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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/12/2018 19:16
Date Of Accident	31/10/2018 08:30
Exact Location Of Accident	OLD AIRPORT RD HAWKER CENTRE OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM5935J
Insured/Policyholder	
Name Of Registered Owner	PAULINE FONG
NRIC No	S6939497C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96966006
Alternative Phone No	OFFICE-96966006
Vehicle Particulars	
Manufacturer	BMW
Model	X1 SDRIVE18I AT LED NAV
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V05672/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	PAULINE FONG

Name of Driver

NRIC No

S6939497C

Date Of Birth

Occupation

Date Of Driving Pass

17/05/1994

Driving Experience 24 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96966006

Fax Number

Contact Number OFFICE-96966006

EMail Address NOEMAIL

Address 1 AMBER ROAD

#05-03

Postcode 439845

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 Vehicle

_

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO

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) 1

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 STATEMENT.

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 GBA5835X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

0

Vehicle Registration Number SLP7518B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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:
 - (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:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

ETCH PLAN			
		A: JLM5935J	
		B: 6885835X	
		C: 5197518B	
		5. 3cp 15.65	
	CD L		
	DD Na		
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
Refer to stater	nent.		
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CLARATION			
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CLARATION The declare the foregoing particle of the foregoing particle	Driver's Signature (If driver is not the policyhol	Reporting Centre Personnel	A I's Signature

Accident Sketch Plan

On 31 Oct 2018 morning, I drove into the Old Airport Road Hawker Centre open carpark. I had reversed parked my car in the lot. I thought I have parked the car but instead I was just stepping on the brakes. I was distracted momentarily for a short while and the car started to move forward slowly and bumped slightly into 2 parked vehicles in front of me. One was an old truck and another was a car. I stopped the car immediately and alighted to check on the incident. The truck driver alighted and also checked on the incident. The car driver was not around. The truck driver and I exchanged handphone numbers and he said the truck company will contact me for settlement and he drove off. I called him later but found out his hand phone number was not valid. So I waited for the company to call me to settle. I waited for many weeks so I thought the truck driver did not bother to report because of just a slight dent.

The photos I took show that the damage was very minimal since the impact was low and my car was moving at a very low speed.

I waited for the other car driver to arrive and after he checked his car, we exchanged personal particulars and he drove off too. About a day later, the car driver contacted me and informed me that he will claim against me personally for \$\$450, for the car repairs and his half day loss of income as a Grab driver. I felt it was honest, fair and reasonable and agreed and we settled privately (I can show proof). His claim proved that the damage was minimal to the car and the truck (which is a lot sturdier than the car). The photos also showed minimal insignificant damage to my own car and I did not have to repair my car. In fact, the photos showed that the truck appears to have suffered previous accidents and had pre-existing damage and it was an old truck. I was truly shocked to receive the claim after 1 month and believe it is not fair and not reasonable for the truck owner now to claim more than \$\$3000 for this small incident.

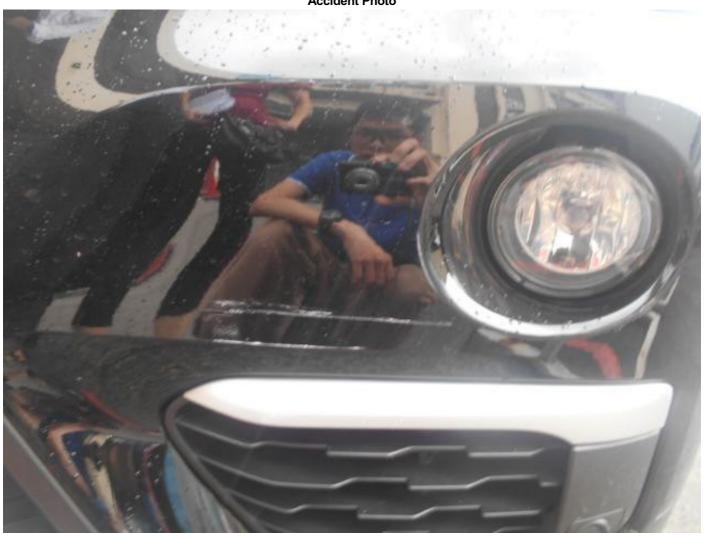
I am a careful driver and have never been claimed by insurance company before in my almost 30 years of driving. It is not fair for the company and insurance company to penalise me just for this very small incident.

















Accident Photo 100 120 140 160 180 180 80 1/min x 1000 km/h 60 200 220-(P) 240_ READY 260 OFF 0 1/100 km 10 2:31 pm 449 km +30.0°c 34099 207.5





