MVA320059321 / VAC - Kaki Bukit ENTRY DATE & TIME: 14/07/2020 12:11 SUBMITTED BY: Norhaini Bte Abdul Majid

### 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	l hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	14/07/2020 12:11
Date Of Accident	14/07/2020 09:30
Exact Location Of Accident	SERANGOON AVENUE 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SW98Y
Insured/Policyholder	
Name Of Registered Owner	TAN LARK WANG
NRIC No	S1641531F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96644831
Alternative Phone No	OFFICE-96644831
Vehicle Particulars	
Manufacturer	MAZDA
Model	RIANTE 2.0 AT DELLIYE ELIG

Model **BIANTE 2.0 AT DELUXE EU6** 

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?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

**Insurance Company** 

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number SI19V11328/VPC/R02 (COMP)

Cover Note Number

**Driver** 

Name of Driver LI JINLING NRIC No S8465709C Date Of Birth 02/07/1984 Occupation **INDOOR Date Of Driving Pass** 12/04/2014

6 YEARS AND 3 MONTHS **Driving Experience** 

Gender **FEMALE** 

Mobile Number (LOCAL) +65-88095908

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address 27 KENSINGTON PARK ROAD

Postcode 557274

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

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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?

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)

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**

I WAS DRIVING ALONG SERANGOON AVENUE 2. I WAS ON THE RIGHT LANE. TRAFFIC LIGHT IN FRONT WAS GREEN IN MY FAVOUR. I SAW A PEDESTRIAN (OLD LADY) WAS JAYWALKING IN FRONT SO I SLOWED DOWN. THEN SUDDENLY A TAXI(SHC710Z) FROM THE LEFT LANE, WANTED TO MAKE THE U-TURN AND THE REAR RIGHT SIDE OF THE SAID TAXI COLLIDED ONTO THE FRONT LEFT OF MY CAR.

#### 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 SHC710Z

Vehicle Make/Model/Colour HYUNDAI/ AE IONIQ HEV FL 1.6 DCT

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- 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.
- 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
- (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.
- 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:

1 4 JUL 2020

Driver's Signature (If driver is not the policyholder)

Date & Time:

1 4 JUL 2020

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN >SW98Y PEDESTRIAN CROSSING DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION IDAC KAKI BUKIT (VAC) I/We declare the foregoing particulars are true in every respect. 23 Kaki Bukit Ave 4 #02-02 Singapore 415933 Tel: 67416697 Fax: 67492305

Policyholder's Signature

Date & Time 1 4 JUL 2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

1 4 JUL 2020

Email: vackb@vicom.com.sg

Reporting Centre Personnel's Signature

NRIC/FIN No.:

















