

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	18/06/2018 12:10
Date Of Accident	14/06/2018 12:15
Exact Location Of Accident	10 DUNLOP STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8286C
Insured/Policyholder	
Name Of Registered Owner	LE MOTOR CAR RENTAL PTE LTD
Co Reg No	201401553D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64405131

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA-1.5 X (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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V03271/VPZ/R00
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ABIDIN BIN ABDULLAH
NRIC No	S8634815B
Date Of Birth	24/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2008
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91808670
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 432A SENGKANG WEST WAY #03-501
Postcode	791432
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	0

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 ATTACHED SKETCH PLAN

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	GBE6392D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	96141708
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

DECLARATION


1. I, the undersigned, in respect of the above accident, hereby declare that the information provided in this sketch plan is true and correct to the best of my knowledge and belief.
2. I, the undersigned, hereby declare that the information provided in this sketch plan is true and correct to the best of my knowledge and belief.
3. I, the undersigned, hereby declare that the information provided in this sketch plan is true and correct to the best of my knowledge and belief.
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9. I, the undersigned, hereby declare that the information provided in this sketch plan is true and correct to the best of my knowledge and belief.
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Consent under the Personal Data Protection Act (PDPA)

I, the undersigned, acknowledge, agree and consent that:

- (i) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may use, process, handle, store, transfer, 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/or transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) 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:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
- (ii) all insurers who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms may be permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (iii) my Personal Information may/tan 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;
- (iv) 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;
- (v) the information so collected under (i) above may be shared / disclosed:
 - (a) 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
 - (b) for complying with requirements under any regulations, laws or court orders.

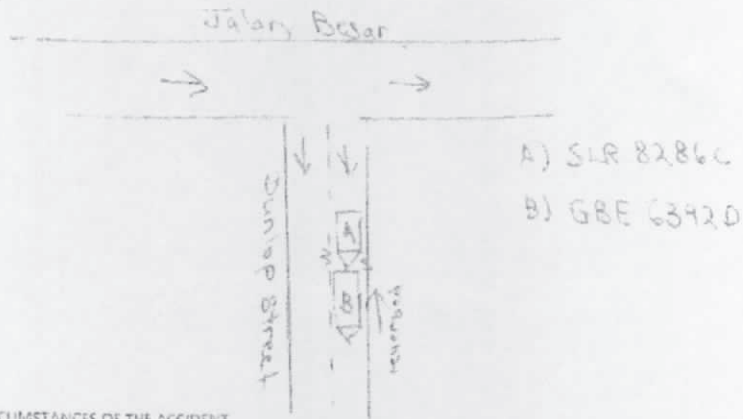

 Driver's Signature
 (if driver is not the claimant)
 Date & Time


 Driver's Signature
 (if driver is not the claimant)
 Date & Time


 Reporting Officer's Signature
 Name
 Position

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was stationary along Dunlop St. I was behind my car assisting my customer to load the luggage when my car suddenly jerk.
Veh (B) had reversed & collided into the front of my car.
I had video footage of the incident.



Reporting Centre Personnel's Signature

Date & Time

I hereby declare the foregoing particulars are true in every respect

Driver's Signature

(If driver is not the policyholder)

Date & Time

Sookle

Reporting Centre Personnel's Signature

Name:

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