

## 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	09/07/2018 20:20
Date Of Accident	08/07/2018 20:50
Exact Location Of Accident	CAUSEWAY POINT CAR PARK EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL8304R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SOO LIANG
NRIC No	S1556427Z
Email Address	BENJAMINTANGUANRUI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96618456
Alternative Phone No	OFFICE-96618456

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident	P/USED
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Are you claiming under your own insurance policy for repair to your vehicle?	NO
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If No, Please state action to be taken	THIRD PARTY
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Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V03420/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	TAN GUAN RUI, BENJAMIN
NRIC No	S1556427Z
Date Of Birth	24/05/1995
Occupation	INDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96712736
Fax Number	
Contact Number	OFFICE-96712736
Email Address	BENJAMINTANGUANRUI@GMAIL.COM

Address	BLK 641B PUNGGOL DRIVE #15-313
Postcode	S822641
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	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
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

NOBODY INJURY DURING THE ACCIDENT

#### 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	SGZ6652J
Vehicle Make/Model/Colour	TOYOTA/WISH/WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIVANESAN S/O SUBRAMANIAM
NRIC/Passport Number	S7736681D
Contact Number	98159001
Address	
Postcode	
Insurance Company Name	ERGO INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No 888 5LL8304R**SKETCH PLAN**

Annex D

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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;

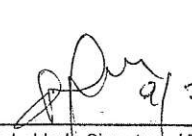
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

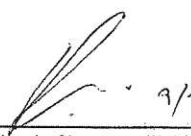
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

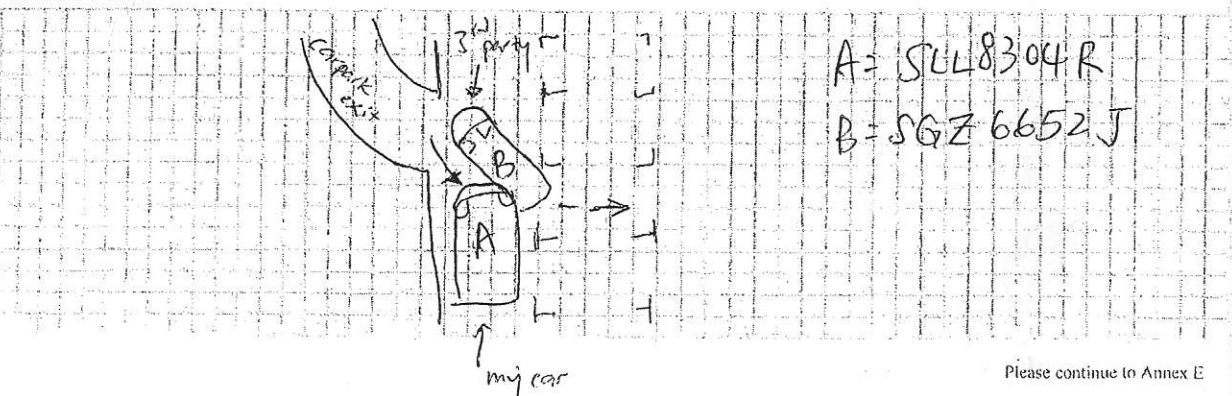
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time  
 9/7/2018 0948

Driver's Signature (If driver is not the policyholder) / Date & Time  
 9/7/2018 0948

Witnessed by Reporting Centre Personnel  
 18:18pm ARY  
 09 JUL 2018 ARY CHUA

**Sketch Plan**

Please continue to Annex E

# Sketch Plan Pg. 2

Vehicle No HS CL8804R

Annex E

## Describe Circumstances of the Accident

I was exiting causeway point carpark when ~~SGZ~~ SGZ 6652J was turning car in  
 fashion of exit as well, with no hazard lights and with incredible speed,  
 SGZ 6652J reversed and his left front door scratched my car and caused damage.

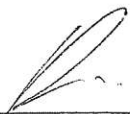
## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
 Time

9/7/2018  
 1002

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



09/07/2018 10:02

Witnessed by Reporting Centre  
 Personnel

18:18pm  
 09 JUL 2018  
 ARYCHUA