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 29/04/2022 15:20 (SGT) Date of Accident 28/04/2022 11:30 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information (CITY) BEFORE EXIT 7D BALESTIER ROAD Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

BMW

Vehicle Registration Number ST200J

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner TAN THEE SUN @ TAN BOON CHOO NRIC No. SXXXX120E Email Address dennis.tan@bthgroup.com Mobile Phone No (Phone) +65-96628888 Alternative Phone No +65-96628888

VEHICLE PARTICULARS

Manufacturer

Model 740li 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 2998

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V11581/VPC/R00 Cover Note Number

DRIVER

Name of Driver TAN THEE SUN @ TAN BOON CHOO NRIC No. SXXXX120E

Date Of Birth	03/04/1945
Occupation	Indoor
Date Of Driving Pass	06/08/1964
Driving experience	57 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96628888
Alt. Phone Number	+65-96628888
Email Address	dennis.tan@bthgroup.com
Address	71 SARACA ROAD
Address complement	-
Postcode	807404
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	Chain Callinian
Weather Conditions	Chain Collision
Road Surface	Clear
Noau Sullace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	•
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
soliciting/offering accident claims assistance:	NO
DETAILS OF POLICE ACTION	
DETAILS OF POLICE ACTION	
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Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	•
CIRCUMSTANCES OF ACCIDENT	
DI ELOS DESED TO OVERSUS VIV	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are assistant photos quellable for attacher and	v.
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
DETAILS OF OTHER	VEHICLE PROPERTY 1
DETAILS OF OTHER	VEHIOLETROPERTITI
Vehicle Registration Number	SDT9008S
Vehicle Manufacturer	-
Vehicle Model	

Vehicle Model-Vehicle Variant-Vehicle Colour-Vehicle CategoryPr

Vehicle Category Private car
Name of Driver -

Contact Number
Address

Address complement

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB620U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

SKETCH PLAN

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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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.

Sketch Plan

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

Witnessed by Reporting Centre

VolidoA: ST>005

2800PTG2 : 29bidgy

vehiclec - SKEboOH

(TE (City) before Exit 7D

Balestier Road

Describe Circumstances of the Accident	
On the stated date & time, I, vehicle A (ST200J) was to	ravelling at the stated
location on the extreme right lane. As the front vehicle slowed	
stop, I followed suit. Out of sudden, I felt an impact	from the rear portion
of my vehicle. I alighted & realised vehicle ((SKB6>04) colli	ided onto wehicles
(SDT 90085) causing vahicle B (SDT 90085) to surge forward	and collided onto
my vehicle rear portion causing damages.	
and section to the section of the se	
Declaration	
We declare the foregoing particulars are true in every respect.	
	/
0 10 3	Walnulama
	21/04/2022
Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time & Time	Witnessed by Reporting Centre Personnel















