

(Draft)

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 05/08/2020 14:05
Date Of Accident 05/08/2020 07:20
Exact Location Of Accident YIO CHU KANG RD TURNING UPPER THOMSON RD TWD CITY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFF25B
Insured/Policyholder
Name Of Registered Owner PHUA MEI FANG
NRIC No SXXXX521C
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-82289789
Alternative Phone No Office-82289789
Vehicle Particulars
Manufacturer BMW
Model 520I AT D/AB 2WD 4DR 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 SD18V09488/VPC2/R00

Cover Note Number

Driver

Name of Driver TAN KIAN LING
NRIC No SXXXX256A
Date Of Birth 24/08/1973
Occupation INDOOR
Date Of Driving Pass 02/08/1993
Driving Experience 27 YEARS AND 0 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-82289789
Fax Number
Contact Number
Email Address KIANLTAN@GMAIL.COM
Address 25 DEDAP ROAD
Postcode 809429

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	SKC25H
	-
Insurance Company of Driver's Own Vehicle	China Taiping Insurance (Singapore) Pte. Ltd.
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	3
Passenger 1	Name: : TAN TECK MING Gender: : Male
Passenger 2	Name: : TAN TEANG ZUN Gender: : Male

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 :

Vehicle Registration Number	SLA3051K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
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

Date & Time: 05 AUG 2020

Driver's Signature

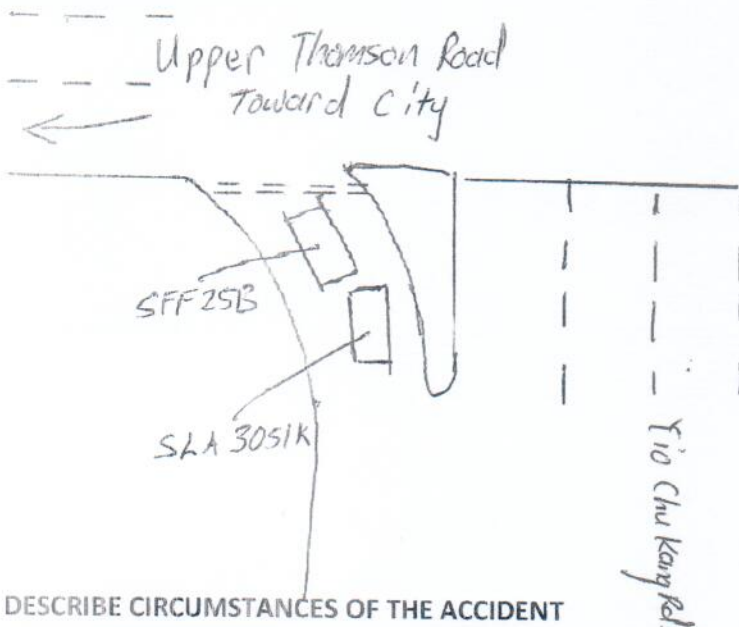
(If driver is not the policyholder)

Date & Time: 05 AUG 2020

Reporting Centre Personnel's Signature

Name: Tracia
NRIC/FIN No.: 05 AUG 2020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

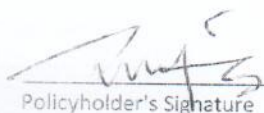
On Wednesday 5th of August at about 7.20am, the weather was dry and traffic was heavy.

As I was travelling along Yio Chu Kang Road turning into the slip Road to Upper Thomson Road toward the City. I slowed down as I ~~was~~ was approaching the slip road I stopped at the double dotted line waiting for clear of traffic. Suddenly there was a great impact from the rear and my vehicle SFF25B move forward.

Upon investigation, the rear sliver vehicle SLA3051K had hit my rear end.

DECLARATION

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


Policyholder's Signature

Date & Time: 05 AUG 2020


Driver's Signature

(If driver is not the policyholder)
Date & Time: 05 AUG 2020



Reporting Centre Personnel's Signature

Name: Tricia Leong

NRIC/FIN No.: 05 AUG 2020