#### 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.

	ACCIDENT STATEMENT			
Date Of Report	29/10/2018 16:03			
Date Of Accident	26/10/2018 18:10			
Exact Location Of Accident	JUNCTION OF LOR CHUAN/BRADDELL RD TWRDS UNDERPASS			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	SF10P			
Insured/Policyholder				
Name Of Registered Owner	NG KIM SWEE			
NRIC No	S1728900D			
Email Address	RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG			
Mobile Phone No	(LOCAL) +65-96361740			
Alternative Phone No	OTHERS-96361740			
Vehicle Particulars				
Manufacturer	LAMBORGHINI			
Model	AVENTADOR LP750-4 SUPERVELOCE			
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	SD18V10989/VPS/R00			
Cover Note Number				

## Driver

Name of Driver

NG KIM SWEE

NRIC No

S1728900D

Date Of Birth

18/11/1965

Occupation

INDOOR

Date Of Driving Pass

25/07/1984

Driving Experience 34 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96361740

Fax Number

Contact Number OTHERS-96361740

EMail Address RICHARDHARJANTO@EUROSPORTSAUTO.COM.SG

Address 10 PALM GROVE AVENUE

Postcode 547295

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

Was any foreign vehicle involved in this accident?

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 YES

NO

2

NO 2

Was any other material or property damaged?

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NAME: : WIFE

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# NO

NO

#### **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 SKT3947M
Vehicle Make/Model/Colour TOYOTA

**Details Of Properties** 

 Vehicle Category
 PRIVATE CAR

 Name of Driver
 SIM YEOW HWEE

NRIC/Passport Number S6807358H

Contact Number

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.
- 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:

Reporting Centre Personnel's Signature

NRIC/FIN No.

### **Accident Sketch Plan**

SKETCH PLAN	UNDERPAS)  BRADUEU ROAD	A.) SFIOP	
		B)(sk+	3947 m)
DESCRIBE CIRCUMSTANCE	E CAMAND OF IN		
The accident The Lamburghir Lorony Church third party com and hit the had damages And the other funder. Photo after the col showed clea	happened on 26/10/18  ni owner nos driving on  punction towards the C  (SKT 3947m) cut  rear right Side. T  on the rear right bu  party had dimaged  os were taken at the  lision, and before both  rly that the other carl  Lamborophini > Lone.	Braddell Rd goust  The under pass,  into the Lambologhia  mper, tender  the Front left  accident scene  cars were move	when the worghini lane (SFIOP) and tyre Rim. bunger and immediately and. The photo

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyholder's Signature Date & Time:

Glavinia Piankorm, Va

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: 450

NRIC/FIN No.:



















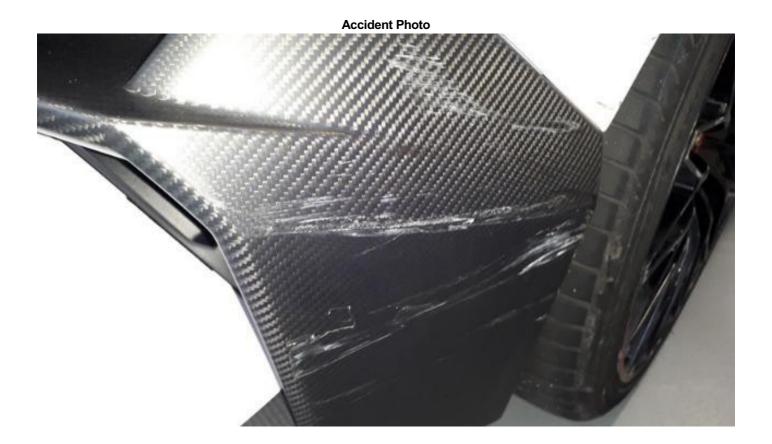


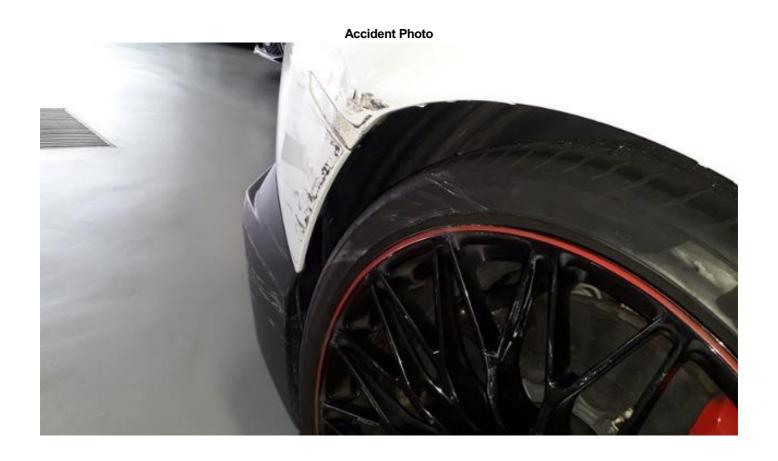




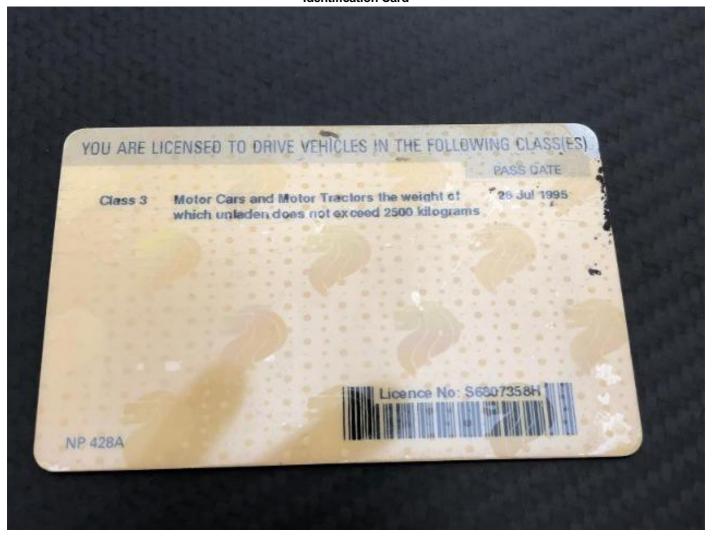








#### **Identification Card**



**Driving License** 













