



## 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 29/06/2020 16:39  
Date Of Accident 26/06/2020 21:20  
Exact Location Of Accident 9B PASIR RIS DR 4  
Country, State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ5333Z  
**Insured/Policyholder**  
Name Of Registered Owner LAM KWONG CHYUAN  
NRIC No SXXXX442C  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-97833915  
Alternative Phone No OFFICE-97833915

### Vehicle Particulars

Manufacturer BMW  
Model 530I LED NAV  
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 SD20V06711/PC/R00  
Cover Note Number

### Driver

Name of Driver LAM KWONG CHYUAN  
NRIC No SXXXX442C  
Date Of Birth 05/02/1967  
Occupation INDOOR  
Date Of Driving Pass 06/06/1988  
Driving Experience 32 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-97833915  
Fax Number  
Contact Number OFFICE-97833915  
Email Address NOEMAIL

Address	9B PASIR RIS DRIVE 4 #06-27
Postcode	519464
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 ambulance?	
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)	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

REFER TO STATEMENT.

#### 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	GBJ359P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ELANGESWARAN G KRISHNAN
NRIC/Passport Number	GXXXX959R
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

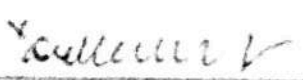
### SKETCH PLAN

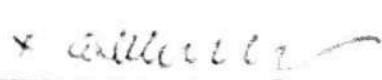
#### IMPORTANT NOTICE

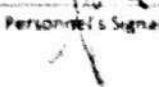
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8. Consent under the Personal Data Protection Act (PDPA)

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.

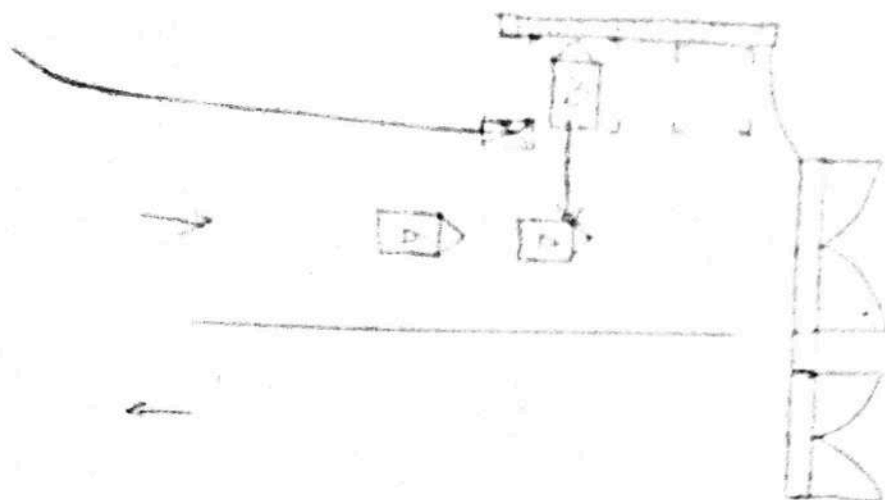
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



A. 2KJ 5333

B. 6BJ 359P

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 Jun 20 at around 9:30pm I was driving towards the exit of condo-ESPAS, my place of residence, and just after negotiated a turn & moving upward on the ramp toward the condo Exit. A vehicle - license no 6BJ 359P parked in the loading/unloading ramp near to the exit were doing a reversing down the stop in order to exit the condo. the vehicle ~~was~~ did not turn on any indicator lights or neither did the vehicle driver step out of the vehicle to ensure there are no incoming vehicle before reversing, as the lot was in a dead-corner blocked by a flower & a flower pots. The collision occurred when my vehicle - 2KJ 5333 was moving up toward the exit and this vehicle 6BJ 359P reversed and hit on the left side of vehicle 2KJ 5333 causing severe damage to the left head-light, and also body. Vehicle 6BJ 359P suffered slight dent to the left bumper clearly showing the impact was at an angle. The weather was clear and the road condition was dry with clear visibility. Vehicle 2KJ 5333 head-light was fully turn-on & the vehicle it should be clearly visible from the alleged driver position.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

24/6/20

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

24/6/20

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRL/IN No.: