

## 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 withholding 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 First Submission .....	17/08/2024 10:21 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	16/08/2024 08:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SLU428Y
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLU428Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIU DONGFA
NRIC No .....	S7081382C
Email Address .....	chq0929@gmail.com
Mobile Phone No .....	(Phone) +65-90048432
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Harrier
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 .....	1998
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P1027415R/04

#### DRIVER

Name of Driver .....	CHENG QING
NRIC No .....	S7377641D
Date Of Birth .....	14/09/1973
Occupation .....	Indoor
Driving Pass Date .....	22/08/2006
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	18 YEARS
Gender .....	Female
Mobile Number .....	(Phone) +65-94233516
Alt. Phone Number .....	-
Email Address .....	chq0929@gmail.com
Address .....	9 TAMPINES AVE 8 #15-13
Address complement .....	-
Postcode .....	529598
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 Collision
Weather Conditions .....	Clear
Road Surface .....	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) .....	2
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 .....	-

#### PASSENGER 1

Name .....	LIU ZHIQI
Gender .....	Male

#### 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

#### REFER TO SKETCH

#### 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 .....	SHD4511A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	NGIANG MENG KWANG
NRIC No .....	S1426239C
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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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**

VEHICLE NO: *SLU428Y*  
 DATE OF ACCIDENT: *16/08/2024*

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4. The issue and acceptance of this Form by Insurance companies is not an admission of the policy liability on the part of 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 shall be collectively referred to as the "Insurer", 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")

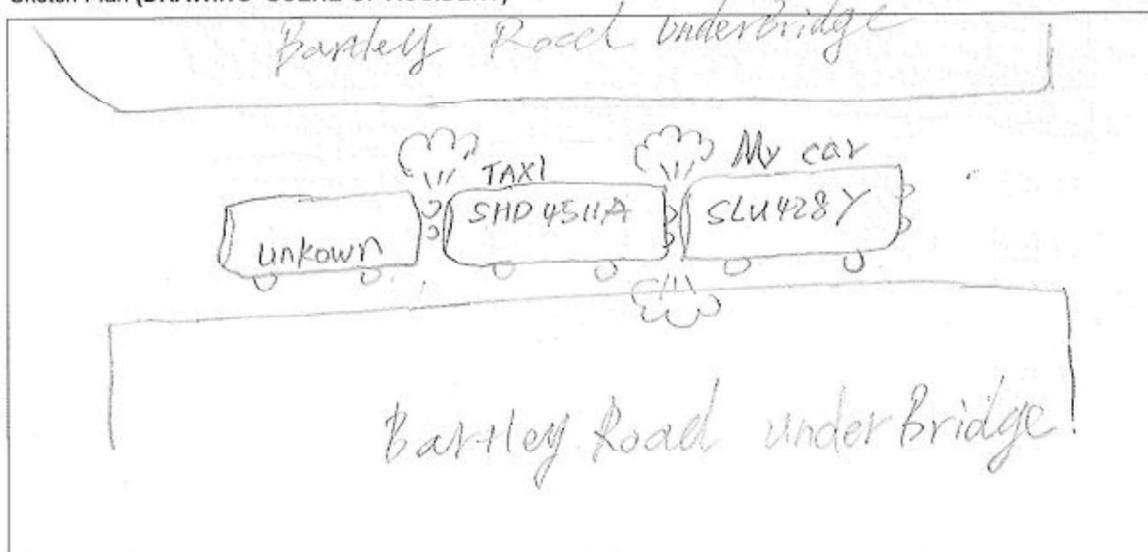
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/ law firms, may/ are permitted to collect, use, disclose and/ or process my Personal Information for one or more of the above Purposes; and

(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 (Name as on NRIC card)  
**CHARN'S CUSTOMCRAFT**

**Sketch Plan (DRAWING- SCENE OF ACCIDENT)**



VEHICLE NO: SLU428Y

DATE OF ACCIDENT: 16/8/24

Describe Circumstances of the Accident

2024年8月16日早上8:15分左右, 我(S3176410)驾驶的  
SLU428Y的车行驶到 Bartley Road (under Bridge) 出口处  
的时候, 发现前方许多车行驶缓慢, 我也减速慢行,  
突然, 我后面的一辆的士 (SHD 4G11A) 快速冲上来, 直接  
顶住了我的车尾, 我感到一阵很大的力量猛地推到  
我的座椅背部, 原来我的车被后面的车追尾了!!!

