SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	28/08/2018 16:32
Date Of Accident	20/08/2018 16:20
Exact Location Of Accident	ALONG CAIRNHILL RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKK6X
Insured/Policyholder	
Name Of Registered Owner	WOON TAT HONG
NRIC No	S7513064C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85118111
Alternative Phone No	OTHERS-85118111
Vehicle Particulars	
Manufacturer	PORSCHE
Model	CAYENNE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	SI18V03113/VPS/R00
Cover Note Number	
Driver	
Name of Driver	CHUA YEN SAN
NRIC No	S8301739B
Date Of Birth	28/01/1983
Occupation	INDOOR
Date Of Driving Pass	03/11/2003
Driving Experience	14 YEARS AND 9 MONTHS

FEMALE

(LOCAL) +65-86115111

SANSAN_03@HOTMAIL.COM

30 AH HOOD ROAD Address

#09-02

Postcode 329976

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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?

Passenger 1

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME:

: VERNICE WOON

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name MOULMEIN NEIGHBOURHOOD POLICE POST

ROAD: BLK 101 JALAN RAJAH, POSTCODE: 320101, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 1800-2508999 - FAX NO: 63554312

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180821/2191

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH WORKSHOP

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKF313K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

HAPORTARY NOTICE

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- By the lodgment 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:

- 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)
 - (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")
- 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
- 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.
- 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:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

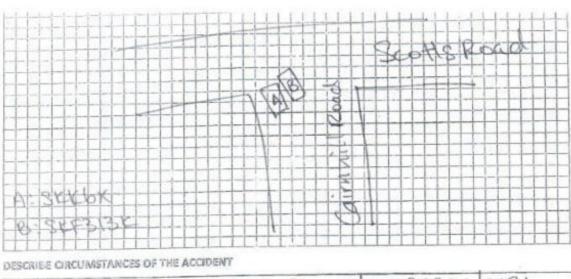
Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

GIARRAC SketchPheiForm_93

Accident Sketch Plan



20180821 No. 2191

DECLARATION

I/We declare the foregoing particulars are true

Policyholder's Signature Date & Time:

GIARNIC SlimichPlainForm_VS

Driver's Signature

(If driver is not the policyholder)
Date & Time: 27 8 18 4 20 pv

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Individual Statement

Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101

Report No. T/20180821/2191

2 of 3

CONTINUATION OF REPORT

Tel No: 1800-25089999

Driver		and the second		parata.	97 - OK.	
Name	CHUA YEN SAN			ID No).	S8301739B
Related Vehicle	SKK6X (Car)			Conta	ect No.	86115111
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days granted Medical Leave NIL		NIL	The second division in	Degree of Injury NIL		

Brief Details.

On the above mentioned date, time and venue, I was driving along Cairnhill road, While driving towards city, subsequently a vehicle cut to my lane from the right while both of our vehicles were turning. I immediately horned him and he went back to his lane. When I arrived at ION Orchard, I discovered that there were scratches on the front right region of my vehicle. I wish to state that both of us did not stopped our vehicle and did not exchange particulars. I have a video recording of the incident.

