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 04/06/2021 15:44 (SGT) Date of Accident 04/06/2021 10:15 (SGT) Exact Location of Accident 76 Playfair Rd, Singapore 367996 Additional Location Information **LHK 2 BUILDING** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SG2777U

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LOO LAN SIE NRIC No. SXXXX806E Email Address reporting@mycar.sg Mobile Phone No (Phone) +65-96709775 Alternative Phone No +65-96709775

VEHICLE PARTICULARS

Manufacturer Mercedes Model E63s 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 3982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V00146/VPC/R02 Cover Note Number

DRIVER

Name of Driver LEE POH HOCK NRIC No. SXXXX065J

Date Of Birth 19/11/1969 Occupation Indoor Date Of Driving Pass 23/04/1990 Driving experience 31 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96709775 Alt. Phone Number Email Address reporting@mycar.sg Address 38 CHUAN HOE AVENUE Address complement Postcode 549841 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Spouse 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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 PLEASE REFER TO SKETCH AND STATEMENT 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 Vehicle Manufacturer	SLK8333L -
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-88288333
Address	-
Address complement	-

Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Reversed

& Time

Sketch Plan

Witnessed by Reporting Centre Personnel

A:56 x 27774

B. 21/c83337

Refer to statement		
KENT TO STATEMENT		
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		- Particular State of
IOI- CONTINUES THE RESIDENCE		
Declaration		
We declare the foregoing part	iculars are true in every respect.	
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	/ 6	DV 04/06/201
olicyholder's Signature / Date	& Driver's Signature (If driver is not the policyholder) / Date	Witnessed by Reporting Centre
ime	& Time	Personnel

Accident statement

My vehicle was stationary parked on the stated venue. Vehicle (B) SLK8333L collided onto my vehicle while he was reversing.

Ju 04 log/2011





















