### 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

atoresaid.		
	ACCIDENT STATEMENT	
Date Of Report	01/10/2018 12:25	
Date Of Accident	29/09/2018 22:40	
Exact Location Of Accident	FENGSHAN FOOD CENTRE HDB CARPARK	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLS4713H	
Insured/Policyholder		
Name Of Registered Owner	CHUA HONG XIANG JEREMY	
NRIC No	S8740829I	
Email Address	JEREMY.CHUAHX@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-94775122	
Alternative Phone No	HOME-67785043	
Vehicle Particulars		
Manufacturer	BMW	
Model	316I	
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE	
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	SD17V12781/VPC/R00	
Cover Note Number		

### **Driver**

Name of Driver CHUA HONG XIANG JEREMY

 NRIC No
 \$8740829I

 Date Of Birth
 09/12/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 16/09/2008

Driving Experience 10 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94775122

Fax Number

Contact Number HOME-67785043

EMail Address JEREMY.CHUAHX@GMAIL.COM

Address 34 KEPPEL BAY DRIVE #05-67

Postcode 098652

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

NO

NO

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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

REFER TO ATTACH.

## 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 SMC7714H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- 7. 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:
  - (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: 1/10/2018 10:559m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Sime Darby Performance Centre Singapore 158941

KEVIN LEONG WAI KIT Perfomance Motors Limited 303 Alexandra Road

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.: SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I partied my car, SIS4713H, at Penyshan Food	Centre's adjoining MDB
opencir carp-what around 9:30pm, 29 Sept	2018. I reversed purhed my
can between 2 vehicles in a designated whitehis	ot.
•	
when I returned to my our around 11 gm on 20	3 Sept 2018, 1 discovered
a place of pullitural has come off the light front It is a scratch and abvaston that could have been	of my car, of the sumper.
It is a scratch and abrasion that could have been	caused by another vehicle
enterly or learly the lot bedde who to the il	put.
My (n-con comera was on, and captured a 16	t of ilders during the
time. I called Whenty insurance on 30 Sept 2018 to	loga case, spoke to
Customer Sente Agent caked Mestly, and she as	drised me to come
directly to performance Motors on next wally ,	day which is today.
100+2018.	
DECLARATION	
/We declare the foregoing particulars are true in every respect.	
	KEVIN LEONG WAI KIT Perfomance Motors Limited
	303 Alexandra Road Sime Darby Performance Centi
colicyholder's Signature Oriver's Signature Oate & Time:   10   2018   11:0 2014 (If driver is not the policyholder)	Reporting Centre Personnel's Signgapore 159941 Name:
the direct is not the policyholder)	Annual faces of

NRIC/FIN No.:

Date & Time:









# **Accident Photo**



# **Accident Photo**