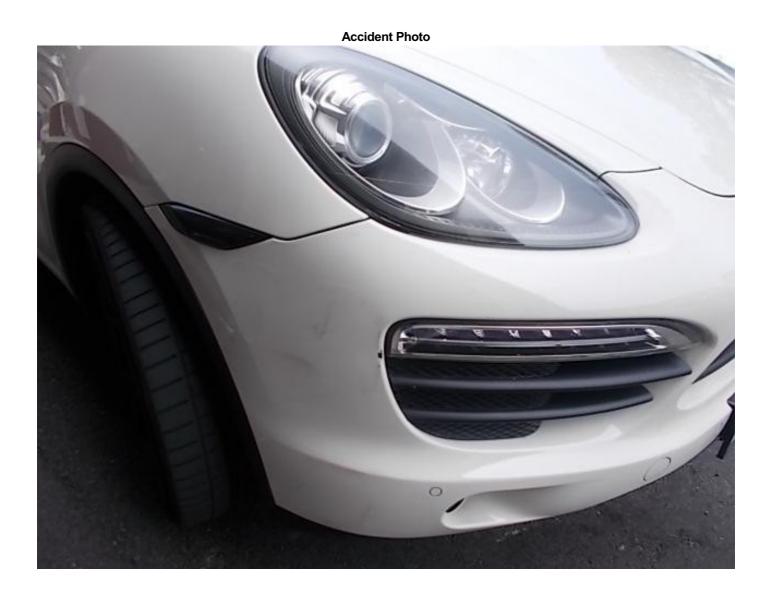


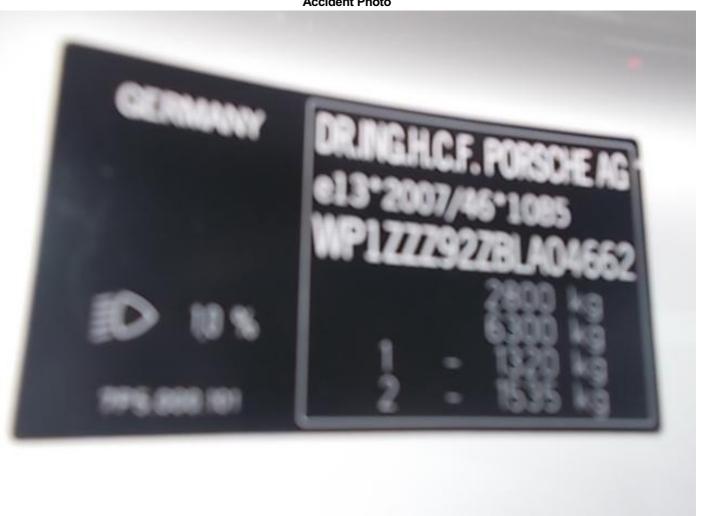
















11201100/06/27/201911

1013

Report No. T/20180821/2191

Police Station Of Origin: Moulmein NPP

101 Jalan Rajah #01-01 SINGAPORE

321101

Tel No: 1800-25089999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No. Station Diary No.: 21/08/2018 21:23 39 Informant's Particulars Name of Informent: Address: 30 AH HOOD ROAD #09-02 SINGAPORE 328976 CHUA YEN SAN

ID Type / ID No .: Contact No.: NRIC NO / S8301739B Home/Office: Mobile: 86115111 Nationality: Email: SINGAPORE CITIZEN Sex Age: Date of Birth: Type of Informant: Female: 35. 28/01/1983 Driver Race Institution / School Name: Language: Chinese English

Occupation: Driving Licence Information:

HOME MAKER Class: 3 Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/08/2018 16:20	Type of Location Bend
Location: Along Road 1 CAIRNHILL F Along Caimh Weidhan	IOAD.	Road Surface:		Road Speed Limit:
Clear		Dry		
Traffic Flow: Traffic Control:				Traffic Volume:
Traffic Flow:				Moderate

Details of Vehicle Involved						
Vehicle No.	Турв	Make	Model	Color	Condition	No of Passenger
SKF313K	Car				No Damage	1
SKK8X	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report

WW

Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101

2 of 3

Report No. T/20180821/2191

Frank Johnson Stevens

Tel No: 1800-25089999

CONTINUATION OF REPORT

Driver			7.00		
Name	CHUA YEN SAN).	S8301739B
Related Vehicle	SKK6X (Car)			Contact No. 86115111	
Hospital/Clinic				of g ce & y Date	Class: 3 Date of Expiry: NIL
Date Treatment		Date Disc	harge	NIL	
No. of Days grah!	Degree of				

Brief Details.

On the above mentioned date, time and venue, I was driving along Carmfill road.

While driving towards city, subsequently a vehicle cut to my lane from the right while both of our vehicles were turning. I immediately nomed him and he went back to his lane. When I arrived at ION Orchard, I discovered that there were scratches on the front right region of my vehicle.

I wish to state that both of us did not stopped our vehicle and did not exchange particulars. I have a video recording of the incident.

Police Report



Police Station Of Origin: Moulmein NPP 101 Jalan Rajah #01-01 SINGAPORE 321101

Tel No: 1800-25089999

THE REPORT OF THE

3653

Report No. T/20180821/2:191

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan-

BAPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the currilinate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording E / Staff Sgt JIM SOON JIANWEN	171	Signature Of Informant:
Signature Of Interpreter: Not applicable	0	Date/Time: 21/08/2018 21:23
Officer in Charge Of Case: TP / GIA /		Classification Of Case:
Steff Sgt WONG SIEU LUI Contact No.: 85476151	Sincarque de la contraction de	SW 080
Authentication Stamp #P166		SEGRATURE