MNA118048092 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 11/04/2018 11:15 SUBMITTED BY: Roslinda Binte Abdul Wahab

## 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 witholding 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	11/04/2018 11:15
Date Of Accident	11/04/2018 07:30
Exact Location Of Accident	AMK AVE 6 TWDS LENTOR AVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN2364X
Insured/Policyholder	
Name Of Registered Owner	TEO YEE LIN(ZHANG YILING)
NRIC No	S7904961A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94363526
Alternative Phone No	OTHERS-94363526
Vehicle Particulars	
Manufacturer	BMW
Model	216D
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	SD17V05894/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	LEE PECK PING(LI BAIBIN)

S7807931B NRIC No Date Of Birth 22/03/1978 **INDOOR** Occupation **Date Of Driving Pass** 11/03/2008

**Driving Experience** 10 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-94776249 Fax Number (LOCAL) +65-87992075

**Contact Number** 

**EMail Address** PECKPING@GMAIL.COM

16 SIN MING WALK Address

#02-06 575568

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## **General Information of the Accident**

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

# **Circumstances of Accident**

PLS REFER TO THE ATTACHED 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 SJK6861R

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver LAWRENCE LEE

NRIC/Passport Number

96232782 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

GBE485J

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SKB6582G

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SGF1622J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name LEE PECK PING(LI BAIBIN)

Approximate Age

Injuries Sustain **SLIGHT** SLN2364X Injured person in which vehicle? Were seat belts worn? YES

ambulance?

Was this injured conveyed to hospital by NO

Address Postcode

### **Accident Sketch Plan**

# SKETCH PLAN

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- 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)
  - 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:
  - 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

NRIC/FIN No.:

Name

ESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along ANG MU KED AVE 6 Towards LENTER AVENUE  I stationary supper at the junction of AND MU KED AVE 6/470 CHU N  RD Towards larger AUGNUE. Sundenly, I felt an impact on my my	ESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along ANG Mu KSD AVE 6 Tomords LENTER AVENUE  I statument stepped at the junction of ANG Mu KGD AVE 6/470 CHU K  RD Tomords berlov Avenue Suddenly I felt an impact on my my  rem portion-I aligned from my vehicle our relized VEH (B) colu
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CLARATION	CLARATION

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Report to Centre Personnel's Signature

Name: NRIC/FIN No.:













**Accident Photo** 











