

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 15:36
Date Of Accident	15/07/2019 08:50
Exact Location Of Accident	29/31 TOH HEIGHTS CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS29M
Insured/Policyholder	
Name Of Registered Owner	LEONG JIAQUAN, BENJAMIN
NRIC No	S8509274Z
Email Address	BENJAMINLEONG85@ROCKETMAIL.COM
Mobile Phone No	(LOCAL) +65-90120029
Alternative Phone No	OFFICE-90120029

Vehicle Particulars

Manufacturer	AUDI
Model	RS6 AVANT 4.0 TFSI QUATTRO
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-18091577MVPC/1
Cover Note Number	

Driver

Name of Driver	LEONG JIAQUAN, BENJAMIN
NRIC No	S8509274Z
Date Of Birth	21/03/1985
Occupation	INDOOR
Date Of Driving Pass	01/04/2004
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90120029
Fax Number	
Contact Number	OFFICE-90120029
Email Address	BENJAMINLEONG85@ROCKETMAIL.COM

Address	31 TOH HEIGHTS
Postcode	507838
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) involved in the accident	3
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)	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 BELOW STATEMENT/SKETCH PLAN ATTACHED: NOTE: VEHICLE NOT PRESENT WHEN ACCIDENT REPORT LODGE. PHOTO BY OWNER HANDPHONE.

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	SJA29U
Vehicle Make/Model/Colour	BENTLEY / NEW FLYING SPUR W12
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SFG29K
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Vehicle Make/Model/Colour	TOYOTA / ALPHARD MOONROOF CVT
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)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	ELECTRIC BOX
Vehicle Category	NA/UNKNOWN
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

15 JUL 2019

Policyholder's Signature

Date & Time: 15/07/19

3.05pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

Reporting Centre Personnel's Signature

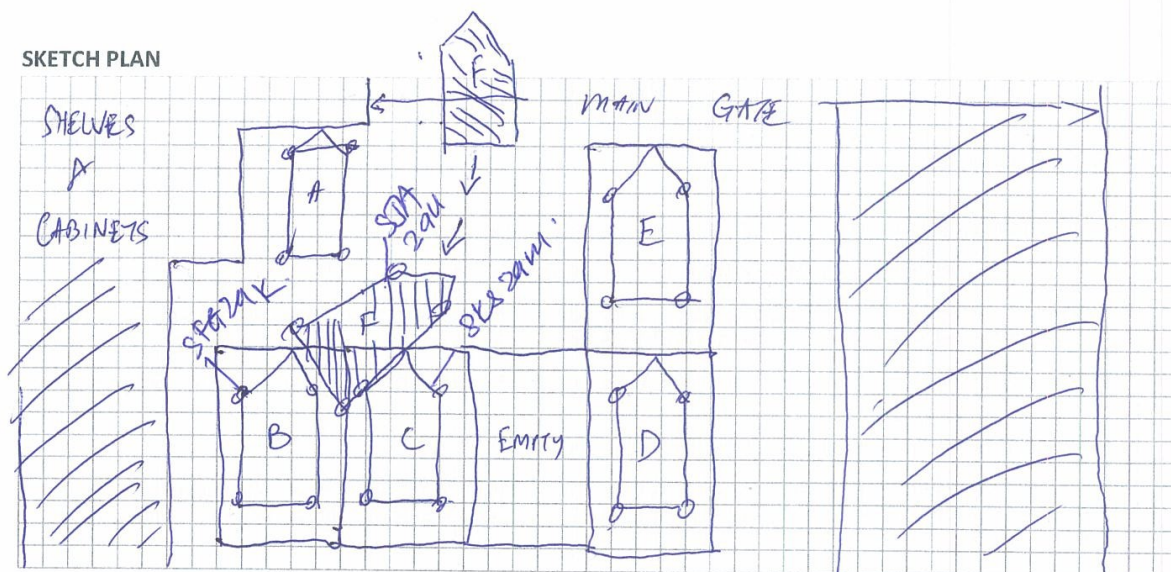
Name: Singapore 415933

NRIC/ID No: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR F, BENTLEY FLYING SPUR W12, STAGU WAS REVERSING INTO THE GARAGE. WHEN ENGAGED ON REVERSE GEAR, SUDDENLY THE DOOR SWING OPEN ON DRIVER SIDE AND STARTED REVERSING VERY QUICKLY. IT WAS NOT ABLE TO STOP EVEN WITH DESPERATE ATTEMPTS TO USE THE BRAKES. CAR F RAMP RAMMED INTO CAR C, AUDI LSG, SKS2AM AND THEN CAR B, TOYOTA ALPHARD, SFG29K WHILE BOTH CARS ARE STATIONARY.

~~THE~~ MY DRIVER MR RAY SIM WAS THE DRIVER AT THAT POINT IN TIME. HE TRIED TO SHIFT CAR F FORWARD TO CHECK ON THE DAMAGES BUT WHEN SHIFT GEAR TO 'D', THE CAR IMMEDIATELY ACCELERATED AND MR RAY SIM LOST CONTROL OF THE CAR.

