

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	09/12/2024 16:53 (SGT)
Reported by	Owner
Date of Accident	08/12/2024 15:30 (SGT)
Exact Location of Accident	Burn Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5525P
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIAW CHIN MIN
NRIC No	S9930344A
Email Address	JUSTINLKP@GMAIL.COM
Mobile Phone No	(Phone) +65-97455991
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CR-X
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	Manual
CC	1600
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000005705-00-000

DRIVER

Name of Driver	JUSTIN LIAW KAI PING
NRIC No	S9930344A
Date Of Birth	17/09/1999
Occupation	Indoor
Driving Pass Date	24/03/2018
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	6 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90109991
Alt. Phone Number	-
Email Address	JUSTINLKP@GMAIL.COM
Address	83 TOH TUCK PLACE
Address complement	-
Postcode	596842
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Wet

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)	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

AS OF ABOVE DATE AT AROUND 1730HRS, I RETURNED TO MY VEHICLE (SJZ5525P) WHICH WAS PARKED AT THE PARRELL PARKING LOT OF BURN ROAD BESIDE 8 BURN ROAD S369977, I NOTICED THAT MY VEHICLE WAS MOVED TOWARD & COLLIDED ONTO VEHICLE C (GBF4498R) WHICH WAS PARKED INFRONT OF MY VEHICLE, I ALSO NOTICED THAT MY RIGHT REAR PORTION WAS DAMAGED THERE WAS A NOTE THAT VEHICLE B (SMR8649C) DRIVER LEFT BEHIND AFTER I CALLED OVER, VEHICLE B DRIVER ADMITTED THAT HE HIT ONTO MY RIGHT REAR & PUDHED MY VEHICLE FORWARD HITTING ONTO VEHICLE C.

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	SMR8649C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBF4498R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

Describe Circumstance of the Accident

AS of above date at around 1730HRS, I returned to my vehicle (SJZ5525P) which was parked at the parallel parking lot of Bvm Road beside 8 Bvm Road S 369977. I noticed that my vehicle was moved forward & collided onto vehicle C (GBF4498R) which was parked in front of my vehicle. I also noticed that my right rear portion was damaged. There was a note that vehicle B (SMR 8649C) driver left behind. After I called over, vehicle B driver admitted that he hit onto my right rear & pushed my vehicle forward. hitting onto vehicle C.

Declaration

(We declare the foregoing particulars are true in every respect.

Liaw

Policyholder's Signature / Date & Time

W

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

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

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.

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Policyholder's Signature / Date & Time

Ani

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

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

Sketch Plan

Vehicle A : SJ2 5525P
Vehicle B : SMR 8649C
Vehicle C : GBF 4498R