

## 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	25/04/2020 09:54
Date Of Accident	23/04/2020 17:30
Exact Location Of Accident	CAR PARK OF WESTWOOD RESIDENCES
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF8056M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEE KIAN KEONG
NRIC No	SXXXX625D
Email Address	KEEKIANKEONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91289227
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10256407R00
Cover Note Number	

### Driver

Name of Driver	KEE KIAN KEONG
NRIC No	SXXXX625D
Date Of Birth	22/01/1972
Occupation	INDOOR
Date Of Driving Pass	22/11/1993
Driving Experience	26 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91289227
Fax Number	
Contact Number	OFFICE-NOPHONE
EMail Address	KEEKIANKEONG@GMAIL.COM

Address	BLK 196 WESTWOOD AVE #06-33
Postcode	848153
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	RAINING
Road Surface	WET

#### 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

REFER TO SKETCH PLAN

#### Attachment(s)

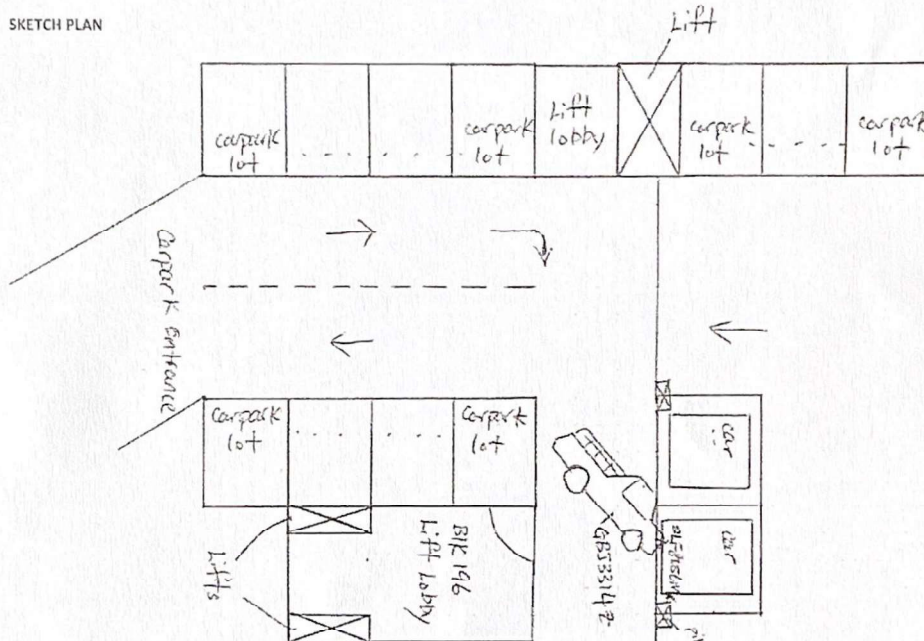
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ3314Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIEW CHOON SIN
NRIC/Passport Number	SXXXX392J
Contact Number	90286188
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan Pg. 2

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/04/2020 at about 5:30pm, I received call from my condo security guard that my vehicle (SLF8056) which was parked at the basement carpark in front Block 196 was hit by one lorry (GBJ3314Z) drive by one of my neighbour Mr Liew choon Sin (NRIC: S14473925). The guard told me to meet at the carpark where my car parked. The guard told me that Mr Liew has reported to the guardhouse that he had accidentally hit my car when he was turning right at Block 196 when he entered into the basement carpark as the floor was wet and slippery due to rain.

When I was at the carpark, I saw my whole car was tilted and left front of my car was touching the pillar, this shown that hit the pillar when Mr Liew lorry hit my car due to the impact, I can see my left front bumper was damage with dent and scratches. There are many plastic broken pieces of my front grill and number plate were on the floor. Right side of the bumper was badly damaged, crack on the right headlight, the logo panel above number plate one side was dropping off. The bonnet car was jammed and couldn't cover properly due to some parts broken in the engine compartment.

## DECLARATION

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

Policyholder's Signature

Date & Time: 24/04/2020  
6pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

<input type="checkbox"/> Claim own policy
<input checked="" type="checkbox"/> Claim third party
<input checked="" type="checkbox"/> Claim OD (if at other workshop)
<input type="checkbox"/> For record purpose
Policy No. P10256407R00
Insurer Budget Direct Insurance
Veh. No. SLF8056M

## Sketch Plan Pg. 1

### SKETCH PLAN

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7. 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 :
    - (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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time: 24/04/2020  
6pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

Accident Photo

