

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	08/10/2020 16:28
Date Of Accident	08/10/2020 10:40
Exact Location Of Accident	GREENMEAD AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA189R
Insured/Policyholder	
Name Of Registered Owner	SOH WEE CHEE @SOH WEI CHI (SU WEIQI)
NRIC No	SXXXX882I
Email Address	WEICHI@KENNETHTAN.COM
Mobile Phone No	(LOCAL) +65-98374117
Alternative Phone No	OFFICE-98374117

Vehicle Particulars

Manufacturer	AUDI
Model	TTC-2.0 TFSI S-TRONIC (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V11278/VPA/R01
Cover Note Number	

Driver

Name of Driver	SOH WEE CHEE @SOH WEI CHI (SU WEIQI)
NRIC No	SXXXX882I
Date Of Birth	05/09/1975
Occupation	INDOOR
Date Of Driving Pass	22/09/1997
Driving Experience	23 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98374117
Fax Number	
Contact Number	OFFICE-98374117
Email Address	WEICHI@KENNETHTAN.COM

Address	228 GREENWOOD TERRACE
Postcode	286927
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	COLLISION - HEAD TO REAR
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?	
Was any other material or property damaged?	NO
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

AS PER ATTACHED

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	SKP8868X
Vehicle Make/Model/Colour	VOLVO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH KONG AI
NRIC/Passport Number	SXXXX733Z
Contact Number	97319880
Address	5 GREENMEAD AVENUE
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:

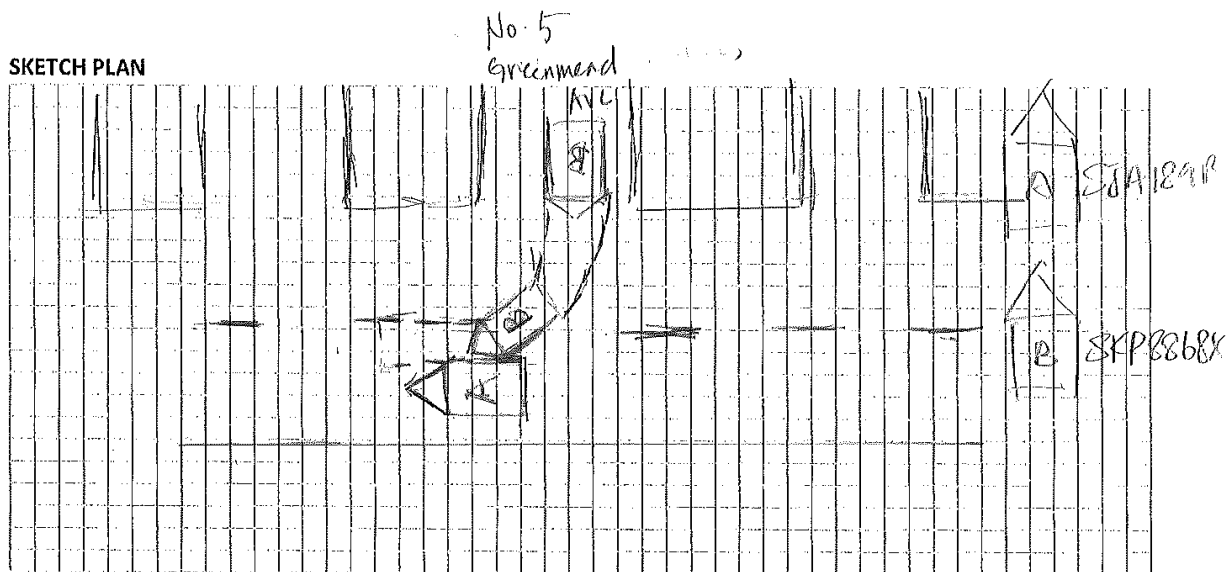


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Around 1040am on 8 October (Thursday) 2020, I was driving along Greenmead Avenue, I was about 2 car lengths behind another car, as I was passing one of the houses (later I saw it was No. 5 Greenmead Avenue) suddenly there was impact against the side of my car to my right slightly behind my seat. I stopped and realised another car coming out of the gate of a house had suddenly driven into my car. I could not see the car coming out as I approached no. 5 house as there were large cars parked on the right, along the road, blocking my view. I got out and the other lady also got out, she asked me to move my car to the side of road so as not to block traffic. I saw her Volvo had hit my Audi, damaged the right side of my car, and her car plate came off and sliced into my bumper and was stuck there. I asked her whether she forgot to look to her left when she came out of her house. She said "so sorry" a few times. ~~Her~~ A man (I think her husband) came out from No. 5 Greenmead Ave. She confirmed she lives at No. 5 Greenmead Ave and was driving out of her gate when she hit my car. When she hit my car her car was already behind my field of vision. I believe she didn't look to her left and just drove straight and quickly out of her gate, there were two large vehicles one each parked on each side of her

