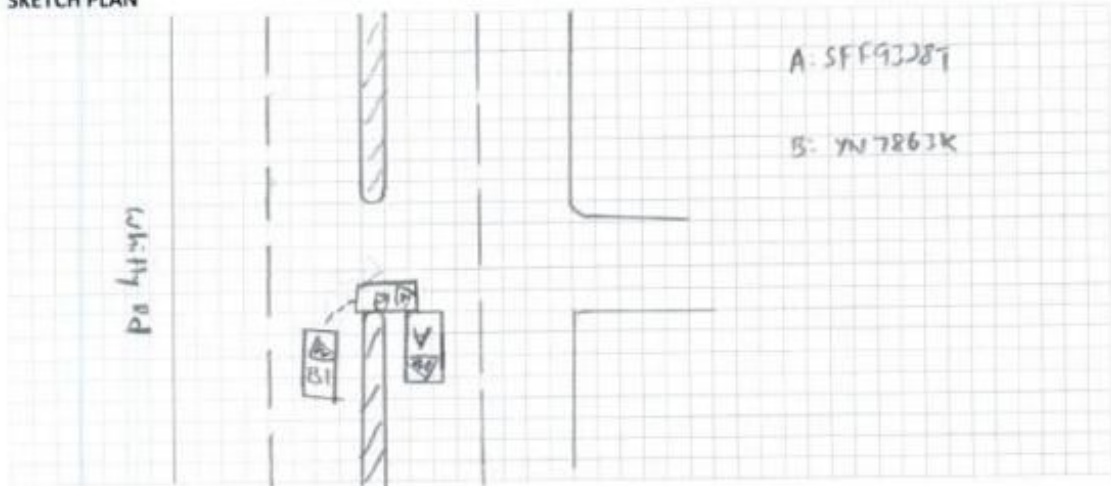
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG WHITLEY RD.
SUDDENLY VEHICLE B FROM OPP DIRECTION OF WHITLEY RD TRYING MAKING
A RIGHT TURN ONTO OPEN SPACE CARPARK. IN A RESULT, VEHICLE B HIT
ONTO MY VEHICLE REAR RIGHT PORTION.

30 May 2016

Our ref 3005160203N043052676

LEE SENG KIA
64 LENGKONG TIGA
#02-09
SINGAPORE 417456

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SKZ9428Z WITH VEHICLE REGISTRATION NO. SFF9328T

We are pleased to inform you that your application of 30 May 2016 for replacement of registration number has been approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No. : SFF9328T (Previously SKZ9428Z)
Vehicle Make : VOLVO
Vehicle Model : S80 T4 1.6 AT ABS D/AB 2WD 4DR
TURBO
Chassis No. : YV1AS485BB1149617
Engine No./ Motor No. : B4164T4104575 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : YV1AS485BB1149617, Engine No./ Motor No. : B4164T4104575 / -) to display the new/ replacement registration number, SFF9328T by 02 Jun 2016. It is an offence to keep or use the vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not exceeding \$1,000 or imprisonment to a term not exceeding 3 months, and for the second or subsequent offence a fine not exceeding \$2,000 or imprisonment to a term not exceeding 6 months.

4. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance. You may either quote the Business Transaction Reference No. 20160530164856368518 or the vehicle number when making your enquiry.

5. Thank you.

Yours sincerely

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

