

SINGAPORE ACCIDENT STATEMENT

email 14/01/19

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	14/01/2019 10:15
Date Of Accident	13/01/2019 13:15
Exact Location Of Accident	ALONG TAMPINES AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT8074X
Insured/Policyholder	
Name Of Registered Owner	ABDUL KARIM BIN MOHAMED SALLEH
NRIC No	S1393569F
Email Address	ABDUL.KARIM@SWTSPL.COM
Mobile Phone No	(LOCAL) +65-85187847
Alternative Phone No	OFFICE-85187847

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI18V04436/VPE/R03
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHIR BIN ABDUL KARIM
NRIC No	S9045394G
Date Of Birth	22/11/1990
Occupation	INDOOR
Date Of Driving Pass	25/10/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81433617
Fax Number	
Contact Number	
EMail Address	SYAHIRABDULKARIM@HOTMAIL.COM

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: 14/01/2019
0946

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/01/2019
0940 hrs.



Reporting Centre Personnel's Signature

Name: Sally

NRIC/FIN No.: 51842

SKETCH PLAN

See (Sketch PLAN "A")

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/01/2019 at about 1315HRS, I was driving along Tampines ave 4, I stop bet^s my car behind SLT 9203A because it stop and after a few second I heard a big bang from behind^s behind and I came down notice that SKN 2150H hit my^s the rear of my car and I took some photos and exchange particulars.

The car behind hit me that my car surged forward to just touch the car in front of me.

DECLARATION

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

Policyholder's Signature

Date & Time: 14/01/2019

GIARMIC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/01/2019

0940 hrs.

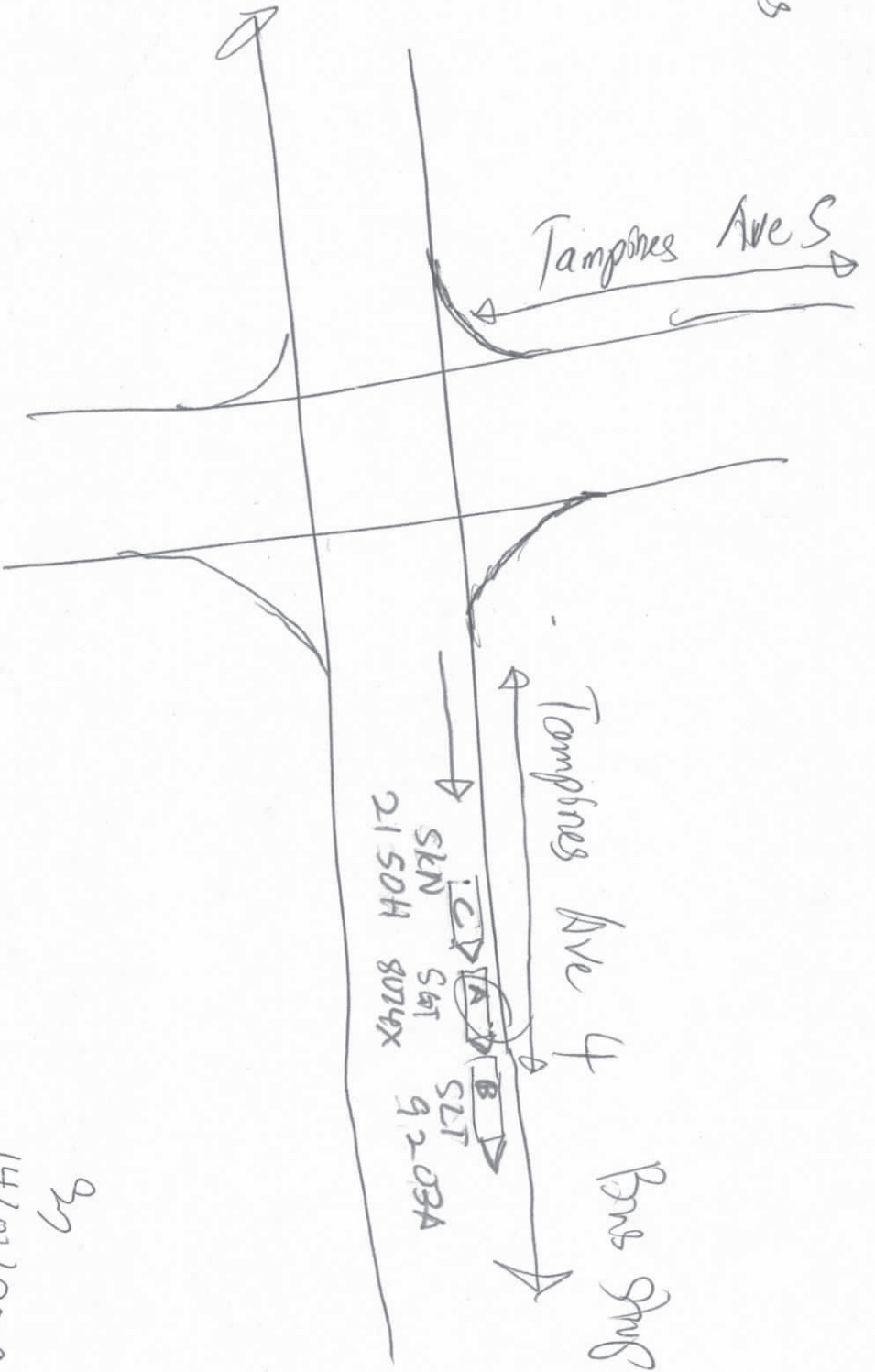


Reporting Centre Personnel's Signature

Name: Caiy

NRIC/FIN No.: 51842

Tampines
Hub



Sketch Plan 2A

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14/01/2020
0940 hrs-