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 liability.
- 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	10/10/2018 09:54
Date Of Accident	21/09/2018 21:45
Exact Location Of Accident	TEMASEK BOULEVARD (SUNTEC)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKL2158Y
Insured/Policyholder	
Name Of Registered Owner	VINCAR PTE LTD
Co Reg No	-
Email Address	GERALD@INOVUUS.COM
Mobile Phone No	(LOCAL) +65-92229918
Alternative Phone No	OFFICE-92229918
Vehicle Particulars	
Manufacturer	BMW
Model	X6
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V08514/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	LEE WEE KIAT GERALD

Name of Driver LEE WEE KIAT GERALD

NRIC No S6917182F
Date Of Birth 04/05/1969
Occupation INDOOR
Date Of Driving Pass 18/03/1988

Driving Experience 30 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92229918

Fax Number

Contact Number OTHERS-92229918

EMail Address GERALD@INOVUUS.COM

3 BALMORAL CRESCENT Address

#03-01

Postcode 259888

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

NO COLLISION 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?

NO

NO Was any other material or property damaged?

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

NO 1

Number of Passengers (Including Driver)

Details of Police Action

YES Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181005/7004

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Accident Sketch Plan

SKETCH PLAN

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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 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.

Policylider's Signature

9/10/208

Driver's Signature

(If driver is not the policyholder)

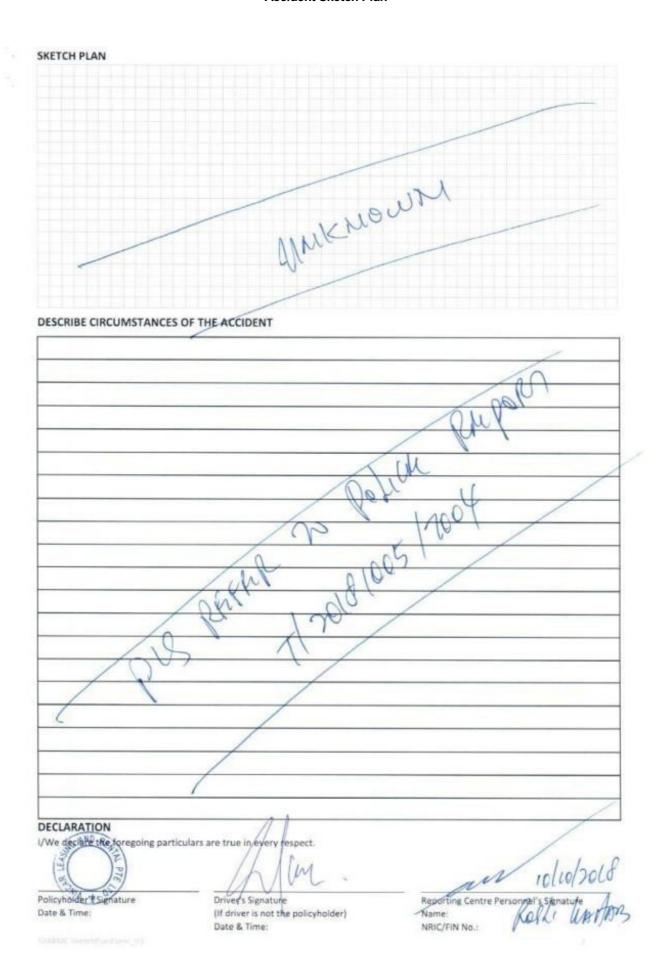
Date & Time: 9/10/201

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan



POLICE REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20181005/7004

REPORT C	F A TRAFFIC	ACCIDENT			
Date/Time Report Made: 05/10/2018 13:33			Vide Report No.:	Station Diary No.	
Informa	nt's Particu	ulars			
L. america and . mark	Informant: E KIAT GE		Address: 3 BALMORAL CRESCENT	#03-01 SINGAPORE 259888	
ID Type / ID No.: NRIC NO / S6917182F			Contact No.: Home/Office:	Mobile: 92229918	
National	ity: ORE CITIZ	EN	Email: gerald@inovuus.com		
Sex: Male	Age: 49	Date of Birth: 04/05/1969	Type of Informant: Driver		
Race: Chinese			Language; English	Institution / School Name:	
Occupation: MANAGING DIRECTOR			Driving Licence Information	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 21/09/2018 21:45	Type of Location Car Park
Location: Temasek Bou	llevard			Dood Crowd Limits
		Road Surface:		Road Speed Limit:
Weather: Clear		Dry		10 Km/h
Weather: Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light

Details of V	enicle invo	iveu		100000000000000000000000000000000000000		THE PERSON NAMED IN COLUMN
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKL2158Y	Car					0

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

POLICE REPORT



T/20181005/7004

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20181005/7004

CONTINUATION OF REPORT

Driver	MALE THE REAL PROPERTY.		No Control of the	W 25		
Name	LEK WEE KIAT GERALD		ID No		S6917182F	
Related Vehicle	SKL2158Y (Car)			Conta	ct No.	92229918
Hospital/Clinic	NIL			Class Drivin Licend Explo	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc				NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

I was at suntec city at the said date and time But I am NOT aware of any accident involving myself and other drivers.

POLICE REPORT





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181005/7004

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/10/2018 13:33
Officer In Charge Of Case: TP / TPIB / TAN JEOK LENG Contact No.: 65476144	Classification Of Case:
Authentication Stamp	





