

## 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	30/09/2024 20:15 (SGT)
Reported by	Actual Driver
Date of Accident	29/09/2024 13:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SERANGOON RD / HASTING RD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNM693R
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Company Reg No	1XXXXX400R
Email Address	munlim.ho@wearnes.com
Mobile Phone No	(Phone) +65-97704380
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Jaguar
Model	I-PACE EV SE
Variant	I-PACE EV SE
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	0
Vehicle Fuel	Electric
First Registration Date	24/08/2023
Chassis no	SADHA2A12P1627830
Effective Date/Time of Ownership	24/08/2023 08:00 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD24V00976

### DRIVER

Name of Driver	PHNG HOOI CHAY
NRIC No	SXXXXX009H
Date Of Birth	01/02/1947
Occupation	Indoor
Driving Pass Date	10/03/1975
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	49 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93229929
Alt. Phone Number	-
Email Address	phnghc@gmail.com
Address	32 BERRIMA RD
Address complement	-
Postcode	299912
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Customer
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	ER1388D
Insurance Company of Other Vehicle Owned by Driver	Liberty Insurance Pte Ltd

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collided into Property
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

#### REFER TO ATTACHMENT

#### 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	SHD3034S
Vehicle Manufacturer	Toyota

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Taxi
Name of Driver	RAYMOND CHIA
NRIC No	-1
Contact Number	(Phone) +65-93875017
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	DOOR REAR LH
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	passenger
Gender	Male

MSFC TP  
WIP: 14501

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorized Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

### ACCIDENT STATEMENT

Date and Time of Accident Date: 29 SEPT Time: 1:15 PM  
Exact Location of Accident SERANGOODN RD / HASTING RD

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SNM 693R

### INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Card) Wearnes Automotive Pte Ltd.  
Personal Identification - NRIC (Singaporean/PR) 199501400R  
- FIN/Passport Number  
- Not Applicable

### VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer Jaguar Model  
Type of Vehicle\* ☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☒ Others,  
Exact Purpose for which vehicle was being used at time of accident  
Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☐ No (If No, Pls select: ☐ Third Party ☐ Reporting)  
Vehicle Category\* ☐ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company\* Liberty.  
Type of Policy ☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only  
Fleet Policy ☐ Yes ☒ No  
Policy Number SD 24V 00976  
Motor CI

### DRIVER

☐ Same as Insured above  
Name of Driver PHUNG HOBI CHAY  
Personal Identification - NRIC (Singaporean/PR) S1137009 H  
- FIN/Passport Number  
Date of Birth 01 dd/ 02 mm/ 47 yy  
Driving Date Pass 10 dd/ 03 mm/ 75 yy  
Year of Driving Experience 40 Year(s) Month(s)  
Occupation RETIRED ☒ Indoor ☐ Outdoor  
Gender ☒ Male ☐ Female  
Contact Number / Mobile Phone / Fax No. 93229929

Address of Driver	32, BERRIMA RD		Postcode ( 299912 )
Email Address	phnghe@gmail.com		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	customer		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	ER 1388D		
Insurance Company of Driver's Own Vehicle (if applicable)	LIBERTY		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____		
Weather Conditions	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____		
Road Surface			
<b>OTHER INFORMATION</b>			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	TAXI
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	1		
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	SHD 30345		
Vehicle Make/ Model/ Colour	BLUE		
Details of Properties	COMFORT TAXI		
Name of Driver	RAYMOND CHIA		
Personal Identification - NRIC (Singaporean/PR)			
- FIN/Passport Number			
Contact Number	93875017		
Address			
Name of Insurance Company			
Nature of Damage	DAMAGE OF REAR LT DOOR		
No. of Passenger (Including Driver)	2		



## SKETCH PLAN

### IMPORTANT NOTICE

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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



**Describe Circumstances of the Accident**

I WAS DRIVING ALONG SERANGOOD RD  
WHEN A DOOR FROM A STATIONARY  
TAXI OPENED. AND I HIT THE DOOR  
PLEASE REFER TO PHOTOS THAT  
I HAVE TAKEN AT THE TIME  
OF THE ACCIDENT.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

Driver's Signature (If driver is not the policyholder) / Date  
& Time 30/SEPT/2024 3.07pm

Witnessed by Reporting Centre  
Personnel