

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	27/06/2024 17:17 (SGT)
Reported by	Actual Driver
Date of Accident	26/06/2024 18:10 (SGT)
Exact Location of Accident	Near 8 Kaki Bukit Ave 1, Singapore 417941
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBJ6165S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BOLD INK PRODUCTIONS PTE LTD
Company Reg No	2XXXXX489C
Email Address	WILLIAM@BOLDINK.COM.SG
Mobile Phone No	(Phone) +65-91812333
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V05728/VCV/R03

DRIVER

Name of Driver	LI SHU LONG
Passport No/FIN	GXXXX828R
Date Of Birth	16/09/1983
Occupation	Outdoor

Driving Pass Date	14/09/2022
Driving experience	1 YEAR AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93469040
Alt. Phone Number	-
Email Address	WILLIAM@BOLDINK.COM.SG
Address	8 KAKI BUKIT AVENUE 1 #01-01/02 S 417941
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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	EDWARD THAM
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 PLAN

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	SMQ1213C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHUA YEOW LIM
NRIC No	SXXXX769D
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

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

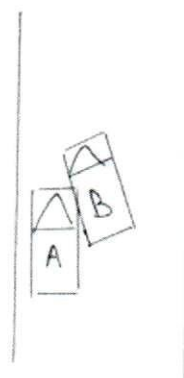


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



veh A: GBJ 6165S

veh B: 8MQ 1213C

Describe Circumstances of the Accident

Accident occurred at my office premise. I was on the verge of moving off but was hit on the right front by a very fast private hire vehicle (PHV) cutting into my lane. The driver didn't stop immediately but proceed to drive further up the road thus damaging his 2 doors on the passenger side of his vehicle. As shown in the picture taken of my vehicle, you can see that my vehicle was still in a straight line and it wasn't slanted to the right which the private hire driver claimed that I move off without checking for incoming cars thus causing the accident.

I also have a colleague who was outside the office when the accident happened and he saw the PHV driver driving in very fast.

witness: Desmond Tay Tien Hock
FIN: 2962 (last 4 digit)

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

M. Hui
Witnessed by Reporting Centre Personnel

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	489C

Vehicle Details

Vehicle No.:	GBJ6165S
Vehicle to be Exported:	No
Intended Deregistration Date:	27 Jun 2024
Vehicle Make:	TOYOTA
Vehicle Model:	DYNA 150 5MT
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	1KD2857156
Chassis No.:	JTFAT35Y70K213311
Maximum Power Output:	-
Open Market Value:	\$27,082.00
Original Registration Date:	17 Jun 2019
First Registration Date:	17 Jun 2019
Transfer Count:	0
Actual ARF Paid:	\$1,355.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	16 Jun 2029
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$20,017.00
COE Rebate Amount:	\$9,952.00
Total Rebate Amount:	\$9,952.00

Message

You will not be eligible for any COE rebate from the current COE (including unused COE from any lay-up period/s), if you renew your COE.

The information contained herein is correct as at 27 Jun 2024

OK