SN09232R0003-02 / National Assessment Centre Services [408933]
ENTRY DATE & TIME: 27/02/2023 13:40 (SGT)
SUBMITTED BY: NIVITHA
VERSION: 3 (02/03/2023 08:10 (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 Actual 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	27/02/2023 13:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/02/2023 04:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	54 SELETAR GREEN VIEW
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB6555K

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHUI CHING, NINA
NRIC No	SXXXX163G
Email Address	nina.ccyang@gmail.com
Mobile Phone No	(Phone) +65-97696015
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Macan
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	2995

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V04159/VPS/R00

DRIVER

Name of Driver	TAN CHUI CHING, NINA
NRIC No	SXXXX163G
Date Of Birth	02/11/1965
Occupation	Indoor

Date Of Driving Pass	21/04/1986
Driving experience	36 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97696015
Alt. Phone Number	-
Email Address	nina.ccyang@gmail.com
Address	54 SELETAR GREEN VIEW
Address complement	-
Postcode	805139
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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)	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED STATEMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNF5535T
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIM JUN XIANG, SHAWN
NRIC No	SXXXX637A

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

Describe Circumstance of the Accident

VEHICLE NO: SKB 6555 K ACCIDENT DATE & TIME: 25/02/2023

CONTACT NUMBER: 97696015 E-MAIL:

LOCATION:

At about 4:30am, my vehicle SKB 6555K was stationary and parked along the road side. No driver nor passenger insider the car. We were asleep and woken up by a loud noise when we came out and saw the right front side (driver sides) was badly damaged, with the right front wheel crooked and tyre deflated, and the metal rim caved in. The impact was great that my vehicle moved and hit the road kerb by the left front wheel.

Driver of SNF 5535T, Shawn Sim walked towards us and kept apologising claiming that he was careless when the accident occurred. He admitted to his fault in entirety and we exchange personal details.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

PLEASE STATE: ( ) CLAIM OWN POLICY (√) CLAIM THIRD PARTY ( ) CLAIM OD/TP AT OTHER WORKSHOP ( ) REPORTING ONLY

Declaration

I/We declare the foregoing particulars are true in every respect.

x _____ Policyholder's Signature / Date & Time

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

27/2/23 _____ Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

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SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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

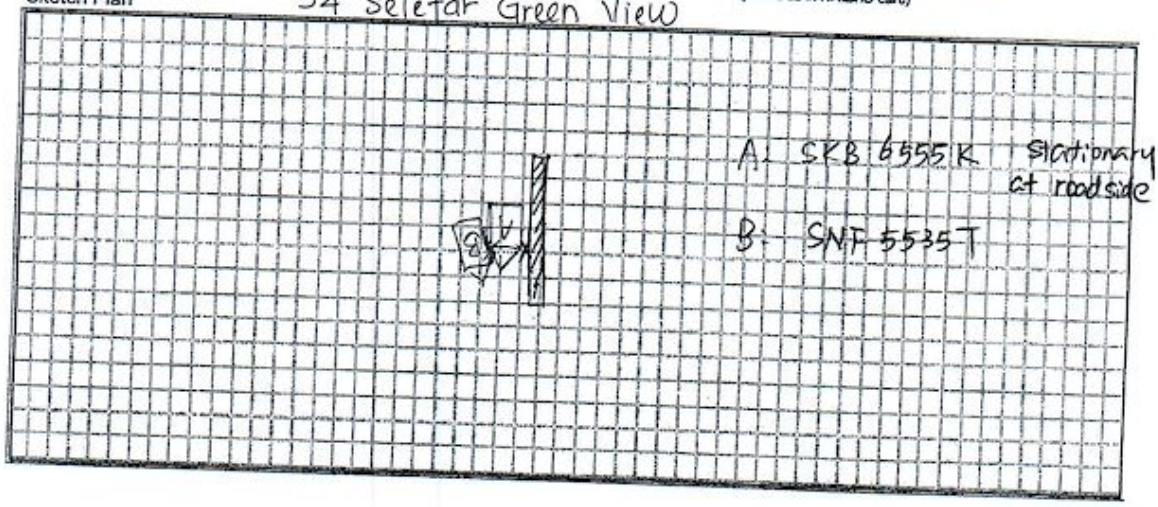
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

X _____
Policyholder's Signature / Date & Time

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

_____ 2/3/23
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan 54 Seletar Green View



1

IMAGES


150
200
250
KM/H
280
100
50
0
2755
7127
1/MIN x 1000
1
2
3
4
5
6
7
8
P
R
N
D
M
0

IMAGES #2


GERMANY
DR.ING.H.C.F.PORSCHE AG
e13*2007/46*1165
WP1ZZZ9YZLB80504
2580 kg
4980 kg
1 - 1290 kg
2 - 1350 kg
10%
558 000 MILES

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

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IMAGES #20

IMAGES #21

IMAGES #22

IMAGES #23

IMAGES #24

IMAGES #25

IMAGES #26

IMAGES #27

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09232R0003 Vehicle Registration No: SKB 6555K

Name (as shown in NRIC): Tan chui ching, Nina NRIC/FIN/Passport No: S1692163G

(~~*Vehicle Driver~~/Policyholder) (*) Please delete as appropriate

Address: 54 Seletar Green view Singapore (805139

Contact (Tel): Mobile No.: 9769 6015

Email Address: nina.cctyeng@gmail.com

Date of Accident: 25/02/2023 Time of Accident: 04:30

Place of Accident: 54 Seletar Green view

Insurance Company: liberty

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend location in sketch plan - 54 Seletar Green View

Policyholder / Actual Driver's Signature
Date:

2/3/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: