## 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 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              | 02/01/2019 09:31                           |
| Date Of Accident            | 01/01/2019 08:50                           |
| Exact Location Of Accident  | JALAN MASHOR - BACK OF SINGAPORE POLO CLUB |
| Country/State of Loss       | SINGAPORE                                  |
|                             | DETAILS OF OWN VEHICLE                     |
| Vehicle Registration Number | SJA189R                                    |
| Insured/Policyholder        |  |
| Name Of Registered Owner    | SOH WEI CHEE @ SOH WEI CHI                 |
| NRIC No                     | S7527882I                                  |
| Email Address               | WEICHI@KENNETHTAN.COM                      |

(LOCAL) +65-98374117

OFFICE-98374117

Alternative Phone No Vehicle Particulars

Mobile Phone No

Manufacturer AUDI

Model TTC-2.0 TFSI S-TRONIC (A)

Exact Purpose for which vehicle was being used at

time of accident

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 SD18V12430/VPA/R00

Cover Note Number

Name of Driver SOH WEI CHEE @ SOH WEI CHI

 NRIC No
 \$7527882I

 Date Of Birth
 05/09/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 22/09/1997

Date Of Driving Pass 22/09/1997
Driving Experience 21 YEARS AND 3 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98374117

Fax Number

Contact Number OFFICE-98374117

EMail Address WEICHI@KENNETHTAN.COM

Address 228 GREENWOOD TERRACE

Postcode 286927

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 COLLIDED INTO PARKED VEHICLE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

...

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)

0

**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 ATTACHED SKETCH PLAN

Attachment(s)

YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE SIZE TOO BIG

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKC1124Z

Vehicle Make/Model/Colour

VOLVO XC 90

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

CATRINA LAIRD

NRIC/Passport Number

506035834

Contact Number

96370149

Address

6 GYMKHANA AVE

Postcode

299481

Insurance Company Name

AXA INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

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- 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 aforesald.
- 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 / disdosed:
  - 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 Oute & Time: 2/1/2019

। क्राप्त अक्टिन Driver's Signature

(If obliver is most the policyholder)

Date & Time:

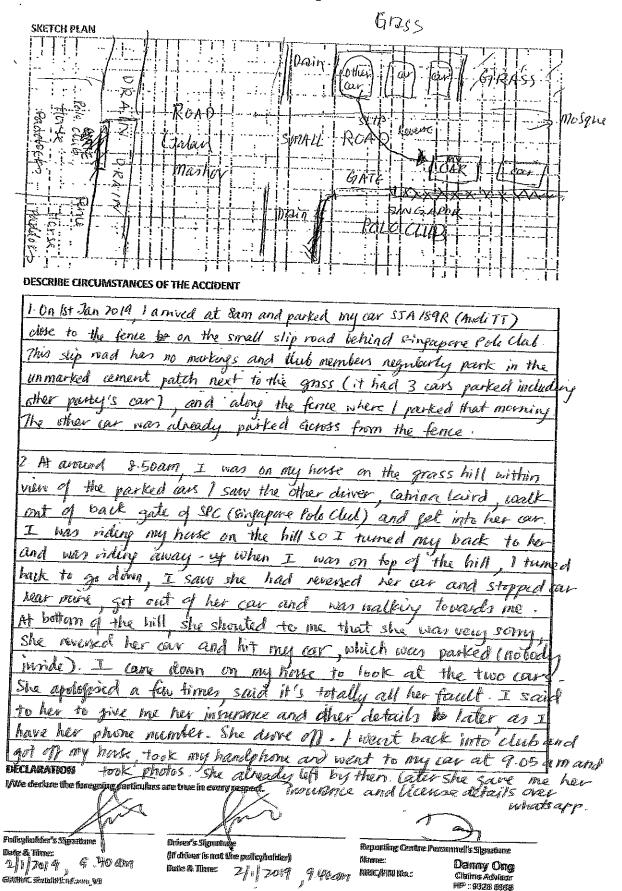
Reporting Centre Personnel's Signature

Names

NEIC/HIM No.:

