#### 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 <u>truthful and accurate</u> 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 aforesaid

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	22/01/2020 12:23
Date Of Accident	22/01/2020 09:00
Exact Location Of Accident	ALEXANDRA ROAD (BEFORE TURNING INTO DEPOT ROAD)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS8609A
Insured/Policyholder	
Name Of Registered Owner	KER ENG LING
NRIC No	SXXXX829A
Email Address	ENGLING82@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98215611
Alternative Phone No	OTHERS-98215611
Vehicle Particulars	
Manufacturer	HONDA
Model	GRACE
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	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	SI19V11319/VPC/R02

Driver

Cover Note Number

Name of Driver

KER ENG LING

NRIC No

SXXXX829A

Date Of Birth

26/01/1982

Occupation

INDOOR

Date Of Driving Pass

31/07/2017

Driving Experience 2 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98215611

Fax Number

Contact Number OTHERS-98215611

EMail Address ENGLING82@YAHOO.COM.SG

Address 125 JALAN JURONG KECHIL

#01-30

Postcode 598681

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 SIDE SWIPE
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

NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Name to a set December 2010 (In all ordinary Defense)

NO

Number of Passengers (Including Driver)

2

GENDER:

Passenger 1

NAME: : WIFE

: WIFE : 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**

#### 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

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGF9992M Vehicle Make/Model/Colour MAZDA 3

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver YEO CHOON KIONG

NRIC/Passport Number SXXXX481D
Contact Number 97889711

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- 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)

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:
  - 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: 22 Jan 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's

NRIC/FIN No.

Nam

## **Accident Sketch Plan**

ETCH PLAN	
180	A) SLS 8609A
	[B] SGF 9992M
Alexandra Road KA	
(CO)	
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
	Start has done to
Road extreme left lane, Metide B for	nom carbo land but an
my real passenger (right side) door un	
J Programme To the Control of the Co	The Stepe
He Yeu Choon King agreed to paying	g all the damages of report
He , Yeu Choon King agreed to paying of my car. And replacement car will 6	e provided during this
period of repairing.	, 3
Letter Atlach	
A SLS 8609A	
Ker Eng Ling (58286829A)	
7	
BS SGF 9992 M	
Yeo Chown Krong (\$ 1670481.D)	
	*
CLARATION	
Ve declare the foregoing particulars are true in every respect.	/ , 1
Ay Kertry Liny	28/01/2020
lcyholder's Signature Driver's Signature	Reporting Centre Personne s Signature
e & Time: 32 Fan 2020 (If driver is not the policyholder) Date & Time:	Name: NO.: NO.:

#### **LETTER**

I Yeo Choon Kiong NIRC S1670481D Car Owner of vehicle number SGF 9992M has meet into an accident with another car SLS 8609A Car Owner Ker Eng Ling NRIC S8286829A on 22 Jan 2020 around 9am @ Alexandra road.

I Yeo Choon Kiong NIRC S1670481D is offering a private settlement with Ker Eng Ling NRIC S8286829A. I will be paying for all the damages repair of Ker Eng Ling's car at my own workshop. Replacement car will be provided during this period of repairing of Ker Eng Ling's car. Ker Eng Ling NRIC S8286829A has agree with this agreement. Both party was not injure during this accident. Ker Eng Ling NRIC S8286829A will be doing IDAC reporting for documentary purpose.

