

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	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 OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
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

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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;

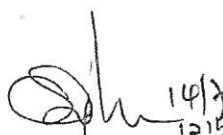
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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

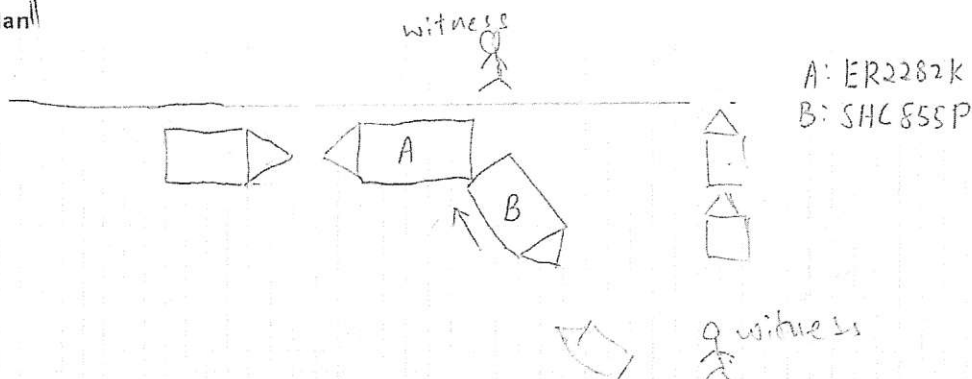
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time
14/7
1215

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


Witnessed by Reporting Centre Personnel

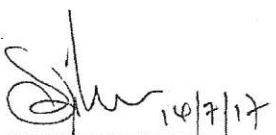
Sketch Plan



Describe Circumstances of the Accident		LICENSE PLATE NUMBER: PR2282K	
ACCIDENT DATE: 13 July 2017		CONTACT NUMBER: 98160068	
ACCIDENT TIME: 1830		EMAIL: ongkuan1970@yahoo.com.sg	
LOCATION: 27 Scotts Road. Spore 228222			
<p>On 13 July 2017, I arrived at the location. I stopped at the entrance of 27 Scotts Road and asked the Security Guard (Mr Wong Soong Kong, S1669279D, HP: 82276878) where to park my car. He said to park at a spot in front of a stationary car. The cab SHC855P was around that spot letting a passenger to alight. I move forward, parallel to the stationary car, stopped, and check that SHC855P has started to move off, then I start to reverse my car into the spot. My car is back-to-back against SHC855P. I reverse and come to a complete stop to check the allowance in front of my car. While checking, I notice from the rear view mirror that SHC855P begins to reverse towards the back of my car. I honk my car loudly to alert him. The horn lasted around 10 seconds. However, he did not stop and continue to reverse. His car hit my car. He did not come out of the car. He had wanted to move off but there were other cars in front of his car. I knocked lightly. I alighted from my car quickly and went over to his car, knocking on his windows lightly. He told me that he has hit my car. He then alighted from his car to check on my car's damages. I asked for his mobile No. and NRIC No. He only gives me mobile. He keeps apologising on the spot and said he did not hear my horn. He said will provide me workshop details for my car repair. Later, he send me SMS messages @ 1900 hours - Apologise and @ 1936. Please see attached SMS messages. I have the following parties on that location who witness the whole accident. They are:</p> <p>(1) Mr. Wong Soong Kong (S1669279D, HP: 82276878)</p> <p>(2) Mr. Kenneth Kwan (HP: 983598336654, Kenneth@hotmail.com)</p>			
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.			
Please state:			
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

Declaration

We declare the foregoing particulars are true in every respect.

 14/7/17

Policyholder's Signature / Date & Time
1215

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



Witnessed by Reporting Centre Personnel