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	23/04/2018 15:05
Date Of Accident	23/04/2018 08:35
Exact Location Of Accident	MARINE PARADE RD (CITY) AFT TELOK KURAU JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG2567P

Insured/Policyholder

Name Of Registered Owner	QUEK HUI NEE
NRIC No	S7415242B
Email Address	KAY_BOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97805536
Alternative Phone No	OFFICE-97805536

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.5 TURBO VTI-S SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	SI17V12936/VPC/R01
Cover Note Number	

Driver

Name of Driver	KEVIN ANG KAY BOON
NRIC No	S7213127D
Date Of Birth	23/04/1972
Occupation	INDOOR
Date Of Driving Pass	15/01/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97805536
Fax Number	
Contact Number	OFFICE-97805536
EMail Address	KAY_BOON@YAHOO.COM.SG

Address	-
Postcode	
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	
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

AS ATTACHED ANNEX D&E

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3179H
Vehicle Make/Model/Colour	BLUE
Details Of Properties	LEFT FRONT
Vehicle Category	TAXI
Name of Driver	MR. WAN
NRIC/Passport Number	
Contact Number	98231728
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No $SLG\ 2567\ P$ <u>SKETCH PLAN</u>   Annex D

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>

3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>

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. <u>Any false reporting may be referred to the Police for investigation.</u>

6. 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.

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.

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.

       ✗   23/04/2018   Anikttc.

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A : $SLG\ 2567P$

B : $SHD3179H$

Vehicle No SLG 2567 P

Annex F.

Describe Circumstances of the Accident

I was ~~the~~ driver of SLG 2567 P on the day of the accident. There were no passengers in the car.

As my car was driving along Marine Parade Road towards city, after turning out from Telok Kurau Road. My car was keeping at the extreme left lane, while passing by a taxi which travelling at the middle lane, it suddenly swerved to left and encroached to my lane. as a result, it left front portion had collided to my car right rear portion, caused the damage.

No injury involved in the accident.

Declaration

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

23/04/2018.

| Policyholder's Signature / Date & Time | Driver's Signature (If driver is not the policyholder) / Date & Time 1410 | Witnessed by Reporting Centre Personnel |