Yeo Choon Kiong NIRC \$1670481D

22 Jan 2020

Ker Eng Ling NRIC \$8286829A

22 Jan 2020

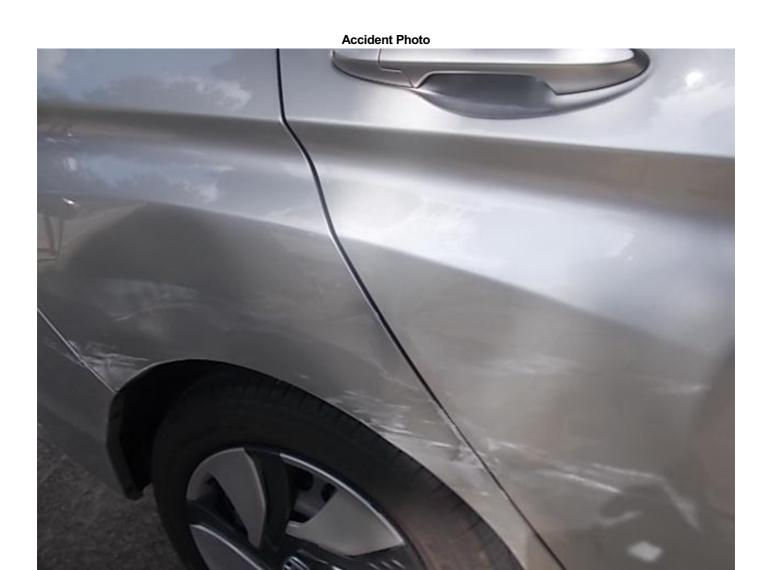








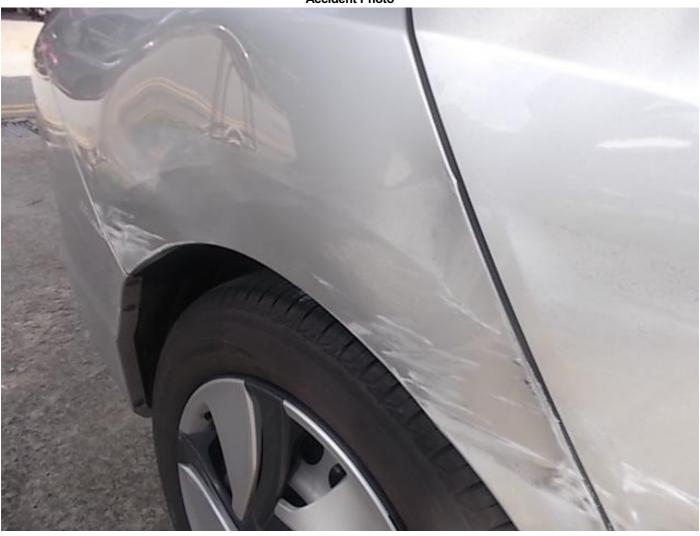










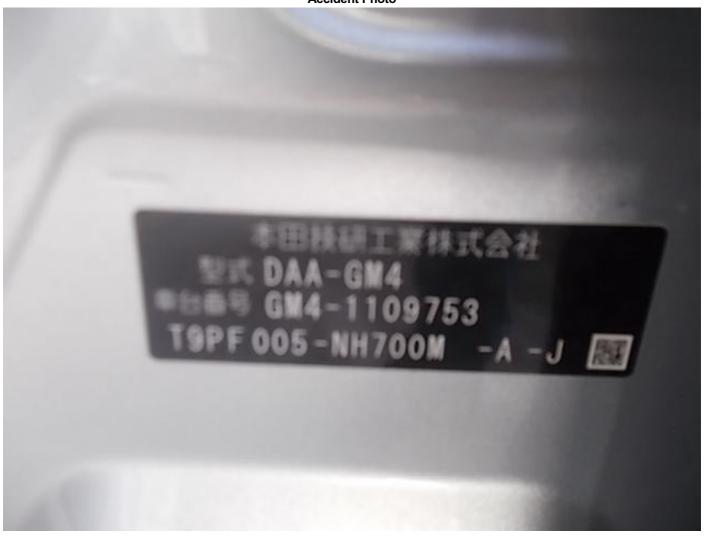












#### **Addendum Sheet**



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580 tel (65) 6224 0010 Fac (65) 6224 0010

 $\underline{\mathsf{IMPORTANTNOTE}}\colon \mathsf{\ Please \, submit \, the \, completed \, Addendum \, form \, to \, the \, \underline{\mathsf{same}}} \, \, \mathsf{Authorised \, Reporting \, Centre}$ with whom you submitted the Original Report.

	ADDEND	JM
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS	ii.
	Original Report No : MNA 120010 385	_Vehicle Registration No: _SLS 8609 A
	Namelas shown in NRICL: Ker Eng Ling	NRIC/FIN/Passport No : 58286829 A
	(*Vehicle Driver / Vehicle Owner) *) Please delete as ap	
	Address : 125 Julua Jujung	Kechil #01-30 Singapore 598681
	7	Mobile No.: 9821 56/1
	Email Address : engling 82 0 /4400.	(on . 57
	Date of Accident : 22/01 / 2020	
	Place of Accident : Alexandra Noad	( pefore Turning into pepot Road)
	Insurance Company: Liberty Insurance	1
(B)	ADDITIONALINFORMATION / AMENDMENTS:	
1550	I have made a report on the above mentioned accident a make the following amendments:	and would like to include additional information or
	_ I would like do a	Third Party claim
	Instead of penantine only.	/ Clari
	101640 31 14/11/19 01/7	
	<del>L</del> i	a solalma
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature
	Oute,	Name: NRIC/FINNO.: ROS / WONAPAS Date: