

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	28/01/2019 15:08
Date Of Accident	27/01/2019 12:10
Exact Location Of Accident	MARINA BAY SANDS CARPARK CENTRAL SECTION B4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU41M
Insured/Policyholder	
Name Of Registered Owner	WEE WEN YUN
NRIC No	S7602927Z
Email Address	WEEWENYUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98210889
Alternative Phone No	OTHERS-98210889

Vehicle Particulars

Manufacturer	BMW
Model	216D ACT
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	C0084469
Cover Note Number	

Driver

Name of Driver	WEE WEN YUN
NRIC No	S7602927Z
Date Of Birth	28/01/1976
Occupation	INDOOR
Date Of Driving Pass	28/05/1997
Driving Experience	21 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98210889
Fax Number	
Contact Number	OTHERS-98210889
Email Address	WEEWENYUN@GMAIL.COM

Address	11 KEPPEL BAY DRIVE #07-17
Postcode	098017
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

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 ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW2686U
Vehicle Make/Model/Colour	MITSUBISHI OUTLANDER WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHIFOW LEONG
NRIC/Passport Number	S7313537J
Contact Number	96561055
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	1

Sketch Plan Pg. 1

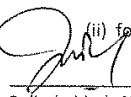
SKETCH PLAN

IMPORTANT NOTICE

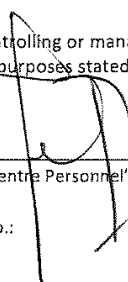
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

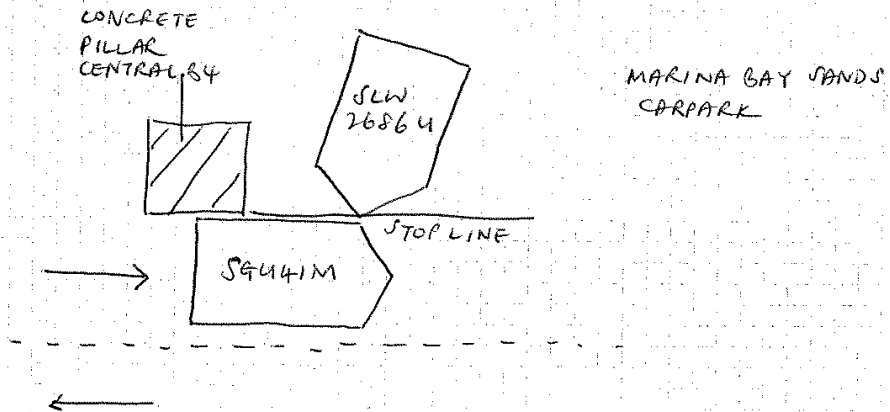

Policyholder's Signature
Date & Time: 28/01/2019
12pm

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


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

IT HAPPENED AT MARINA BAY SANDS CARPARK. VISIBILITY WAS GOOD AND CARPARK (UNHELTERED) WAS DRY. TIME: 1210 PM, 27/01/2019, AT CENTRAL B4 SECTION, I WAS LOOKING TO PARK MY VEHICLE (CORRECT) SGU41M. I WAS ON THE RIGHT SIDE OF THE TRAFFIC. I SAW THE 3RD-PARTY VEHICLE SLW 26864 APPROACHING FAST, AND SOUNDED A CAUTIONARY HORN TO REMIND THE OTHER DRIVER. HOWEVER, THE VEHICLE DID NOT STOP AT THE JUNCTION STOP LINE IN TIME AND KNOCKED ONTO THE FRONT PASSENGER SIDE OF MY VEHICLE, CAUSING DAMAGE TO THE FENDER, HEADLIGHT AND BUMPER, (INCLUDING PARKING SENSOR). I GOT DOWN MY VEHICLE AND THE OTHER DRIVER APOLOGIZED AS HE COULD NOT BRAKE IN TIME. WE EXCHANGED PARTICULARS AND ON THE MORNING OF 28/01/19, 1134AM, HE UPDATED THAT HE HAD MADE A REPORT AT HIS REPAIRER, CYCLE AND CARRIAGE, AND THAT CONFIRMED THAT I WOULD CLAIM THIS AGAINST HIS INSURANCE POLICY, CONFIRMING THAT THE ERROR LIES WITH HIM. FOR THE OTHER VEHICLE, THERE WERE SLIGHT SCRATCHES TO THE ^{THE} FRONT BUMPER.

DECLARATION

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

Policyholder's Signature

Date & Time: 28/01/19, 12pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Inshuran Ail. Suresamy
Performance Motors Limited
802 Alexandra Road
Sime Darby Performance Centre
Singapore 119941

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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