

## 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             | 05/03/2018 09:04               |
| Date Of Accident           | 03/03/2018 16:50               |
| Exact Location Of Accident | COSTA RHU CONDOMINIUM CAR PARK |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                       |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLN2373U              |
| <b>Insured/Policyholder</b> |                       |
| Name Of Registered Owner    | YEO HIAN HENG GILLIAN |
| NRIC No                     | S1317180G             |
| Email Address               | GILLHHYEO@GMAIL.COM   |
| Mobile Phone No             | (LOCAL) +65-94887692  |
| Alternative Phone No        | OTHERS-94887692       |

### Vehicle Particulars

|  |              |
|--|--------------|
| Manufacturer   | BMW          |
| Model  | 320I LED NAV |
| 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                                       | 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         | C0070766                  |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | YEO HIAN HENG GILLIAN |
| NRIC No              | S1317180G             |
| Date Of Birth        | 03/09/1958            |
| Occupation           | INDOOR                |
| Date Of Driving Pass | 15/11/1977            |
| Driving Experience   | 40 YEARS AND 3 MONTHS |
| Gender               | FEMALE                |
| Mobile Number        | (LOCAL) +65-94887692  |
| Fax Number           |                       |
| Contact Number       | OTHERS-94887692       |
| E-Mail Address       | GILLHHYEO@GMAIL.COM   |

Address 25 CHUAN DRIVE  
 Postcode 554805  
 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 - OPENING DOOR OF 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) 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**

The accident happened in a car park at Costa Rhy Condo. I was behind an NTUC cab SHD 4709Y. The cab suddenly stopped in the middle of the car park road. After a short while, I tried to slowly move to the right of the cab and go past the cab. Unfortunately, the passenger suddenly opened the door and as a result, my whole left hand side mirror was ripped off. The front door and back door as well as the back was also dented by the opening of the cab door. The front of my car (bonnet) was not affected as I was already moving forward to the right of the cab when the cab door suddenly opened. So the damage started from the left hand mirror onwards.

**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 SHD4709Y  
 Vehicle Make/Model/Colour BLUE COMFORT TAXI  
 Details Of Properties  
 Vehicle Category TAXI  
 Name of Driver MOHAMED AMIN BIN DAUD KHAN  
 NRIC/Passport Number S1253030G  
 Contact Number 82251410  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

**SKETCH PLAN**


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7. By the lodgment 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' 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.

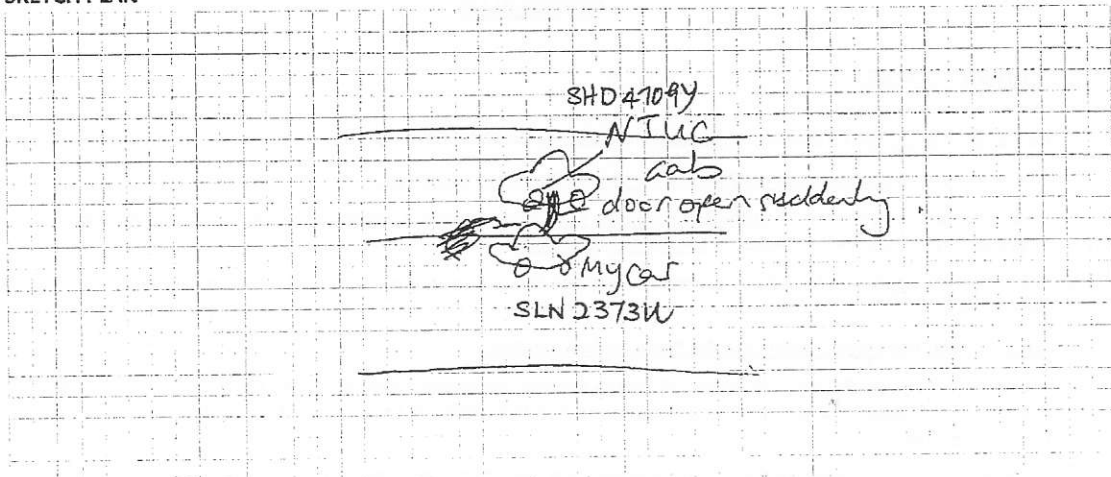
  
Policyholder's Signature  
Date & Time: - 5 MAR 2018

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

  
Reporting Centre Personnel's Signature  
Name: Deborah Lai  
NRIC/FIN No.: S7332811Z

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The accident happened  
 In a car park at Costa Rica Condo. I was behind an  
 NTUC cab. SHD 4709Y. The cab ~~suddenly~~ suddenly  
 stopped in the middle of the car park road. After  
 a short while, I tried to slowly move to the right of the  
 cab and go past the cab. Unfortunately the  
 passenger suddenly opened the door and as  
 a result my whole left hand side mirror  
 was ripped off. The front door & back  
 door as well as the back was also  
 dented by the cab door.  
 The front of my car (bonnet) was Not  
 affected as I was already moving forward  
 to the right of the cab when the cab  
 door suddenly opened. So the damage  
 started from the left hand mirror onwards

DECLARATION

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

Policyholder's Signature  
 Date & Time: -5 MAR 2018

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

Reporting Centre Personnel's Signature  
 Name: Deborah Lai  
 NRIC/FIN No.: S7332811Z