DECLARATION

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

Policyholder's Signature

Date & Time: 4.10pm 8/10/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time: 4.10pm 8/10/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARMC Sketch Plan Form V3

→ particulars - her name is Toh Keng Ai. NRIC No. 500297332.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



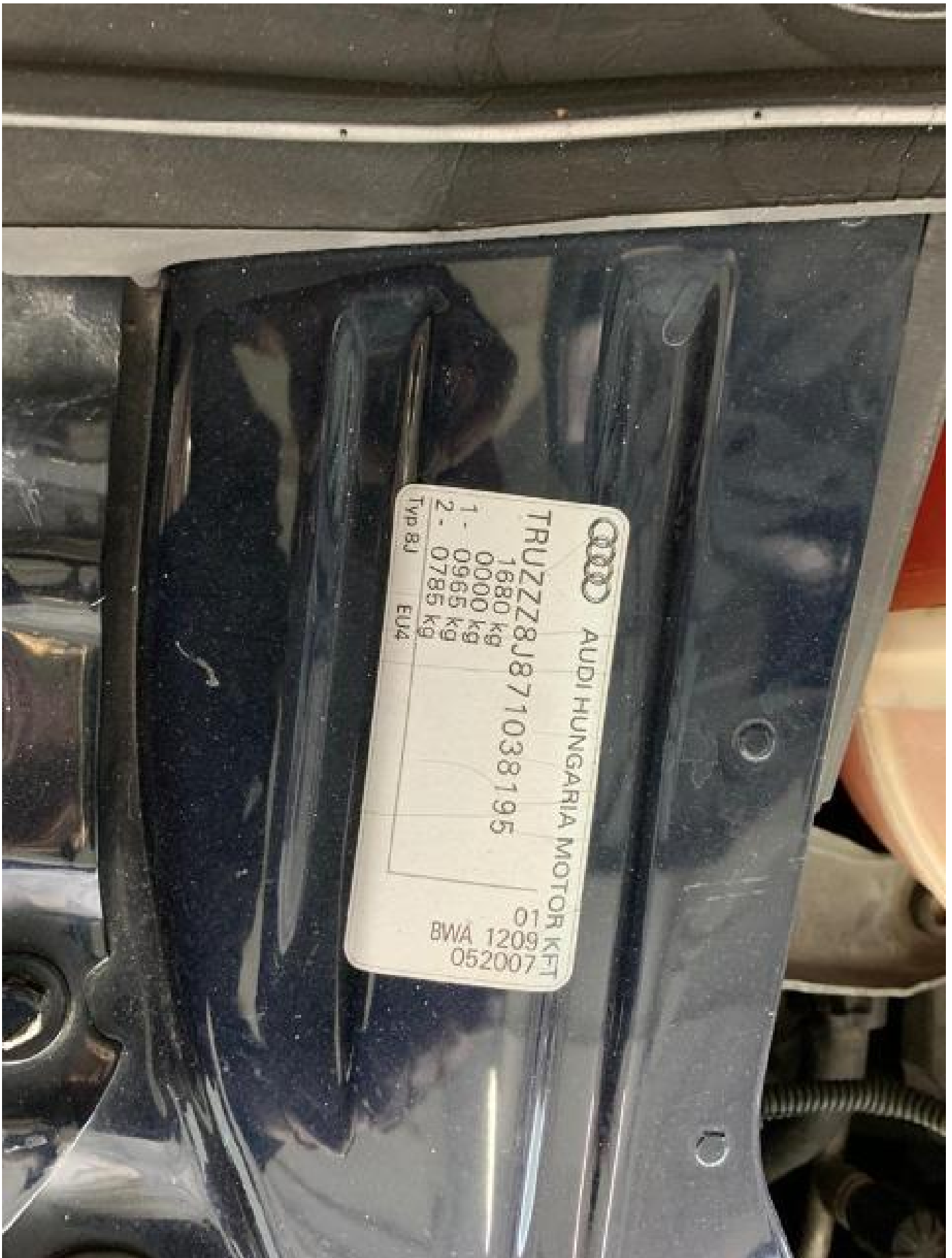
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