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 witholding 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

By the lodgement of this report to the insurers, you hereby consaforesaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	31/12/2019 11:16
Date Of Accident	27/12/2019 10:25
Exact Location Of Accident	ECP TWDS CITY OPP LAGUNA COUNTRY CLUB
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGH6607K
Insured/Policyholder	
Name Of Registered Owner	KOH KENG HIN VINCENT
NRIC No	SXXXX254G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96858875
Alternative Phone No	OFFICE-96858875
Vehicle Particulars	
Manufacturer	BENTLEY
Model	CONTINENTAL GT V8
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V02737/VPS/R02

Name of Insurance Company	LIBERTY INSURANCE PTE LT
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V02737/VPS/R02

Cover Note Number

Driver

Name of Driver KOH KENG HIN, VINCENT (XU QINGXING, VINCENT)

NRIC No SXXXX254G Date Of Birth 15/07/1973 Occupation **INDOOR Date Of Driving Pass** 30/05/2008

Driving Experience 11 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96858875

Fax Number

Contact Number OFFICE-96858875

EMail Address NOEMAIL Address 65 PASIR RIS HEIGHTS

Postcode 519272

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 - HEAD TO REAR

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)

NO

Police Station Address ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-3910000 - FAX NO: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - E/20191227/7021.

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 Witness 1

Name THOMAS
Phone Number 83881357

Email Address

Details of Witness 2

Name JEN

Phone Number 85188108

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKW7609Y

Vehicle Make/Model/Colour

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 INJURED PERSON 1

KOH KENG HIN, VINCENT (XU QINGXING, VINCENT) Name

NO

Approximate Age

Injuries Sustain **BODY**

SGH6607K Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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
- 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
- 2 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)

Lunderstand, 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)
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - (iii) 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
- (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 except orders. unulate

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

X

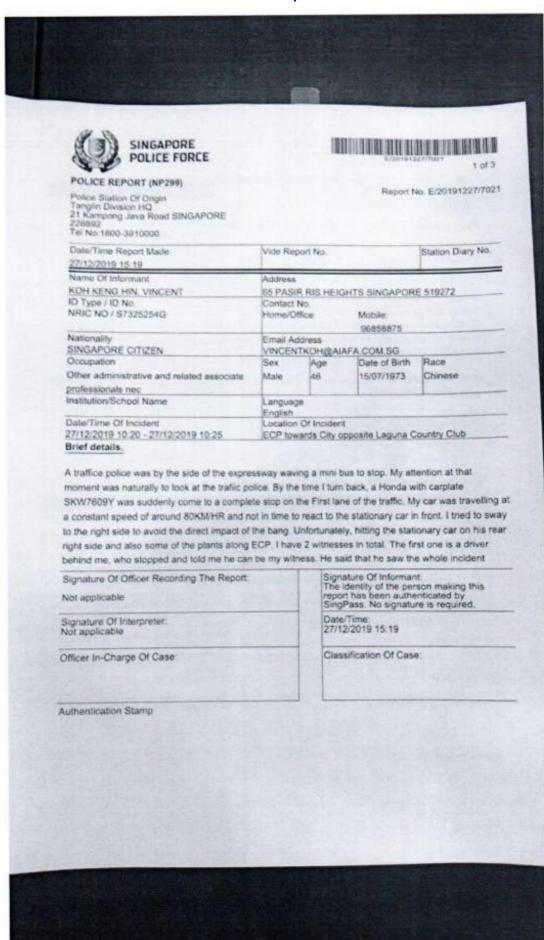
Reporting Centre Perso iel's Signature

NRIC/FIN No.:

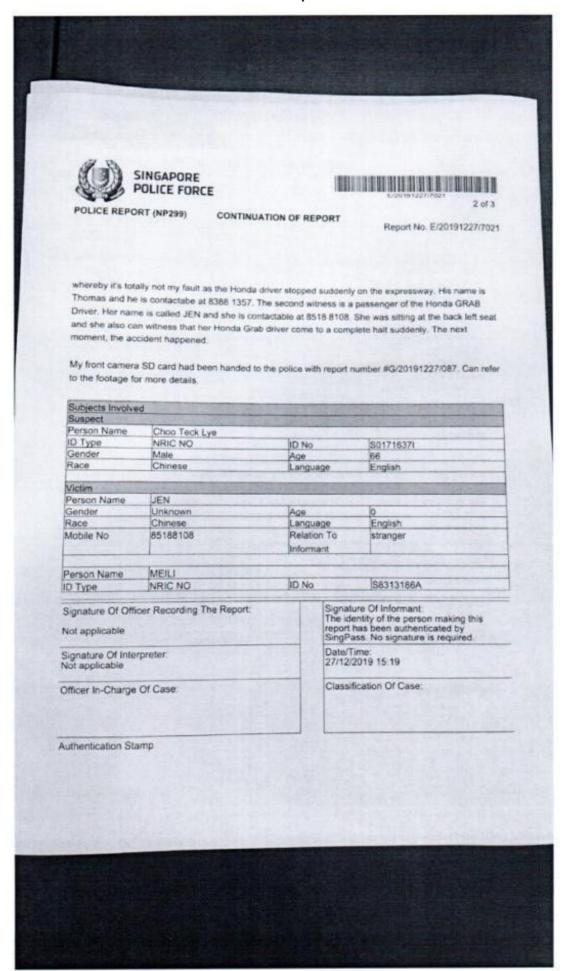
Accident Sketch Plan

	ELP TWOS LITY OFF LALLUNA LOWNEY LLUB	B-SKW76049
DESCRIBE CIRCUMSTA		
KINDLY F	REFER TO POLICE RPEORT	
DECLARATION I/We declare the forced X	Andrewars are true in every espect.	

Police Report



Police Report



Police Report

