

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	25/11/2024 17:15 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/11/2024 08:45 (SGT)
Exact Location of Accident	Near 257 Jurong East St 24, Singapore 600257
Additional Location Information	JURONG TOWN HALL ROAD TOWARDS BUKIT BATOK ROAD SLIP ROAD INTO PIE(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7564X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	RAJSIA TRANSPORT
Company Reg No	5XXXX171C
Email Address	SIA.MARGARET9389@GMAIL.COM
Mobile Phone No	(Phone) +65-97699389
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	-
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1797
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI24V07649/VPL/R05

DRIVER

Name of Driver	MARGARET SIA
NRIC No	SXXXX342D
Date Of Birth	16/12/1983
Occupation	Indoor
Driving Pass Date	13/08/2012
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	12 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97699389
Alt. Phone Number	-
Email Address	SIA.MARGARET9389@GMAIL.COM
Address	APT BLK 113 WOODLANDS STREET 13 #05-102 SINGAPORE 730113
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SELF-EMPLOYED
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	Collision - Change/cross lane
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)	3
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	-
Gender	Male

PASSENGER 2

Name	-
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

AS OF ABOVE DATE AND TIME, I WAS DRIVING MY VEHICLE (SMM7564X) ALONG JJRONG TOWN HALL ROAD TOWARDS BUKIT BATOK ROAD SLIP ROAD NTO PIE (CHANGI) ON THE 2ND FROM THE RIGHT LANE OF A 3 LANE SLIP ROAD. LANE 1 & LANE 2 IS A MERGING LANE HENCE THE TRAFFIC WAS SLOW. UPON REACHING THE END OF THE MERGING LANE. VEHICLE B (SHB9805E) WHICH WAS ON THE REAR RIGHT PORTION OF MY VEHICLE COLLIDED INTO THE RIGHT REAR PORTION OF MY VEHICLE

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	SHB9805E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Taxi
Name of Driver	G.M TAMILARASAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

Describe Circumstance of the Accident

As at above date & time, I was driving my vehicle (SMM7564X) along Jorong Town Hall Rd towards Bukit Bujur Rd Slip Rd into PIE (Changi) on the 2nd from the Right lane of a 3 Lane Prop Rd. Lane 1 & Lane 2 v a merging lane hence the traffic was slow. Upon reaching the end of the merging lane, vehicle B (SHB9805E) which was on the rear right of my vehicle collided into the Right Rear portion of my vehicle.

Video footage Attached: _____

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

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/are 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 in NRIC/ID card)

Sketch Plan