CAR F BANGED OUR GATE, SP POWER BOX AND STARTING BOX JUST OUTSIDE OUR HOUSE.

THERE WERE NO INJURIES TO ANYONE.

DECLARATION

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

15 JUL 2019

Policyholder's Signature

Date & Time:

15/07/19 3:55pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

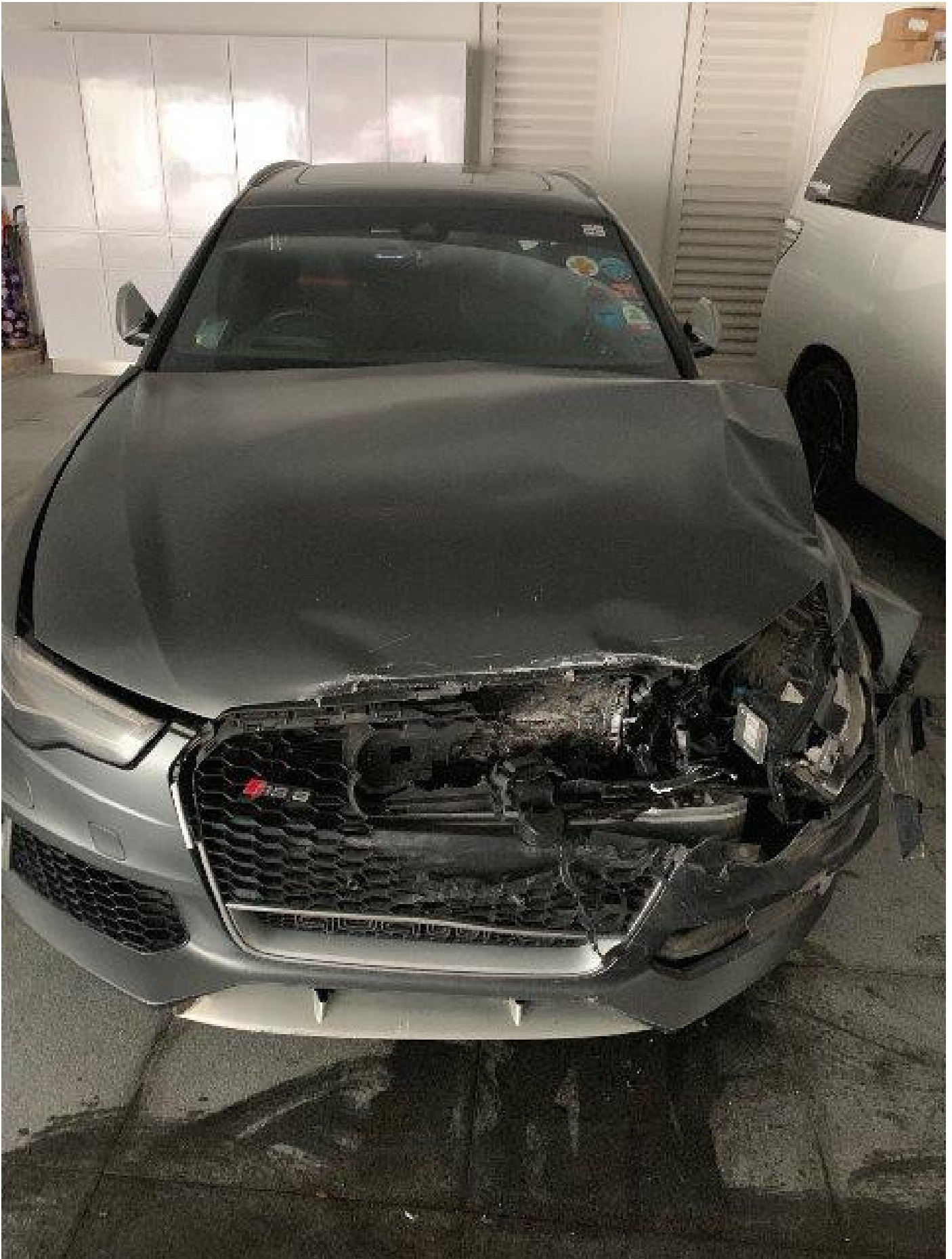
Name:

NRIC/PIN NO.:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: S66SS0020G / 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 : _____ Vehicle Registration No: SKS 29 M
Name (as shown in NRIC) : LEONG JIAQUAN, BENJAMIN NRIC/FIN/Passport No : S85092742
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 31 TOH HEIGHTS Singapore (507838)
Contact (Tel) : 6542 2929 Mobile No. : 9012 0029
Email Address : benjaminleong85@rocketmail.com
Date of Accident : 15/07/19 Time of Accident : 8:48 AM
Place of Accident : 31 TOH HEIGHTS, S507838. BASEMENT CARPARK.
Insurance Company : FIRST CAPITAL.

(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:

UPDATE TO OWN DAMAGE CLAIM.

Policyholder / Driver's Signature
Date: 18/07/19

IDAC KAKI BUKIT (VAC)
Reporting Centre (Kaki Bukit Area)
Name: Singapore 415933
NRIC/FIN: 67416697 Fax: 67492305
Date: Email: vackb@singnet.com.sg