

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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	19/11/2018 15:10
Date Of Accident	17/11/2018 08:45
Exact Location Of Accident	JUNCTION OF KIM SENG RD & HAVELOCK RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL8300M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ONG MEI-LYNN
NRIC No	S7632088H
Email Address	LYNNONG83@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98390088
Alternative Phone No	OTHERS-98390088

### Vehicle Particulars

Manufacturer	BMW
Model	218I CONVERTIBLE RL
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	C0084698
Cover Note Number	

### Driver

Name of Driver	ONG MEI-LYNN
NRIC No	S7632088H
Date Of Birth	18/10/1976
Occupation	INDOOR
Date Of Driving Pass	26/01/1995
Driving Experience	23 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98390088
Fax Number	
Contact Number	OTHERS-98390088
Email Address	LYNNONG83@GMAIL.COM

Address	83 SHELFORD ROAD
Postcode	288523
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING BUT GOOD VISIBILITY
Road Surface	WET

#### 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
Number of Passengers (Including Driver)	1

#### 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

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	SLE547X
Vehicle Make/Model/Colour	HONDA / VEZEL / WHITE
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MOHAMAD RUSLAN BIN OTHMAN
NRIC/Passport Number	S1287063I
Contact Number	90073134
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	1


SKETCH PLAN

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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:
  - (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")
- (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: 17 Nov 2018  
 10:48 am

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN

Traffic light  
(Red light)

HAVELOCK ROAD

KIM SENG ROAD

SKL 8300M

SLE 547X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle SKL 8300M was ~~parked~~ stationary at the junction as the traffic light was red. Vehicle SLE 547X ~~was unable~~ hit ~~my~~ the rear ~~from the back~~ of my car. From my rear new mirror while my car was stationary, I could see ~~that~~ the car ~~behind could not be~~ coming from the back ~~and hit my car~~ and presumably could not brake in time.

## DECLARATION

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

Policyholder's Signature [Signature]  
Date & Time: 17 NOV 2018 10.48am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**





**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

