**Your NCD will be affected due to late reporting**

# 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 | 26/06/2023 09:49 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 04/06/2023 19:00 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | (MARINA BAY SANDS ) MBS CAR PARK |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | SFF168Y |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | YARGAY MCI PTE. LTD. |
| Company Reg No | 1XXXXX810M |
| Email Address | kympang1@gmail.com |
| Mobile Phone No | (Phone) +65-92295488 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Mercedes |
| Model | MI300 |
| 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 | 2996 |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number | SI22V14280/VPE/R07 |

### DRIVER

| | |
|---|---|
| Name of Driver | PANG JING-JING , KYM |
| NRIC No | TXXXX525E |
| Date Of Birth | 19/01/2000 |
| Occupation | Indoor |

| | |
|---|---|
| Date Of Driving Pass | 28/09/2020 |
| Driving experience | 2 YEARS AND 9 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-83835488 |
| Alt. Phone Number | - |
| Email Address | kympang1@gmail.com |
| Address | 14F HILLSIDE DRIVE |
| Address complement | - |
| Postcode | 548934 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | OWNER'S DAUGHTER |
| 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) | 1 |
| 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

*PLEASE BE INFORMED THAT VEHICLE HAD ALREADY REPAIRED.

## 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 | SKJ3580P |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |

| | |
|---|---|
| Name of Driver | - |
| Contact Number | (Phone) +65-98153153 |
| Address | - |
| Address complement | - |
| 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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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. 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.
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 processed 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.

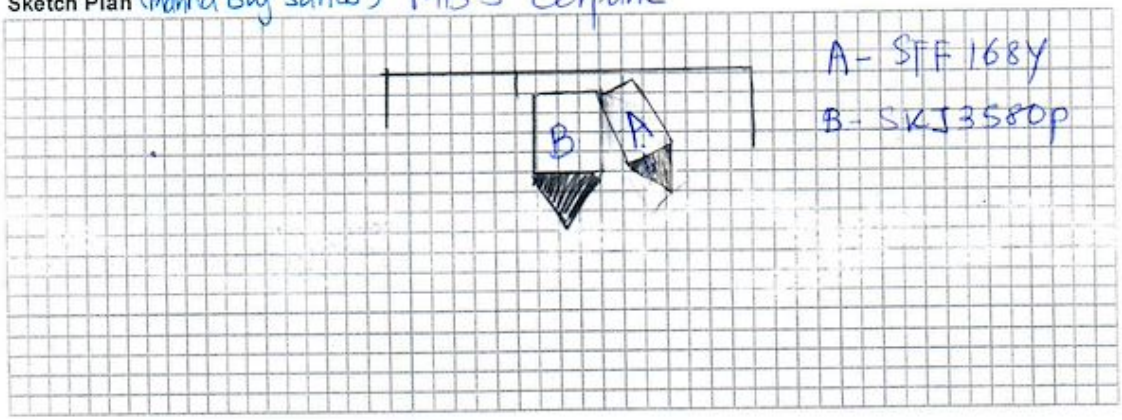
(collectively the "**Purposes**")

(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.

| Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel |
|---|---|---|
| | 19/6/23 | 26/6/2023 |

**Sketch Plan** (Marina Bay Sands) MBS Carpark



Describe Circumstance of the Accident

On the above stated date and time, I was at MBS Carpark ( Marina Bay Sands Carpark). Vehicle B was parked on the lot and there were no driver inside the Car. I wanted to park my car beside vehicle B so I reversed my car to park into the lot. My vehicle hit the rear left portion of vehicle B's while reversing to park.

Declaration

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

Policyholder's Signature / Date & Time

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

19/6/23

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

26/06/2023

vJun2022

2

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


DAIMLER AG
WDC1641822A698075
2830 kg
1- 1400 kg
2- 1600 kg
Mercedes-Benz
MY2011
C650
TYP: 164
PZ: 6
1.0 %
Made in USA

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: SN09236Q0001 Vehicle Registration No: SFF168Y

Name (as shown in NRIC): Pang Jing-Jing, Kym NRIC/FIN/Passport No: T0002525E

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

Address: 14F Hillside Drive Singapore (548934)

Contact (Tel): Mobile No.: 8383 5488

Email Address: kympang1@gmail.com

Date of Accident: 04/06/2023 Time of Accident: 19:00

Place of Accident: (Marina Bay Sands) MBS Car park

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 policy Number - SJ22V14280/YPE/R07

Policyholder / Actual Driver's Signature
Date:

27/6/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Yargay MCI Pte Ltd
ESTABLISHED SINCE 1988
23 New Industrial Road #06-05 Solstice Business Center Singapore 536209 ▸ Tel: (65) 6288-5488 ▸ Fax: (65) 6285-5488
Co. Reg. No. 198801810-M
GST Reg. No. M2-0083281-7

5th June 2023

TO WHOM IT MAY CONCERN

IDAC – CAR ACCIDENT REPORTING DIVISION

Dear Sir or Madam

**LETTER OF AUTHORISATION – CAR ACCIDENT FILING REPORT**

**CAR: SFF 168 Y MERCEDEZ ML300**

This letter serves to inform that our Company has authorised the personnel mentioned below to assist the Company to file a Car Accident Report, whom is a staff of our Company & driver of the car during the accident occurs.

Pang Jing-Jing, Kym

IC: T0002525-E

The Car insurance is covered under Liberty Insurance, Certificate Number:

SI22V14280 / VPE /R07 expiring on 5th Dec 2023.

Should you require additional information, please do not hesitate to contact the undersigned for clarification.

Regards

Lynda Tan

Personnel Manager