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.

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 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 14/05/2021 13:37 (SGT) Date of Accident 13/05/2021 14:00 (SGT) Exact Location of Accident Almond Cres, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJD9998Y

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner TAN KAY SIAM NRIC No. SXXXX679J

Email Address KANTANKS@YAHOO.COM.SG Mobile Phone No (Phone) +65-94506052

Alternative Phone No +65-94506052

VEHICLE PARTICULARS

Manufacturer **BMW** Model 218i

Variant 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 - Claiming third party Vehicle Category Private car

Transmission Auto CC 1499

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive

Fleet Policy

Policy Number SD20V11822/VPC2/R00

Cover Note Number

DRIVER

Name of Driver TAN KAY SIAM NRIC No. SXXXX679J

Date Of Birth 02/05/1971 Occupation Indoor Date Of Driving Pass 02/06/1990 Driving experience 30 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-94506052 Alt. Phone Number +65-94506052 Email Address KANTANKS@YAHOO.COM.SG Address **63 ALMOND CRESCENT** Address complement Postcode 677817 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? No 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH. 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
 GBG1433S

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Goods vehicle

 Name of Driver
 TAY KIM SENG ERIC

 NRIC No
 SXXXX294C

 Contact Number
 (Phone) +65-98791110

Address complement Postcode	-
	- (O:) D: 1:1
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	REAR
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name TERRY

Phone (Phone) +65-97611780

Email _______

SKETCH PLAN

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- 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.
- 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:
 - 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:
 - 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 Court Paguer Signature Naguer Derformance Motors Limited 1903 Alexandra Road Sime Darby Performance Centre

Singapore 159941

SKETCH PLAN		
Almord Cressent	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Station 1
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
# ##. P. D. D. T. V. C. P. C. W. S. C. P. B. T. C. P. C.		car 27099984 ws
Witness Mr Terro	I informed no the	ncident and other exchange particulous.
DECLARATION I/We declare the foregoing particular	ars are true in every respect.	Lyl
Policyholder's Signature Date & Time: \\ \\ \Q\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Separter agent p Signature Performance Motors Limited NAIC/803 Alexandra Road Sime Darby Performance Centre Singapore 159941























