SN0922280004 / National Assessment Centre Services [408933] ENTRY DATE & TIME: 08/02/2022 13:34 (SGT) SUBMITTED BY: Renee VERSION: 1 (08/02/2022 13:34 (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.

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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 08/02/2022 13:34 (SGT) Date of Accident 31/01/2022 15:00 (SGT) Exact Location of Accident 19C Simei Street 4, Singapore 528715 Additional Location Information MULTI STOREY CARPARK Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number **SDI 400T**

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LAM PANG VOON NRIC No. SXXXX444Z Email Address lamviola@hotmail.sq Mobile Phone No (Phone) +65-97499906 Alternative Phone No +65-97499906

VEHICLE PARTICULARS

Manufacturer Porsche Model 718 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 - Reporting only

Vehicle Category Private car Transmission Auto CC 1988

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V09981/VPS/R04 Cover Note Number

DRIVER

Name of Driver LAM PANG VOON NRIC No. SXXXX444Z

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	03/06/1963 Indoor 10/06/1985 36 YEARS AND 7 MONTHS Male (Phone) +65-97499906 +65-97499906 Iamviola@hotmail.sg 19C SIMEI STREET 4 #01-30 528715 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
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 vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO THE ATTACHED STATEMENT	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SKK9488D -

Private car

(Phone) +65-96202268

Address complement	
Accident report	SN0922280004

Vehicle Model
Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Address

Postcode - Insurance Company Name - Nature Of Damage - Details of property damaged in accident - No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTICE

- 1, Please report correctly the details of the accident to speed up the claims process.
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- 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>.
- 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.
- 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 bdgement 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)

l 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 posses sed 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 hourers' 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 &

Driver's Signature (# driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A= SDL 400T

B = SKK 9488D

Mc Simei Street 4 Multi Storey Carpark.

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