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 <u>truthful and accurate</u> 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.

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	ACCIDENT STATEMENT
Date Of Report	13/04/2018 10:46
Date Of Accident	12/04/2018 09:40
Exact Location Of Accident	SLIP ROAD FROM SIMEI AVE TOWARDS PIE (JURONG)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKD5900T
Insured/Policyholder	
Name Of Registered Owner	VINCENT LEE BOON CHAI @ VINCENT LEE AH CHAI
NRIC No	S0016392I
Email Address	VINCENT@LUXURYCOACH.COM.SG
Mobile Phone No	(LOCAL) +65-96382466
Alternative Phone No	OFFICE-67324498
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SL350-3.5 (A)
Exact Purpose for which vehicle was being used at time of accident	t en
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	SI18V00706/VPC/R06
Cover Note Number	
Dulivan	

Driver

Name of Driver TAN TEK WAH THERESA

 NRIC No
 \$1230033F

 Date Of Birth
 22/01/1957

 Occupation
 INDOOR

 Date Of Driving Pass
 22/06/1977

Driving Experience 40 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97339136

Fax Number

Contact Number OFFICE-67371811

EMail Address EMMY@BUDGET-TOURS.COM.SG

Address 29 SEA BREEZE ROAD

Postcode 487460

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

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING VEHICLE A WHICH BELONGS TO MY HUSBAND, VINCENT LEE BOON CHAI @ VINCENT LEE AH CHAI. I WAS DRIVING ALONG THE SLIP ROAD FROM SIMEI AVENUE TOWARDS PIE (JURONG). WHILE I WAS TRAVELLING WITHIN MY LANE ENTERING INTO THE EXPREEWAY, VEHICLE B WHO WAS ON MY RIGHT SUDDENLY SWERVED IN AND GRAZED AGAINST MY VEHICLE. NO INJURIES WERE INVOLVED. I HAD A VIDEO FOOTAGE TO SUPPORT MY STATEMENT AND HAD ENCLOSED TOGETHER WITH THIS REPORT. THAT'S ALL.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU4243Z

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS / RED

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver DORIS

NRIC/Passport Number

Contact Number 90104225

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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 .
 - 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:

1 3 APR 2018

Oriver's Signature (If driver is not the policyholder)

Date & Time:

1 3 APR 2019

Reporting Centre Personnel's Signature
Name: ANG WELCHANG

NRIC/FIN No.:

ANG WEI GUANG 58410708F





