Dantity Ong Claims Advisor HP: 8328 8688

OMBO Skootelassona VI



# > Back to OneMotoring

**Enquire Transfer Fee** 

| Vehicle Details  |  |  | 18 TT 17 TT 18   |
|--|--|--|--|
| Vehicle No. :  | SJA189R  | and the second states are a second and the second a | t de sera districció terminara un trata a construcció un construcció un construcció de sera de seguina que que   |
| Vehicle Type:  | P10 - Passenger Motor Car  | ***************************************  | and the state of the  |
| Vehicle Attachment 1:  | No Attachment  |  | taning a talkent to the action of the territory of the action of the territory of the action of the territory of the action of t |
| Vehicle Scheme :   | Normal   |  |  |
| Vehicle Make:  | AUDI   |  |  |
| Vehicle Model :  | TTC 2.0 TFSI S-TRONIC  |  |  |
| Chassis No. :  | TRUZZZ8J871038195  |  |  |
| Propellant:  | Petrol   |  |  |
| Engine No. :   | BWA145538  |  |  |
| Engine Capacity :  | 1984 cc  |  | and fritten Married Fight Fight and frim Frie Will 1974 to fight 14 10000 frie 2011 at 211 at 21 at 2 at 2 at 3  |
| Maximum Power Output:  | 147.0 kW (197 bhp)   |  | and the second of the second o |
| Maximum Laden Weight:  | 1680 kg  |  | enter a l'enterent de la companie d   |
| Unladen Weight :   | 1280 kg  |  | No. 20 at 15 at 15 at 15 at 16 at  |
| Year Of Manufacture:   | 2007   |  | else a 181 - melle le le maria ma mariamento que consequença angues escriber (conseque y après y yarang)   |
| Original Registration Date:  | 29 Oct 2007  | en e   | ## 25 / V AND PRINCE OF THE SECOND PRINCE OF THE SECOND PRINCE SECOND SE |
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| COE Category:  | E - Open Category  |  |  |
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| COE Expiry Date :  | 28 Oct 2027  |  |  |
| Road Tax Expiry Date:  | 28 Oct 2019  | and the second s | The state of the s |
| Inspection Due Date:   | 28 Oct 2019  |  | error account of the supplementation of the second second account account of the second secon |
| Intended Transfer Date:  | 02 Jan 2019  | NV «Мого» (1941 годи из 1 годи до того база и поводно на довет под под под под под под под под довет до до до д  | AND AND AND PARTIES AND COMPANY AND  |
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| HC Emission:   |  |  | THE RESERVE OF THE PROPERTY OF |
| NOx Emission:  |  |  | raum dem erremen mentama er dem erake andra de den erdet de de dem erdet de dem er adamete de talende de termin  |
| PM Emission:   |  | 9/19/9/ны НУынд 18/19/19/19 г. д шага Ганна ана на стора постада предоставления для верез вероде до дерез для пред д   | ndellen die Bereite Budde is Manch ist andere de aberde bei hat New annande en e<br>En en  |
| Late renewal fee(s) will be impos  | ed if road tax / lay up has expired. Please use Enqui  | ire Road Tax Payable for fee(s) paya   | ble.   |
| Table of the state | t (if any), of a vehicle will follow the vehicle to the  | ######################################   | CONTRACTOR  |
| ever ever be an arminent transfer de antiment alle and transfer and an even a color and television and an even   | Amount Before GST  | GST Amount   | Amount After GST   |
|  | (S\$)  | (S\$)  | (S\$)  |
| Transfer Fee :   | 25.00  |  | 25.00  |
| Total Amount Payable:  |  | PHARMAN A MARK IN SECTION AND THE RESERVE AND  | 25.00  |

You may print this page for reference.

OK Print