

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	15/08/2019 08:57
Date Of Accident	14/08/2019 16:30
Exact Location Of Accident	MANDAI ZOO CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8286A
Insured/Policyholder	
Name Of Registered Owner	CHIN YONG KOK
NRIC No	S1180947B
Email Address	CHINYONGKOK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96874202
Alternative Phone No	OTHERS-96874202

Vehicle Particulars

Manufacturer	BMW
Model	M5 (2018 MODEL)
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	SD18V10531
Cover Note Number	

Driver

Name of Driver	CHIN YONG KOK
NRIC No	S1180947B
Date Of Birth	25/09/1956
Occupation	INDOOR
Date Of Driving Pass	01/02/1980
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96874202
Fax Number	
Contact Number	OTHERS-96874202
EEmail Address	CHINYONGKOK@GMAIL.COM

Address	133 NAMLY AVENUE
Postcode	267701
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	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	SHC629B
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE BENG WAN
NRIC/Passport Number	S0112538I
Contact Number	
Address	APT BLK 454 JURONG WEST ST 42 #07-108
Postcode	2264
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :

Passenger 2

NAME: :

GENDER: :

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:

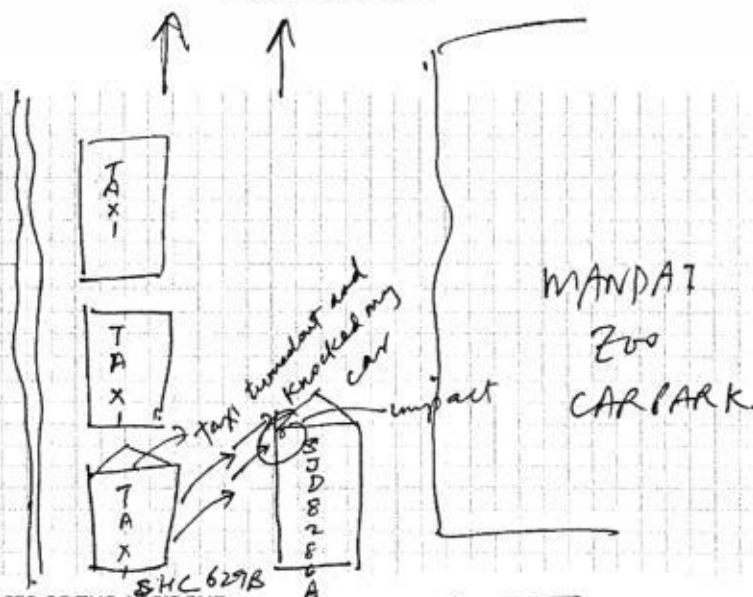
15/8/19
8.16 am

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

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

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No: [Signature]
[Stamp: Reporting Centre Personnel's Signature, Singapore Road, Singapore 159041]

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A row of taxis were waiting/queuing to move along to turn into taxi waiting pick up point.

I drove slowly past the taxis. All of a sudden the taxi, SHC 629 B pulled out from the queue and drove into my car - collided on the left front side of vehicle.

The taxi driver's two passengers alighted and the taxi driver came out to inspect the damage.

He did not apologise and first he said was "Suay ah!"

He exchanged contact details and left the scene.

The car was damaged on the left front bumper.

The taxi (I think) drove into the left tyre/rim as there were signs of scratches on the tyre rim.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/8/19

8.23 am.

Reporting Centre Personnel's Signature

Name:

Indira A/L Thulasamy

NRIC/FIN No.:

Permerisa Mohd. Latif

202, Alameda Road

Police Information Centre

Phone: 100941