SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 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.

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	23/11/2017 11:40	
Date Of Accident	22/11/2017 15:10	
Exact Location Of Accident	SENGKANG SLIP RD > TPE	
Country/State of Loss	SINGAPORE	
D	ETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC2266Y	
Insured/Policyholder		
Name Of Registered Owner	HANDPHONESHOP PTE LTD	
Co Reg No	200403899K	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-63478988	
Vehicle Particulars		
Manufacturer	NISSAN	
Model	NV200	
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	LIBERTY INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	SD17V08152/VCV/R03	
Cover Note Number		
Driver		
Name of Driver	YONG TECK SHING	
NRIC No	S1615034G	
Date Of Birth	20/05/1963	ered T €
Occupation	OUTDOOR	9
Date Of Driving Pass	10/06/1985	
Driving Experience	32 YEARS AND 5 MONTHS	
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MALE

NOEMAIL

(LOCAL) +65-96215868

Address

BLK 462 PASIR RIS DRIVE 04 #05-389

Postcode

510482

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

_

- 100 mm

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

NO

Was any other material or property damaged?

NO 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

REFER TO BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

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

GBE7376U

Vehicle Make/Model/Colour

TOYOTA DYNA

Details Of Properties

Name of Driver

ANG YI RONG

NRIC/Passport Number

G2113710W

Contact Number

84219370

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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- By the lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders,

Policyholder's Signature

Oriver's Signature (If driver is not the policyholder) Date & Timer Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Email: Vacebursin in-

SKETCH PLAN was travelling along Strykong, Slip Road to TPB . While the verticle vehicle in front jammed brake, I also stopped Suddenly come from vehicle B behind stationary. my vehicle. Whole accident portion of my vehicle built in video recorder. coptured DECLARATION I/we data to the foregoing particulars are the in every respect 2 3 NOV 2017 Rriver's Signature (If driver is not the palicyholder) Reporting Centre Personnel's Signature Folloyholder's Signature Date & Time: 21 111 Name:

Date & Time:

NRIC/FIN No.