

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	13/08/2019 15:19
Date Of Accident	12/08/2019 08:00
Exact Location Of Accident	JOHOR CAUSEWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6023G
Insured/Policyholder	
Name Of Registered Owner	SHANE ABUCEWICZ TAN
NRIC No	S8936803J
Email Address	STABUCEWICZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97492385
Alternative Phone No	OTHERS-97492385

Vehicle Particulars

Manufacturer	BMW
Model	M2
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	SD18V14866/VPS/R00
Cover Note Number	

Driver

Name of Driver	SHANE ABUCEWICZ TAN
NRIC No	S8936803J
Date Of Birth	07/10/1989
Occupation	INDOOR
Date Of Driving Pass	29/12/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97492385
Fax Number	
Contact Number	OTHERS-97492385
Email Address	STABUCEWICZ@GMAIL.COM

Address	BLK 10E BRADELL HILL #04-17
Postcode	579724
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	COLLISION - CHANGE/CROSS LANE
Weather Conditions	EARLY MORNING
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: : MELISSA ONG GENDER: : FEMALE
Passenger 2	NAME: : STELLA TAN GENDER: : FEMALE
Passenger 3	NAME: : HAZEL CHUAH 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

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG-BURN CD
Was there any audio recorded?	NO

Details of Witness 1

Name	MELISSA ONG
Phone Number	97582322
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX9222H
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Vehicle Make/Model/Colour	AUDI A5 WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOKE KIAN SIONG
NRIC/Passport Number	S7414077G
Contact Number	
Address	BLK 272D JURONG WEST ST 24 #09-16
Postcode	644272
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	RIGHT
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

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:

13 Aug 19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

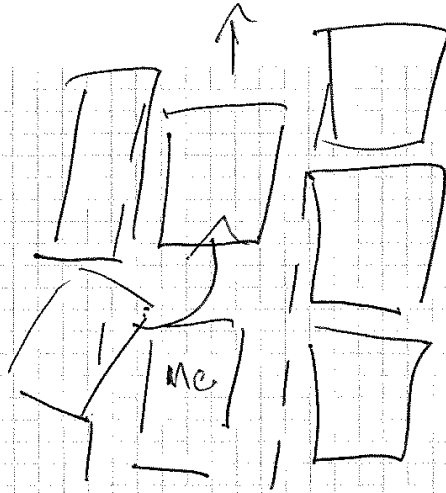
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Inthiran A/L Thiruganthy
Performance Motors Limited
303 Alexandra Road
Sine Darby Performance Centre
Singapore 169041

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Entering Malaysian Checkpoint at Tuas checkpoint on return to Singapore from KL. After spending 8 hours ~~for~~ inching forward in the same lane, the accused vehicle threw his vehicle into my lane at a very acute angle (in my blind spot). I had just released the break pedal to move forward but braked immediately when I noticed him in my way. Instead of him reversing out of the way or ~~or~~ maneuvering safely, the accused driver continued driving INTO my car, fully contacting my left front rim and bumper, and dragging it against his entire door length before putting ahead of me. I called for an immediate discussion of the issue and ~~the~~ photos, but the driver refused to get out of his car, insisting only to discuss ~~the~~ the issue at the check point (another 1 km away). At the checkpoint, I waited 5 minutes for the driver to appear despite being released by the checkpoint authorities after passport inspection at the same time. On talking to him, he offered settling of the issue as he did not want his NCD affected. Strangely, he also tried to convince me not to take his details or NIRC picture.

DECLARATION

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

Policyholder's Signature

Date & Time: 13 Aug 19.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Thiruman AV. Thiruman

Performance Motors Limited

103 Alexandra Road

Sime Darby Performance Centre

Singapore 159911

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

