

## 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 Authorised 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 ability.
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 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 Report	24/01/2017 13:11
Date Of Accident	23/01/2017 17:30
Exact Location Of Accident	Clementi Ave 3 Towards Clementi Sports Hall
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX1231Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHONG JAPHETH
NRIC No	S8532098Z
Email Address	japheth.chong@gmail.com
Mobile Phone No	(LOCAL) +65-92721917
Alternative Phone No	Others-92721917

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	CAPTIVA 2.4L AT 7 SEATERS W/O SUNROOF
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	Liberty Insurance Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI16V06116/VPE/R00
Cover Note Number	11/04/16 - 10/04/17

### Driver

Name of Driver	CHONG JAPHETH
NRIC No	S8532098Z
Date Of Birth	30/10/1985
Occupation	Indoor
Date Of Driving Pass	26/07/2005
Driving Experience	11 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-92721917
Fax Number	
Contact Number	Others-92721917
Email Address	japheth.chong@gmail.com

Address	BLK 12C MARSILING LANE #24-81
Postcode	733012
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Owner
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

I was stationary, waiting for the 2 front vehicles to U-turn. The taxi collided my rear. After the accident, I felt a strain on my left neck and will consult a doctor if necessary. The day after the accident the ABS light and wheel alignment light on my dashboard lit up when driving.

#### Attachment(s)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4886T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

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#### 6. 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.


VEHICLE NO.: 553 12312

INSURER : Liberty

DOA : 23/01/2017 5:27pm

  
24/01/2017  
Policyholder's Signature / Date & Time

  
24/01/2017  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Witnessed by Reporting Centre Personnel YS

Sketch Plan

P.T.O.

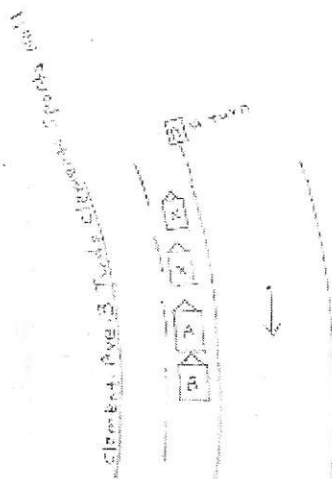
### Sketch Plan #2

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own policy. Please check your policy for more information.

☐ Claim Own Policy   ☒ Claim TP   ☐ Claim OD/TP at other workshop   ☐ Reporting Only

## Describe Circumstances of the Accident

### Sketch Plan


$$A = 23 \times 12.34 \text{ 元}$$

B. BUD 58861

Fig -

X : KdJ Invertebrate

Insurance: Liberty  
Vehicle No: 89X 12312  
Date: 23/1/17 5:49pm @ Clement: Ave 3 Tula Clements Sports Hall

\*I was stationary waiting for the 2 front vehicles to U-turn. The taxi collided my rear. After the accident, I felt a strain on my left neck and will consult a doctor if necessary. The day after the accident the ABS light and wheel alignment light on my dashboard lit up when driving.

### Declaration

Police that the foregoing particulars are true in every respect.

24/01/2017  
Policyholder's Signature / Date &  
Time

24/01/2017

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

Witnessed by Reporting Centre  
Personnel *Y/S*