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.

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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 14/03/2023 14:33 (SGT) Reported by Date of Accident 13/03/2023 14:45 (SGT) Exact Location of Accident Toa Payoh W, Singapore Additional Location Information TOA PAYOH WEST CARPARK T0130, RIGHT OUTSIDE SJI INTERNATIONAL SCHOOL Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1798

Vehicle Registration Number SMS9882H

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner LIN SHIYANG NRIC No SXXXX934J Email Address JLINSHIYANG@GMAIL.COM Mobile Phone No (Phone) +65-91157916 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Audi Model Α6 Variant 1.8 TFSI S-TRONIC 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

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V13211/VPC/R00/E00

DRIVER

Name of Driver TANG YAN YUE NRIC No SXXXX300J Date Of Birth 10/12/1991

Occupation Date of Driving Bose	Indoor
Date Of Driving Pass	25/11/2011
Driving experience	11 YEARS AND 4 MONTHS
Gender Mahila Number	Female
Mobile Number	(Phone) +65-90286991
Alt. Phone Number	-
Email Address	YANYUETL@GMAIL.COM
Address	36 MARGARET DRIVE
Address complement	#46-262
Postcode Is the driver the policyholder?	140036
	No
If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?	Spouse
	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	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	INO
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	
I WAS PARKED AT THE PARKING SPOT FROM 09:53 AM ON 1	13 MARCH 2023 AND DISCOVERED THE DAMAGE ON THE CAR
WHEN I WAS ABOUT TO LEAVE AT 2:45 PM (13 MARCH 2023) THE CAR AND THE FRONT BUMPER FELL OFF, WITH CRACK). THERE HAD BEEN DAMAGE ON THE FRONT RIGHT SIDE OF (S ON THE GLASS (FRONT LIGHT) AND OTHER CRACKS ON THE ND CONTACT AND INFORMED ME THAT THE CAR WAS NOTED ED FOR THE VEHICLE BE TOWED AWAY FOR SAFETY TAN, WHO ALOS INFORMED ME THAT HE WITNESSED A
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 SMN1010L

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	VIK YEO KEE ANN
Contact Number	(Phone) +65-93382581
Address	· ,
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

WITNESS DETAILS

WITNESS 1

Name STEVEN TAN Phone (Phone) +65-92716172

Email

SKETCH PLAN

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- 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' 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 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 (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan

AIQMS 9881 H

Describe Circumstances of the Accident

Policyholder's Signature / Date & Time	Driver's Signature (# dkiver is & Time	not the policyholder) / Date	Witnessed by Reporting Centre Personnel
Declaration We declare the foregoing particular	Def	1313123. 610pm.	Minimana *
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15177	77		105/25/06/
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			4.07
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The diviner that he that the man	noted to left of	note a contact a	ine of collision and
and ofter cracks o	bumper fell off, in	the cracks on the	glass (find liqut)
C13 March 2023) . T	leve had been dam	ape on the first	right side of the
discovered the dama	ige on the car wh	en 1 was about	to leave at 245 pm
1 las parked at	the Detutate cost his	M 09 5 3 Ch 00 13	3 March 2023 and































































