

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	16/04/2018 12:31
Date Of Accident	14/04/2018 14:00
Exact Location Of Accident	JURONG TOWN HALL RD&TURN RIGHT TO JURONG EAST ST11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA3447C
Insured/Policyholder	
Name Of Registered Owner	WANG WEIFENG
NRIC No	S7366170F
Email Address	VICTORWANG0708@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98779456
Alternative Phone No	OFFICE-98779456

Vehicle Particulars

Manufacturer	BMW
Model	318I SEDAN LED
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	SD18V01191/VPC2/R00
Cover Note Number	

Driver

Name of Driver	WANG WEIFENG
NRIC No	S7366170F
Date Of Birth	08/07/1973
Occupation	INDOOR
Date Of Driving Pass	15/07/2011
Driving Experience	6 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779456
Fax Number	
Contact Number	OFFICE-98779456
E Mail Address	VICTORWANG0708@GMAIL.COM

Address	APT BLK 266 TOH GUAN ROAD #02-27
Postcode	600266
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 - CHANGE/CROSS LANE
Weather Conditions	RAINING
Road Surface	WET

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

REFER TO ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XB9007C
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	LEFT FRONT SIDE WAS DEFORMED, SCRACHED
Vehicle Category	GOODS VEHICLE
Name of Driver	MOHAMED HAZRIN BIN MOHAMED
NRIC/Passport Number	S7911318B
Contact Number	94588722 (THRU WHATSAPP)
Address	
Postcode	
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	LEFT
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

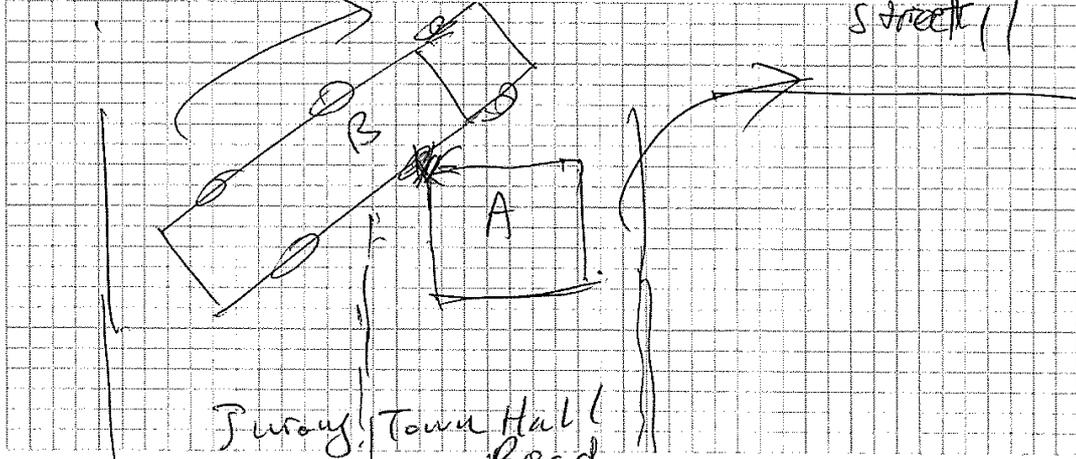
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 16/4/2018

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

Reporting Centre: Sime Darby Performance Centre
Name: Performance Motors Limited
NRIC/FIN No.: 303 Alexandra Road
Singapore 159941

SKETCH PLAN

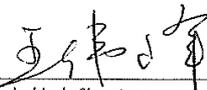
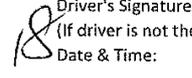


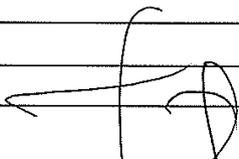
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the junction of Jurong Town Hall Road turning right into Jurong East Street 11, One big goods vehicle turned right fast & heavy even I stopped at my lane, it still hit my car at left front side. caused dent, deformation & scratched. Details pls refer to the video.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 16/4/2018

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


 Reporting Centre
 Name: Inthiran A/L. Thulasamy Performance Motors Limited
 303 Alexandra Road
 Sime Darby Performance Centre
 Singapore 159941
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Addendum Sheet Pg. 1



Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / 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 : MPML180S0040 Vehicle Registration No: SLA344TC
Name(as shown in NRIC) : Nang Weifeng NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 14-04-2018 Time of Accident : 1400hrs
Place of Accident : Jurong Town Hall
Insurance Company: Liberty

(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:

- Third party insurance is India Insurance
- There was no police report but
policeman comes to scene of accident.

[Signature]
Policyholder / Driver's Signature
Date: _____

[Signature]
Reporting Centre: Personnel's Signature
Name: _____
NRIC/FIN No: _____
Date: _____