

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	15/02/2020 12:06
Date Of Accident	14/02/2020 10:45
Exact Location Of Accident	ALONG BLK 219 BISHAN ST 23 CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT2002H
Insured/Policyholder	
Name Of Registered Owner	KHOO RI NA
NRIC No	SXXXX665A
Email Address	KHOO_RI_NA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-83220203
Alternative Phone No	OFFICE-83220203

Vehicle Particulars

Manufacturer	BMW
Model	420I GRAN COUPE LED NAV MSPT

Exact Purpose for which vehicle was being used at time of accident

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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP307790

Cover Note Number

Driver

Name of Driver	KHOO RI NA
NRIC No	SXXXX665A
Date Of Birth	25/12/1975
Occupation	INDOOR
Date Of Driving Pass	08/08/1994
Driving Experience	25 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83220203
Fax Number	
Contact Number	OFFICE-83220203
EEmail Address	KHOO_RI_NA@YAHOO.COM

Address	BLK 219 BISHAN STREET 23 #12-295 SINGAPORE 570219
Postcode	
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	COLLIDED INTO PARKED VEHICLE
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)	0

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

I (VEH A) PARKING AT BISHAN CAR PARK LOT INFORM OF BLK 219. WHEN I COLLECT MY VEH NOTICED MY VEH A'S FRONT RIGHT HAVE A DAMAGE. I CHECK BACK MY VIDEO RECORD A VEH B'S REAR LEFT PORTION HIT ONTO MY VEH A'S FRONT RIGHT PORTION. THAT'S ALL. NOBODY INJURY

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	GBH3022B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM KIM HAI
NRIC/Passport Number	SXXXX096B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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

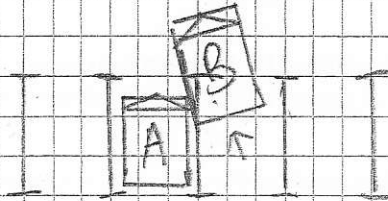
& Time: 15 FEB 2020

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


Reporting Centre Personnel's Signature
Name: Vans
NRIC/FIN No.: XXXXX991A

SKETCH PLAN

Date & Time of Accident: 14/02/20 / 10.45am Location: BLK 219 Bishan St 23 Car park
 Veh A: SJT 202H Veh B: GBH 202B Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Veh A) parking at Bishan car-park lot in front of BLK 219.
 When I collect my veh noticed my veh A's front right have
 a damage. I check back my video record A veh B's rear
 left portion hit onto my veh A's front right portion.
 That's all. Nobody injury.

☐ Own Damage Claim at Lim Tan Motor ☒ TP Claim at Lim Tan Motor
☐ Own Damage Claim at Other Workshop ☒ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____

My/Our email : khoo-ni-na-yahua.com

DECLARATION

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

[Signature]
 Policyholder's Signature Date

& Time: 15 FEB 2020

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: Venus
 NRIC/FIN No.: 38700991A