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.	3		
	ACCIDENT STATEMENT		
Date Of Report	31/12/2018 15:05		
Date Of Accident	30/12/2018 14:45		
Exact Location Of Accident	NEAR BLK 654 YIASHUN AVENUE 4 OPEN CARPARK		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SFD9188R		
Insured/Policyholder			
Name Of Registered Owner	NGOI KOY MIN		
NRIC No	S2579345E		
Email Address	EDESIGN@SINGNET.COM.SG		
Mobile Phone No	(LOCAL) +65-97835278		
Alternative Phone No	OTHERS-97835278		
Vehicle Particulars			
Manufacturer	BMW		
Model	5281		
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		

Fleet Policy NO

Policy Number SD18V04892/VPC/R00

Cover Note Number

Driver

Name of Driver

NGOI KOY MIN

NRIC No

S2579345E

Date Of Birth

11/02/1966

Occupation

INDOOR

Date Of Driving Pass

23/01/1995

Driving Experience 23 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97835278

Fax Number

Contact Number OTHERS-97835278

EMail Address EDESIGN@SINGNET.COM.SG

Address BLK 348D YISHUN AVENUE 11

#07-605 760348

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

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

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?

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

NO

YES

Number of Passengers (Including Driver)

1

NO

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKU5198P

Vehicle Make/Model/Colour PEUGEOT 308

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN CHIEW KIEN

NRIC/Passport Number S7334821H Contact Number 98356290

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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.
- 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.
- 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.
- The 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.
- 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 insurers) 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel'

Page 3 of 14

Accident Sketch Plan

SKETCH PLAN		
	-	Our httl
	1	BIK 654 ISHUM AVU 4
		SHUM OW Y
2 1 000 0100 0	monug B	
H1 20 4180 K	od b	
A) 80 9188 R B) SKU G198 P		_ REUMESING
ESCRIBE CIRCUMSTANCES OF		11.00 00 014 1111 1t.11
on 38/12/2018 A7	ABOUT 14:45HRR 7	WOR AT BIK 654 YISTIM
AVE 4 OPAN SPA	who saturas tes	ANTKO TO KANKKSK MY 70
H YOKKING LOT 9	WITH HALFWING JA	SLOPE THE COT SUDDENLY
Bart up ally 1	HE DIVOSITE PARKUM	t 609 JUST DRIVE CUT 4
production to the	BON7 PORTION OF MY	CAK SHU TIGON,
ECLARATION		/
We declare the foregoing particular	s are true in every respect.	/
12/2		31/12/2018
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature,
ate & Time:	(If driver is not the policyholder)	Name: Repl WA HOP

