REPORTING ONLY ( )

OWN DAMAGE ( )

THIRD PARTY (X)

OWN WORKSHOP ( )

## Declaration

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

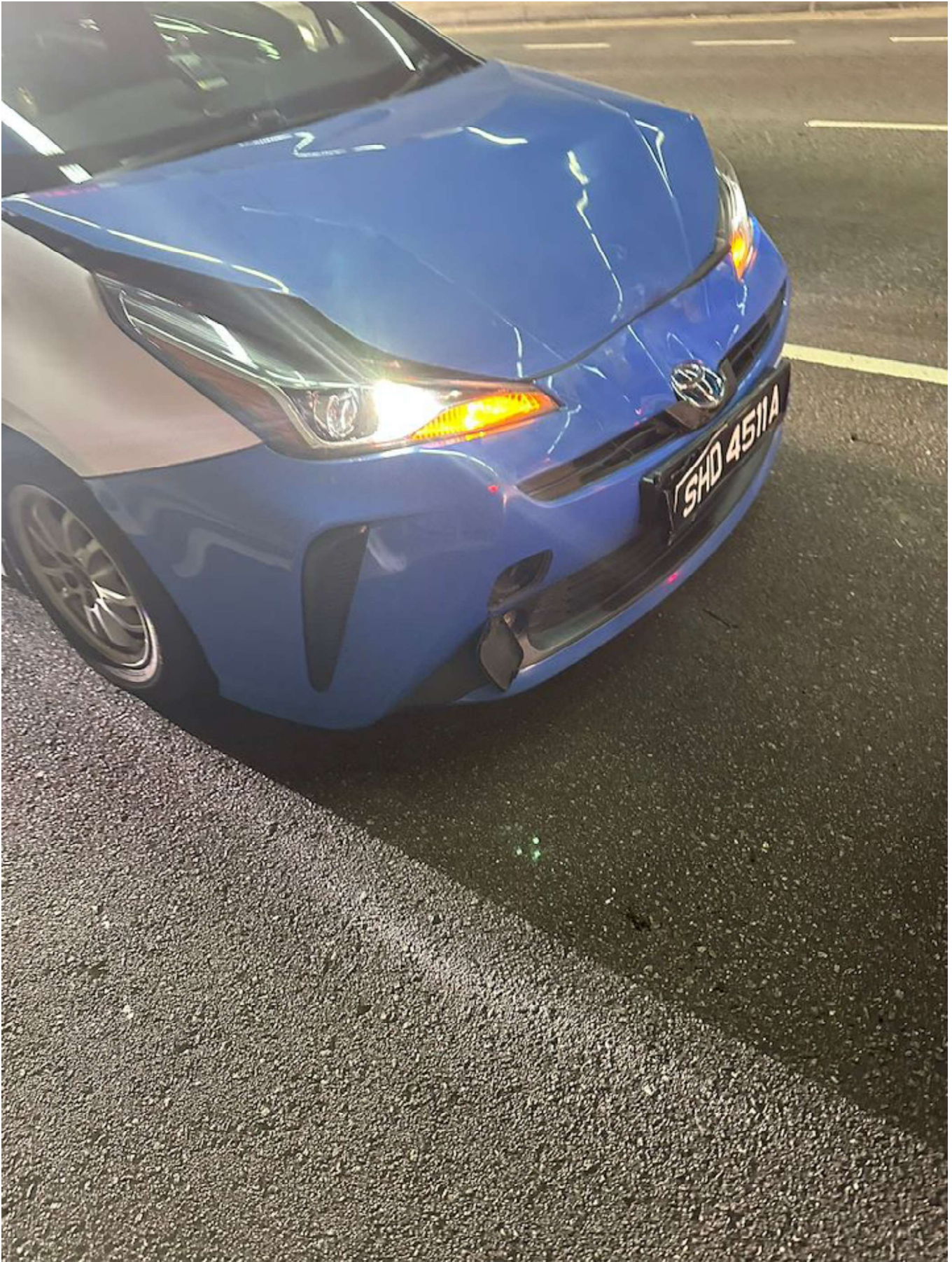
NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS  
TIMEFRAME FOR YOU TO SUBMIT AN OWN  
DAMAGE CLAIM UNDER YOUR POLICY. KINDLY  
REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ ID card)  
CHARN'S CUSTOMCRAFT

