

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	03/10/2024 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/10/2024 14:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CARPARK OF 26 SIN MING / MIDVIEW CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG6179M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE GIM YUEN
NRIC No	SXXXX433B
Email Address	LGIMYUEN@GMAIL.COM
Mobile Phone No	(Phone) +65-91857381
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Ae ioniq
Variant	IONIQ 1.6 5DR DCT S/R HYBRID
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	1600
Vehicle Fuel	Petrol-Electric
First Registration Date	27/12/2018
Chassis no	KMHC851CVKU134117
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V14522/VPC/R01

DRIVER

Name of Driver	LEE GIM YUEN
NRIC No	SXXXX433B
Date Of Birth	20/11/1985
Occupation	Indoor
Driving Pass Date	09/09/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91857381
Alt. Phone Number	-
Email Address	LGIMYUEN@GMAIL.COM
Address	APT BLK 220A SUMANG LANE #12-87
Address complement	-
Postcode	821220
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)	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	ONG MEI PING
Gender	Female

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 THE SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB6396M
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	LEE YONG CHUA
NRIC No	SXXXX943Z
Contact Number	(Phone) +65-96457748
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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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.

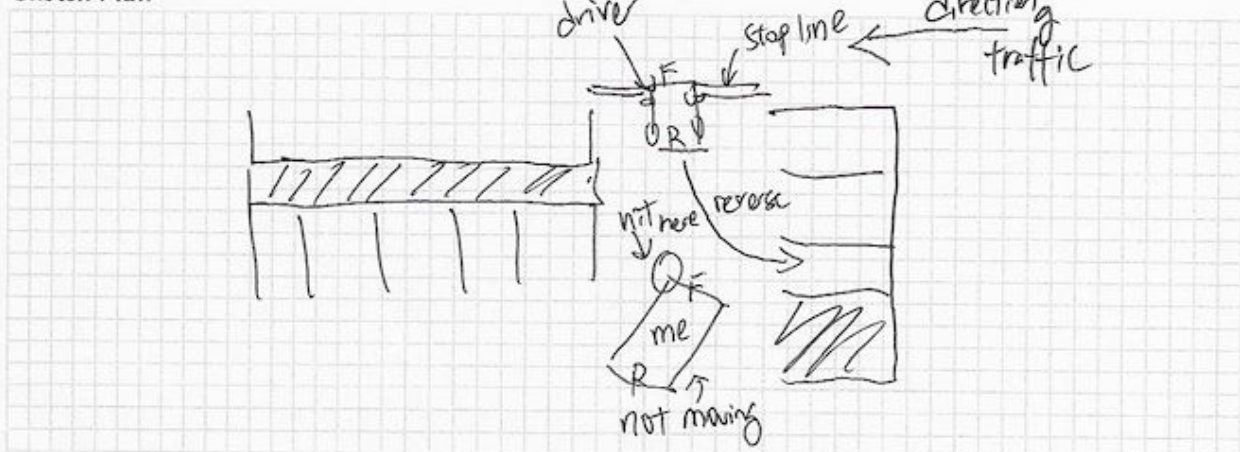
0945
30 Oct 2024
[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel



Sketch Plan



Describe Circumstances of the Accident

I am driving in the car with my wife. The taxi SHB 6396m is in front of me. The taxi suddenly stop, so I also stopped. The taxi stopped at stop line, then suddenly reversed very fast without stopping or slowing down then hit my car. The Front Left (Passenger) side of my car was hit by his reversing car while I am stationary, ~~not~~ not ~~more~~ moving.

Declaration

We declare the foregoing particulars are true in every respect.

 3 Oct 0945
Policyholder's Signature / Date & Time

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

 
Witnessed by Reporting Centre Personnel



























