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 <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.

afores	said.	
		ACCIDENT STATEMENT
Date	e Of Report	25/09/2018 15:53
Date	e Of Accident	25/09/2018 10:15
Exa	ct Location Of Accident	ALONG EU TONG SEN STREET
Cou	ntry/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
Veh	icle Registration Number	PA9104E
Insu	ured/Policyholder	
Nam	ne Of Registered Owner	YONG-EN CARE CENTRE
Co F	Reg No	-
Ema	ail Address	IVANCHEONGMK@GMAIL.COM
Mob	ile Phone No	(LOCAL) +65-96618763
Alte	rnative Phone No	OFFICE-96618763
Veh	icle Particulars	
Man	ufacturer	TOYOTA
Mod	el	HIACE
	ct Purpose for which vehicle was being used at of accident	TRANSPORT CLIENTS
	you claiming under your own insurance policy epair to your vehicle?	NO
If No	o, Please state action to be taken	REPORTING ONLY
Veh	icle Category	COMMERCIAL VEHICLE
Insu	ırance Company	
Nam	ne of Insurance Company	LIBERTY INSURANCE PTE LTD
Туре	e Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Flee	t Policy	NO
Poli	cy Number	SI18V00981/VBS/R03

Driver

Cover Note Number

Name of Driver CHEONG MUN KEAT IVAN

NRIC No S1519792G
Date Of Birth 02/07/1962
Occupation INDOOR
Date Of Driving Pass 23/12/1997

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96618763

Fax Number

Contact Number OTHERS-96618763

EMail Address IVANCHEONGMK@GMAIL.COM

Address BLK 462 HOUGANG AVENUE 10

#14-952

Postcode 530462

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 Registration Number of Driver's Own

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 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 4

Number of Passengers (Including Driver)

Passenger 1

NAME: : ELDERLY FOLK

GENDER: : FEMALE

Passenger 2 NAME: : ELDERLY FOLK

GENDER: : FEMALE

Passenger 3 NAME: : COLLEGUE

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

PLEASE REFER TO 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 SJS6223R
Vehicle Make/Model/Colour BMW

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver JENNY AMANDA ANG YEN SAN

NRIC/Passport Number S7704170B Contact Number 98243113 Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:

- (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:
 - 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.
- (d) 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:
 - 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

(If driver is not the policyholder)

Date & Time:

1-05 pm

NRIC/FIN No.: KOLLI W BY 105

Reporting Centre

Name

Accident Sketch Plan

ALON	in reu 7 puis seu s	18467
->		
->	180	
	TAN	A) PA 9104 E
	1. b	
\rightarrow		B) SJS 6223
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
I was dri	ving straight on Lane	2. Sucklenly, I heard a
"bang" and 1	saw a white car on	the left side of my
vehicle.		
I realised	that I couldn't stop	in the middle of the
road. So I sign	nalled the car's driver	to follow me to Yong . En
Centre where	had to alight our c	lients (patients) tirst.
The cas's	/ / // /	and the first and a second
The cars	dover followed me be	ack to Chinatown Complex
Car Park and 1	we exchanged our f	Particulars.
Car Park and w	ne exchanged our p	Particulars.
Car Park and i	ne exchanged our p	Particulars.
Car Park and 1	ne exchanged our p	Particulars.
Car Park and 1	ne exchanged our p	Particulars.
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Car Park and 1	dover tollowed me po	Particulars.
Car Park and 1	ne exchanged our p	Particulars.
Car Park and 1	dover tollowed me per ne exchanged our p	Particulars.
Car Park and 1	dover tollowed me po	Particulars.
Car Park and	anver followed me per ne exchanged our f	Particulars.
Car Park and 1	anver tollowed me per ne exchanged our f	Particulars.
Car Park and 1	anver tollowed me per ne exchanged our f	Particulars.
Car Park and 1	anver tollowed me per ne exchanged our f	Particulars.
Car Park and D	iculars are true in every respect.	Particulars.
Car Park and D	ve exchanged our p	Particulars.
Car Park and 1 DECLARATION I/We declare the foregoing part	iculars are true in every respect.	in sleg/octo
Car Park and D	iculars are true in every respect. Driver's Signature (If driver is not the policyholder)	Particulars. Name: Vol 1 Works.
Car Park and DECLARATION I/We declare the foregoing part Policyholder's Signature	iculars are true in every respect. Driver's Signature	Particulars. Jog/2008 Reporting Centre Personnel's Signature 1 a

























