SP01214E0003 / Performance Motors Limited ENTRY DATE & TIME: 14/04/2021 16:40 (SGT) SUBMITTED BY: Chan Sook Ling VERSION: 1 (14/04/2021 16:40 (SGT))



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 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

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 Submission Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

14/04/2021 16:40 (SGT) 12/04/2021 06:31 (SGT) 5 Pandan Valley, Singapore 597629 CARPARK Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SBK1900P

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

NG JUI KHENG SXXXX109G PSEAH19@GMAIL.COM (Phone) +65-81808382 (Home) +65-0

VEHICLE PARTICULARS

Manufacturer Model Variant 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? Vehicle Category Transmission CC

216i

BMW

Private use

No - Claiming third party Private car Auto 1499

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

Liberty Insurance Pte Ltd Comprehensive

No

DRIVER

Name of Driver NRIC No

SEAH BOON KWANG SXXXX713E



Date Of Birth
Occupation
Date Of Driving Pass
Driving experience
Gender
Mobile Number
Alt. Phone Number
Email Address
Address
Address
Address
Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

01/09/1957 Indoor 26/07/1983 37 YEARS AND 9 MONTHS Female (Phone) +65-91696000

PSEAH19@GMAIL.COM 7 PANDAN VALLEY #03-501

597631 No Spouse No

Hit and run / Vandalism / Damaged whilst parked Raining

Wet

No 2

No

Yes 0

No

Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No

Yes Yes No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category

PC5859B Toyota Hiace

_

Commercial vehicle

Accident report SP01214E0003

Page 2 of 21

Name of Driver	_
Contact Number	_
Address	_
Address complement	_
Postcode	_
Insurance Company Name	0000000000
Nature Of Damage	_
Details of property damaged in accident	
No. Of Passenger (Including Driver)	_

Accident Reports

(/accident-reports)

Insurer Enquiry

(/insurer-

enquiry)

Third Party Reports

(/third-party-reports)

Files

(/folders)



INSURER ENQUIRY

Find insurer

Vehicle reg. no.

PC5859B

Date of Accident

12/04/2021

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

No information available

SKEICH PLAN

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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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 "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:

(Pat)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIARIVIC SI etciri lanForm V3

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SKETCH PLAN



T/20210414/7015

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1 of 3 Report No. T/20210414/7015

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2021 14:42			Vide Report No.: T/20210414/7005	Station Diary No.:			
Informant'	s Particula	ars					
Name of In NG JUI KH			Address: 7 PANDAN VALLEY #03-501 S	SINGAPORE	E 597631		
ID Type / II NRIC NO /		G	Contact No.: Home/Office:	Mobile: 81808382			
Nationality: SINGAPORE CITIZEN			Email: jk17ng@gmail.com				
Sex: Male	Age: 65	Date of Birth: 17/12/1955	Type of Informant: Vehicle Owner				
Race: Chinese			Language: English	Institution	/ School Name:		
Occupation Retiree	n:		Driving Licence Information: Class: 3	Date of Ex	piry:		

General Inform	nation of the Accident	THE PERSONS IN	ALBOR NO LESSANDO DE LA		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 12/04/2021 06:30		Type of Location: Car Park
Location:					
5 Pandan Vall	ey Car Park				
Weather:		Road Surface: Wet		Road 40 Kr	I Speed Limit: m/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffi No T	ic Volume: raffic
Type of Collision: Moving Vehicle Against - Parked Vehic		cle			ne conveyed by ulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
PC5859B	Van	TOYOTA	Hiace	Black		0
SBK1900P	Car	BMW	216i	Grey	Slightly Damaged	0

Details of Ve	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



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Report No. T/20210414/7015

CONTINUATION OF REPORT

Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SBK1900P	LIBERTY INSURANCE PTE LTD	SI20V14157/VPC/R 01	12/12/2020	11/12/2021		

Details of Perso	n Involved				KT TO BE	
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Peo	destrian	Cross	ing: NA
Vehicle Owner				50/64	Service Const	
Name	NG JUI KHENG			ID No.		S1165109G
Related Vehicle	SBK1900P (Car)			Conta	ct No.	81808382
Hospital/Clinic	NIL			Class Driving Licend Expiry	e &	Class: 3 Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

My car (SBK1900P) was parked at Blk 5 Pandan Valley Condominium carpark lot at around 6:30 am on 12 Apr 2021.

The next day on 13 Apr 2021 at about 2 00 pm, my wife drove my car to the petrol kiosk to top up petrol as well as top up water in the washer tank. The pump attendant highlighted to my wife that the front left headlight and bumper were damaged.

I retrieved the video from my in-car camera and discovered that on 12 Apr 2021 at around 6:30 am, the vehicle PC5859B, a black Toyota Hiace, has collided onto my car which was parked in the carpark slot.



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Sketch Plan Informant is not able to provide sketch

NP168



T/20210414/7015

3 of 3

Report No. T/20210414/7015

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2021 14:42
Officer In Charge Of Case: TP / TPIB / GOH GEOK LYE Contact No.: 65476148	Classification Of Case:
Authentication Stamp	