

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	13/05/2018 12:52
Date Of Accident	12/05/2018 22:15
Exact Location Of Accident	PENANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM718C
Insured/Policyholder	
Name Of Registered Owner	POH MENG ENGINEERING PTE LTD
Co Reg No	199702127W
Email Address	WENKAI@POHMENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98892778

Vehicle Particulars

Manufacturer	MASERATI
Model	GRANTURISMO 4.2 AUTO
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SI18V01307
Cover Note Number	N.A.

Driver

Name of Driver	TAY WEN KAI
NRIC No	S8940605F
Date Of Birth	12/11/1989
Occupation	INDOOR
Date Of Driving Pass	29/07/2009
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98892778
Fax Number	
Contact Number	
E Mail Address	WENKAI@POHMENG.COM.SG

Address NIL
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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 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? NO
 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) 2
 Passenger 1 NAME: : KATHLEEN
 GENDER: : FEMALE

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

I was on the forth lane of six lane road along the said location, I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: PENDING FROM DRIVER
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA748B
 Vehicle Make/Model/Colour HYUNDAI/ I40/ YELLOW
 Details Of Properties NA
 Vehicle Category TAXI
 Name of Driver UNKNOWN DRIVER
 NRIC/Passport Number .
 Contact Number NA
 Address
 Postcode
 Insurance Company Name

Sketch Plan

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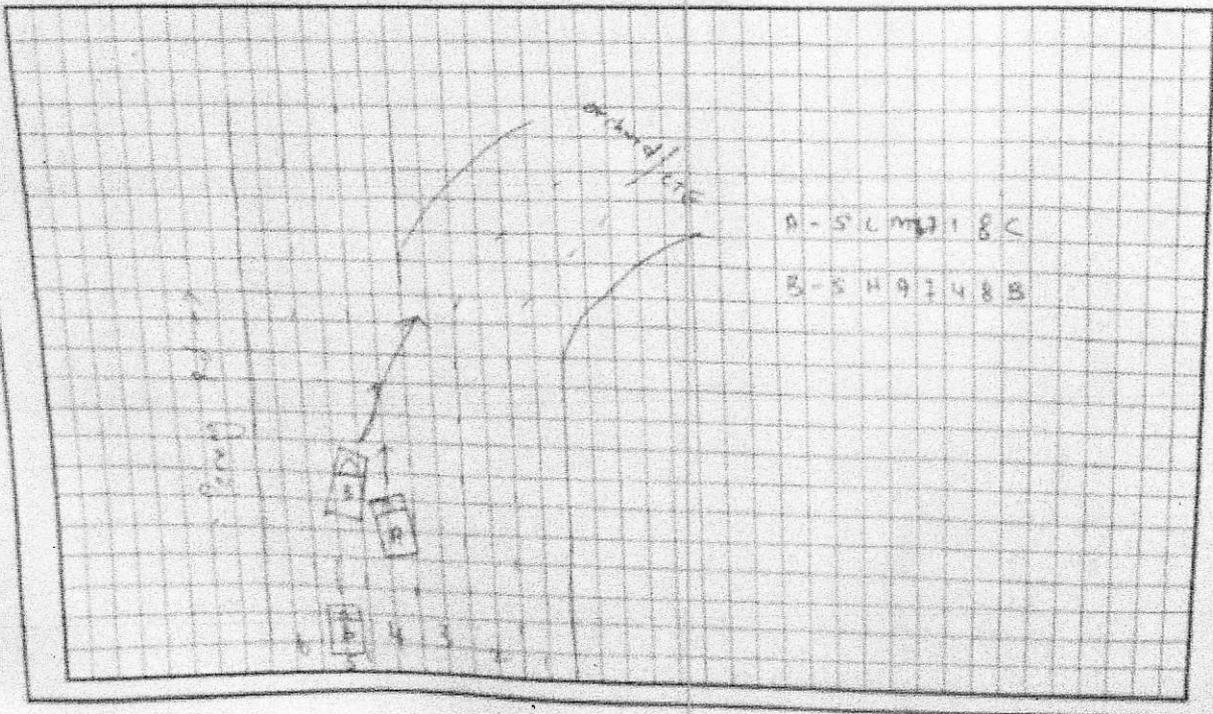
Consent under the Personal Data Protection Act (PDPA)

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 purposes 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 enquires 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/are 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMAD HELMY BIN
ALEHAM

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

Sketch Plan



Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was on the forth lane of six lane road along the said location. I was making a lane change to the left. I signal, checked my mirror to ensure it was safe. I gradually moving in slowly. As I was in the lane vehicle b driving on the six lane swerved into my lane. In the event the right driver door of vehicle b came into contact onto my front left portion.

Taxi Voucher No.:

Are you claiming your own insurance policy for the repair of your vehicle?

No. Claim 3rd party

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMAD HELMY BIN ALEHAM

MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

Date/Time