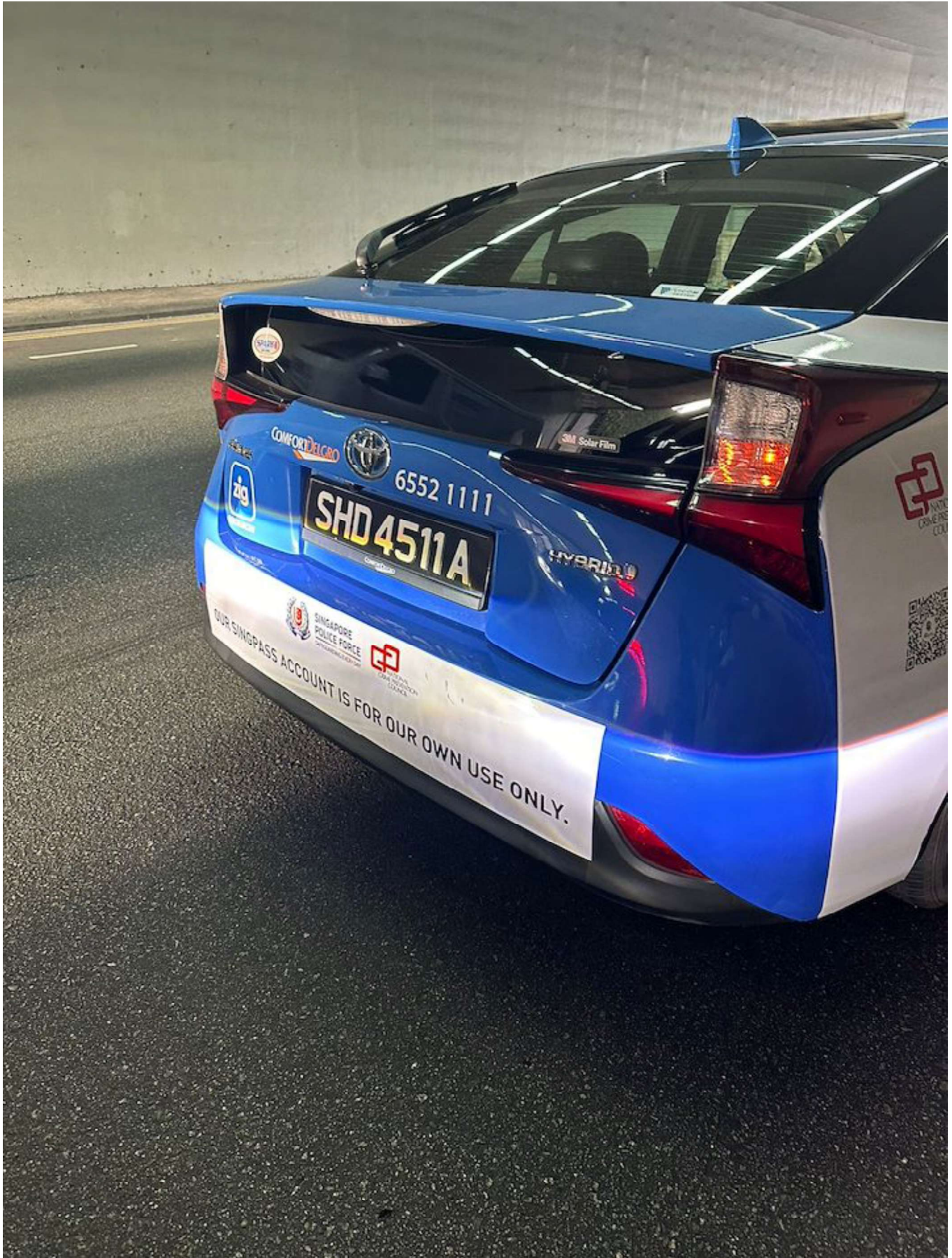
















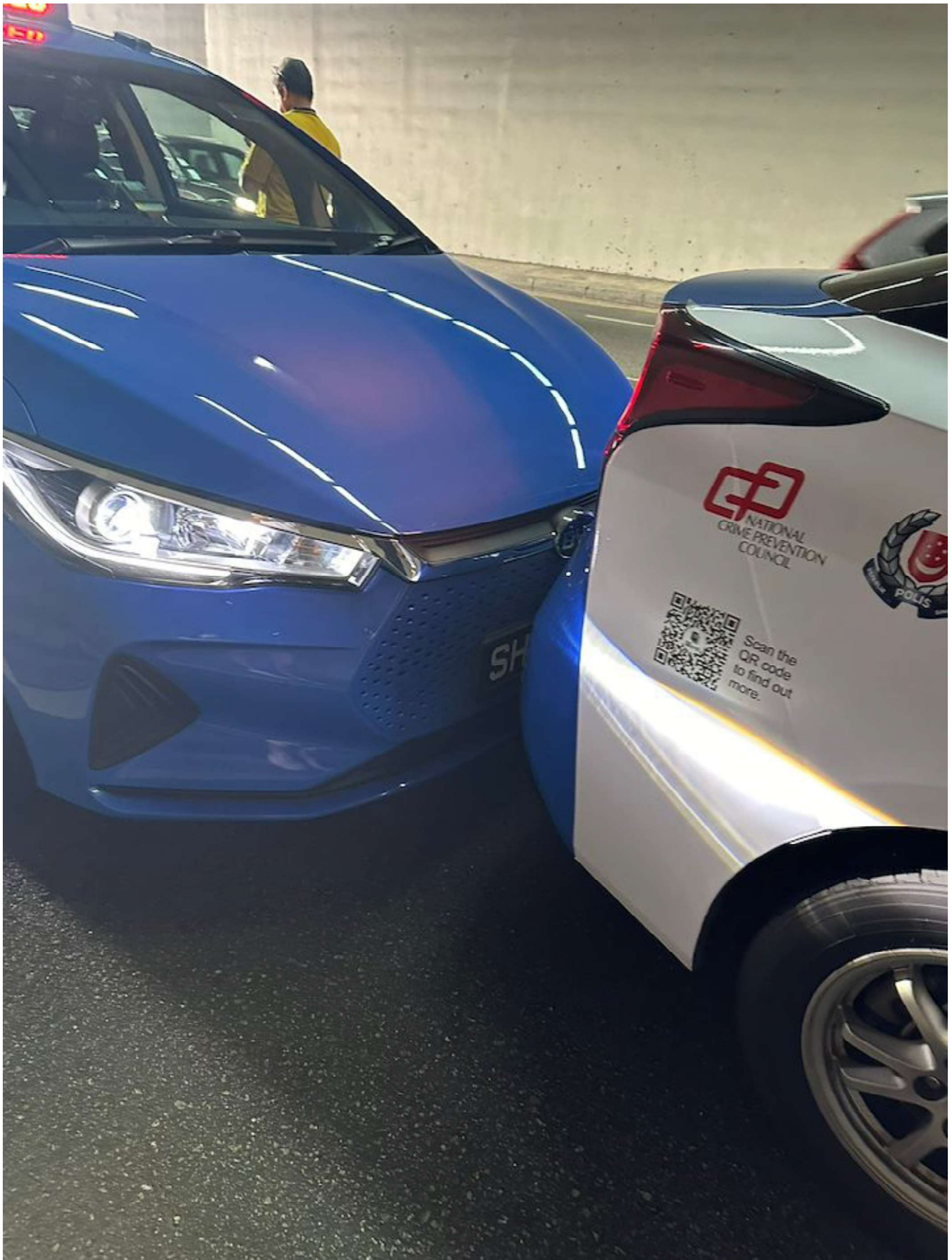












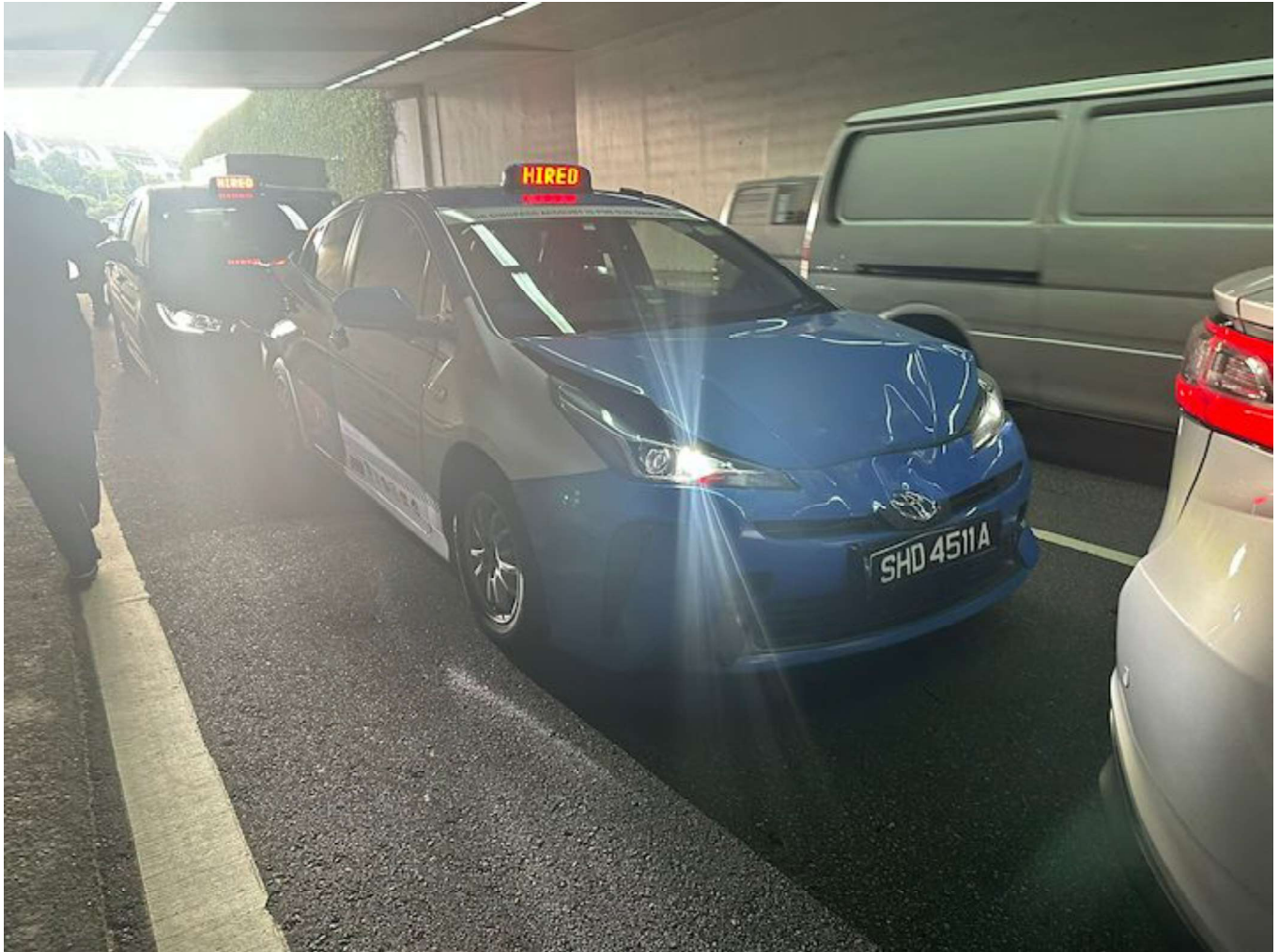














































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1E248004 Vehicle Registration No: S 64 8287  
 Name (as shown in NRIC): LIU DONAFO NRIC/FIN/Passport No: S70813825  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 9 Tampines Ave 8 # 15-13 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90048432  
 Email Address: CHQ0929@gmail.com  
 Date of Accident: 16/8/2024 Time of Accident: 8:45  
 Place of Accident: Bartley Road (under bridge)  
 Insurance Company: Budget

**(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:

① Policy No: P10274154R/04  
 ② Email should read: CHQ0929@gmail.com  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Chen Qing P. P.  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_

