

## 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	31/10/2019 09:52
Date Of Accident	05/07/2019 00:00
Exact Location Of Accident	MARINA BAY SANDS NORTH CARPARK ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ1315E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE TIONG BOH
NRIC No	S2550329E
Email Address	WEETIONGBOH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90692771
Alternative Phone No	OTHERS-90692771

### Vehicle Particulars

Manufacturer	LEXUS
Model	RX270-2.7 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V13246/VPE/R01
Cover Note Number	

### Driver

Name of Driver	WEE TIONG BOH
NRIC No	S2550329E
Date Of Birth	30/07/1957
Occupation	INDOOR
Date Of Driving Pass	19/05/1976
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90692771
Fax Number	
Contact Number	OTHERS-90692771
Email Address	WEETIONGBOH@GMAIL.COM

Address	BLK 18D HOLLAND DRIVE #33-427
Postcode	275018
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	NO COLLISION
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

## Accident Sketch Plan

### 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: 30/10/19

Wee Ting Beh

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

UNKNOWN ABOUT THE  
INCIDENT

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was not aware of the accident until I receive  
the letter from MRS *we* on 24/10/2019

### DECLARATION

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

*we*  
Policyholder's Signature  
Date & Time: 30/10/19

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

*31/10/2019*  
Reporting Centre Personnel's Signature  
Name: *Koh K. W. MRS*  
NRIC/FIN No.:

## LETTER



Liberty Insurance Pte Ltd  
Registration no. 199002791D  
51 Club Street  
#03-00 Liberty House  
Singapore 069428  
Tel: (65) 6221 8611 Fax: (65) 6226 3360  
website: <http://www.libertyinsurance.com.sg>

### Acknowledgement Letter

Date	: 24 Oct, 2019	Liberty Ref	: IVS19/1648
Your Vehicle	: SJZ1315E	Policy No	: SI18V13246
Third Party Vehicle	: CARPARK BARRIER	Accident Date	: 05-JUL-2019
Accident Location	: MARINA BAY SANDS NORTH CARPARK ENTRANCE		
To Insured	: WEE TIONG BOH 18D HOLLAND DRIVE #33-427 BUONA VISTA COURT SINGAPORE 275018		

Copy to Agent/Broker/Ins: PERLE AGENCY

- ( ) We acknowledge receipt of your accident report.  
All writ of summons, letters/correspondence from claimant/third party must be handed to us immediately without reply.
- ( X ) We have received Third Party claim(s) against your policy.  
If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days. Should we not hear from you, we will proceed to handle the claim accordingly.
- In the meantime, please forward any letters or court documents from third parties to our office.  
Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.
- Please provide us with the following information where applicable.**  
If you are submitting a claim against the third party insurer, and/or if any of your passenger(s) has made a claim against the third party insurer :  
- Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.
- ( X ) Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently.  
Kindly ignore this letter if you have already submitted the report.

Yours faithfully

Claims Department

*This is a computer print out. No signature is required.*



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



Accident Photo



Accident Photo

