

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 | 15/07/2019 14:48 |
| Date Of Accident | 13/07/2019 12:05 |
| Exact Location Of Accident | KANDAHAR STREET |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLW1822A |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE NAI BIN |
| NRIC No | S1222764G |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96358412 |
| Alternative Phone No | OTHERS-96358412 |

Vehicle Particulars

| | |
|------------------------------------------------------------------------------|--------------|
| Manufacturer | BMW |
| Model | X1 |
| 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 | UNAVAILABLE |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TOK XIN YING |
| NRIC No | S9020592G |
| Date Of Birth | 11/06/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 31/03/2010 |
| Driving Experience | 9 YEARS AND 3 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91153379 |
| Fax Number | |
| Contact Number | |
| Email Address | FAYTH.TOK@GMAIL.COM |

| | |
|-----------------------------------------------------|--------------------|
| Address | 22A YARWOOD AVENUE |
| Postcode | 588008 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-4629999 - FAX NO: 64628933 |
| 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? | NO |
| Was there any audio recorded? | NO |

Details of Witness 1

| | |
|---------------|-------------------|
| Name | CHRISTINA SIANTAR |
| Phone Number | 97253134 |
| Email Address | |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | SCF3118H |
| Vehicle Make/Model/Colour | MERCEDES GREY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | CHIAM HENG THOON RAYMOND |
| NRIC/Passport Number | S1239546I |
| Contact Number | 98170138 |

| | |
|-------------------------------------|--------------------------------------|
| Address | |
| Postcode | |
| Insurance Company Name | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Nature Of Damage | FRONT |
| No. Of Passenger (Including Driver) | |

SKETCH PLAN

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. 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.
7. 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)**

(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.

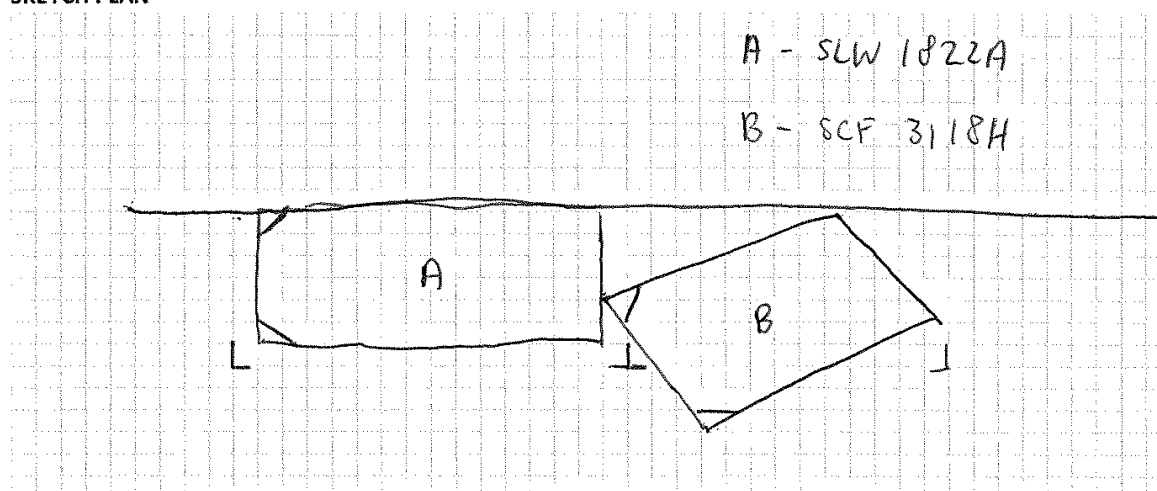
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.


 Reporting Centre Personnel
 Name: Performance Motors Limited
 303 Alexandra Road
 Sime Darby Performance Centre
 Singapore 159941
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no. T/20190713/2091

DECLARATION

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

李 己 强

Policyholder's Signature
Date & Time: 15.07.2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 15.07.2019

Reporting Centre: **Performance Motors Limited**
 Name: **303 Alexandra Road**
 MRIC/FIN No: **Sime Darby Performance Centre**
Singapore 159941



**SINGAPORE
POLICE FORCE**



T/20190713/2091

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190713/2091

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--------------------------------------------|------------|-------------------------------------------------------------|------------------------------|--------------------------|
| Date/Time Report Made: 13/07/2019 16:06 | | Vide Report No.: | | Station Diary No.: 40 |
| Informant's Particulars | | | | |
| Name of Informant: TOK XIN YING | | Address: 22A YARWOOD AVENUE SINGAPORE 588008 | | |
| ID Type / ID No.: NRIC NO / S9020592G | | Contact No.: Home/Office: Mobile: 91153379 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Female | Age: 29 | Date of Birth: 11/06/1990 | Type of Informant: Driver | |
| Race: Chinese | | Language: | Institution / School Name: | |
| Occupation: MANAGER | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

| | | | | |
|---------------------------------------------------------------|----------------------|--------------------|--------------------------------------------|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 13/07/2019 12:05 | Type of Location: Straight Road |
| Location: Along Road 1 KANDAHAR STREET | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: Moving Vehicle Against - Parked Vehicle | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SCF3118H | Car | | | | Slightly Damaged | 0 |
| SLW1822A | Car | | | | Slightly Damaged | 0 |

| | |
|-----------------------------------|--------------------------------|
| Details of Person Involved | |
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE
POLICE FORCE**



T/20190713/2091

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20190713/2091

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|---------------------------|------------------|------------------------------------------------------------------------------|
| Driver | | | |
| Name | CHIAM HENG THOON, RAYMOND | | ID No. S1239546I |
| Related Vehicle | SCF3118H (Car) | | Contact No. 98170138 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |
| Driver | | | |
| Name | TOK XIN YING | | ID No. S9020592G |
| Related Vehicle | SLW1822A (Car) | | Contact No. 91153379 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location, my vehicle (SLW1822A) was parked in a parallel parking lot at the said location while I was standing beside my car. I observed a vehicle (SCF3118H) parking into the parking lot behind my car. During the parking process, the said vehicle grazed against the rear of my vehicle. My vehicle suffered some damages on the rear left bumper area. The said vehicle suffered damages on the front vehicle registration plate area. I have an in car camera in my vehicle. No one was injured during the accident.

I am lodging this report for insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20190713/2091

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3


Report No. T/20190713/2091

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Signature Of Officer Recording The Report: E / Sgt 2 BELLA TAN | Signature Of Informant: BZ. |
| Signature Of Interpreter: Not applicable | Date/Time: 13/07/2019 16:06 |
| Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151 | Classification Of Case: SN 170 |
| Authentication Stamp NP168 |  <p>SINGAPORE POLICE FORCE</p> <p>SIGNATURE</p> |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

