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 witholding 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	14/07/2017 11:12
Date Of Accident	13/07/2017 18:30
Exact Location Of Accident	27 SCOTTS ROAD SINGAPORE 228222
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	ER2282K
Insured/Policyholder	
Name Of Registered Owner	ONG HUA
NRIC No	S7039839G
Email Address	ONGHUA1970@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98160068
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer TOYOTA

Model WISH 1.8X CVT

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

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 S117V03503/VPC/R01

Cover Note Number

Driver

Name of Driver ONG HUA NRIC No S7039839G Date Of Birth 31/10/1970 Occupation **INDOOR** Date Of Driving Pass 26/04/1996

Driving Experience 21 YEARS AND 2 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98160068

Fax Number

Contact Number OFFICE-NOPHONE

EMail Address ONGHUA1970@YAHOO.COM Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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

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

SHC855P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

JOHNNY TAN

NRIC/Passport Number

Contact Number

96679619

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

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- 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. The 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.
- 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

Sketch Plan

A: ER2282 k
B: SHC 855 P

Sketch Plan Pg. 2

Describe Circumstances of the Accident ACCIDENT DATE: 13 July 2017 CONTACT NUMBER: 2822 2 ACCIDENT TIME: 18 300 EMAIL: ON MUMACI 970 @ YALOO. (OMISS) LOCATION: 27 Scotts Road. Sport 2022 ON 13 July 2017 I awned of the costin, I stopped of the Entrance of 2 Scotts Road. Sport 2022 (NV Word Sorre Cong., S16672 MD, Ht. 8 276878) when to David (NV Word Sorre Cong., S16672 MD, Ht. 8 276878) when to David WIN CORNELLY HE South to Park at a Sport when it a stotemany COV. The cab SHC195P was around that sport office of Entrance of 2 Holgs A and check that SHC185F has started to unive loft, they I start to reverse my cav that the Stoteman cav stopped, and check that SHC185F has started to unive loft, they I start to reverse my cav that the Win cav is back - to Dack a paint SHC 655F. I reverse anyth could be act to the selection of the story of the selection		
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Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time 1215

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

Witnessed by Reporting Centre Personnel