

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	21/01/2019 20:37
Date Of Accident	09/12/2018 20:00
Exact Location Of Accident	PARKWAY PARADE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5789U
Insured/Policyholder	
Name Of Registered Owner	LAU WEE CHIN (LIU WEIQIN)
NRIC No	S7500289J
Email Address	STELLA0289@YAHOO.COM.TW
Mobile Phone No	(LOCAL) +65-96856408
Alternative Phone No	OTHERS-96856408

Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER EVOQUE 2.0 TSS
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	SD17V05291/VPC2/R00
Cover Note Number	

Driver

Name of Driver	LAU WEE CHIN (LIU WEIQIN)
NRIC No	S7500289J
Date Of Birth	04/01/1975
Occupation	INDOOR
Date Of Driving Pass	05/01/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96856408
Fax Number	
Contact Number	OTHERS-96856408
Email Address	STELLA0289@YAHOO.COM.TW

Address	80 KIM SENG ROAD #32-08
Postcode	239426
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

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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 3	NAME: : HELPER GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS T/P MISJUDGE AND HIT INSURED)

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	SLC1496M
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

Accident Sketch Plan

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:

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



22/01/2015
Reporting Centre Personnel's Signature
Name: *Rafael*
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I dispute to the claim. At the time of accident, ~~two~~ my vehicle was stationary at the loading bay where I was loading the groceries and my helper helped put my daughter's seat belt in the front seat. Hence the door was opened. There were sufficient space for oncoming vehicles, to make sure we are not obstructing traffic. Many cars passed by without problem until subject vehicle misjudged and crashed onto the right bottom of the door. While not severe, it was clear he hit my car, he slowed down abit and picked up speed to move on without intent to stop. I then ~~assumed~~ ~~not~~ chased after his vehicle which stopped one storey below.

The driver was impatient and complained he was late to see his doctor! without apologizing nor checking if anyone was hurt. Seeing he is an old man and angry we just swap details and left. Later on we spoke on the phone and he decided that he will just fix our own vehicles since it's not major. Hence I did not file any report. A few days later his insurer called me about him wanting to claim against me! I reiterated the incident to him and he said he will discuss with him to drop. Will notify me if he is proceeding. I did not hear from

DECLARATION

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

Policyholder's Signature

Date & Time:

21/1/19

USARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

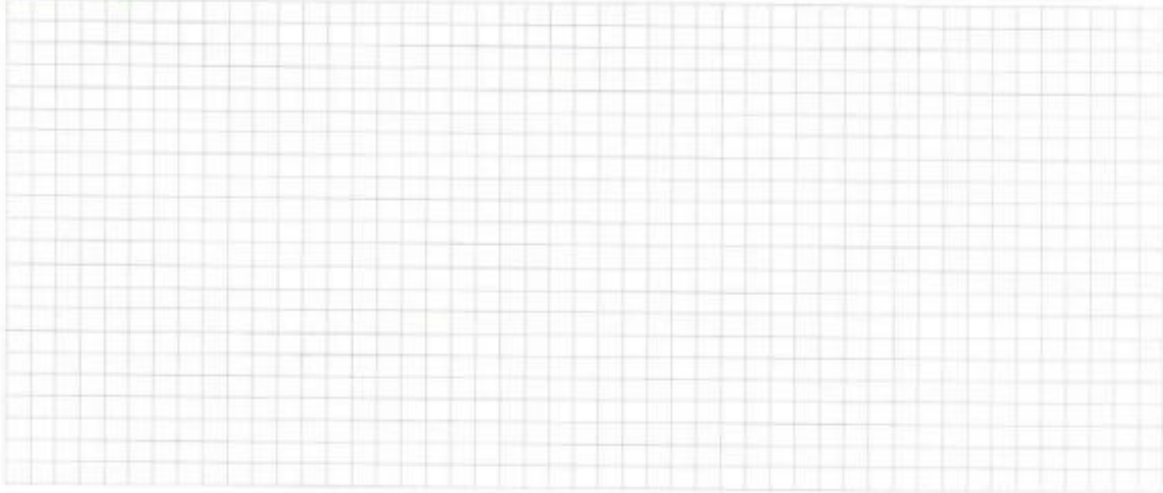
Name:

NRIC/FIN No.:

21/01/2019
Rashid bin AB

Accident Sketch Plan

SKETCH PLAN



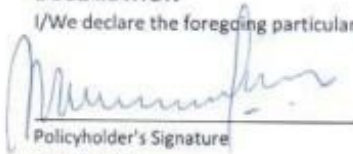
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

after and assume we will resume original plan to repair our own. I then travelled for overseas till January 19. And when I returned I saw he went against the plan and claimed insurance against ME!!!

This note is dishonest, unreliable and has highly questionable judgement. He is

DECLARATION

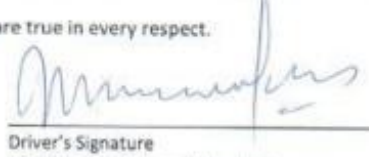
I/We declare the foregoing particulars are true in every respect.


Policyholder's Signature

Date & Time:

21/1/19

GP/AMC SketchPlanForm_V3


Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/1/19


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7500289J



Name
LAU WEE CHIN
(LIU WEIQIN)
刘 薇 勤
Race
CHINESE
Date of Birth
04-01-1975
Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S7500289J
Name
LAU WEE CHIN
(LIU WEIQIN)
Birth Date 04 Jan 1975
Issue Date 06 Apr 2004



2972009



NRIC No. S7500289J



Blood Group Date of issue
O+ 25-07-1997

80 KIM SENG ROAD #32-08
SINGAPORE 239428

NRIC No. S7500289J Date: 30/04/2013 No: 7405910

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 3500 kilograms	05 Jan 1999

NP 428A



Licence No. S7500289J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020 / GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MUA119010223 Vehicle Registration No: 3LK2894
Name (as shown in NRIC) : LAU WEE CHAI (LIU WAI CHAI) NRIC/FIN/Passport No : S7500289J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No.: 9685648
Email Address : _____
Date of Accident : 29/12/2019 Time of Accident : 20:00
Place of Accident : Parkway Parade Carpark
Insurance Company : Liberty Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy Number to SD17V05291/VPC2/200

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Katli Anthonis
NRIC/FIN No.: 22/01/2019
Date: