

Back on 23/10  
Replacement car is repair  
not done.

18965

## 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	11/09/2017 11:54
Date Of Accident	10/09/2017 11:25
Exact Location Of Accident	PIE TOWARDS CITY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9577L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEE JIAN LIANG, ALEX ( LI JIANLIANG)
NRIC No	S8600115B
Email Address	ALEXLEE.JL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90901317
Alternative Phone No	OFFICE-90901317

### Vehicle Particulars

Manufacturer	RENAULT
Model	MEGANE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	SD17V09614/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	LEE JIAN LIANG, ALEX ( LI JIANLIANG)
NRIC No	S8600115B
Date Of Birth	04/01/1986
Occupation	INDOOR
Date Of Driving Pass	30/12/2008
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90901317
Fax Number	
Contact Number	OFFICE-90901317
Email Address	ALEXLEE.JL@GMAIL.COM

Address	BLK 715 CLEMENTI WEST STREET 2 #10-87
Postcode	120715
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	CHAIN COLLISION
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)	2

#### 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

REFER ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC666T
Vehicle Make/Model/Colour	TAXI - YELLOW COLOR
Details Of Properties	NA
Name of Driver	CHEW KIM KIONG
NRIC/Passport Number	S1656945C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC3476R
Vehicle Make/Model/Colour	TAXI - BLUE COLOR

Details Of Properties	NA
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
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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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 insurers; 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 purposes 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

Sketch Plan

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE To City

Other accident

No contact

③ ② ①

## Sketch Plan #2

### Describe Circumstances of the Accident

On 10/09/2017 at around 1125hrs as I was traveling along R1E towards the city, I saw an accident in front of me. I slow down and stop. Immediately from my rear left, a yellow taxi hit my car. After the impact, I got out of the car to check. I did not hit the car in front of me and there is at least 1m length. At the rear, I saw a yellow taxi beside with dented rear and a blue taxi beside the yellow one. Total 3 vehicle involve at my side, photo taken as well.

### Declaration

We declare the foregoing particulars are true in every respect.



Principal Holder's Signature / Date & Time

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



Witnessed by Reporting Officer / Personnel