

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	02/12/2017 10:37
Date Of Accident	01/12/2017 16:30
Exact Location Of Accident	AYE TWDS TUAS BEFORE CLEMENTI RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YJ3232D
Insured/Policyholder	
Name Of Registered Owner	FUJILEX SERVICES PTE LTD
Co Reg No	197902731H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93959570
Alternative Phone No	OFFICE-93959570
Vehicle Particulars	
Manufacturer	ISUZU
Model	NNR85UH4A
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK OFFICE
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	SI17V14864/VCV/R08
Cover Note Number	
Driver	
Name of Driver	SUN ZHIFENG
Passport No/FIN	G3154617L
Date Of Birth	08/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2016
Driving Experience	1 YEAR AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93959570
Fax Number	
Contact Number	OTHERS-93959570
EEmail Address	NOEMAIL

Address	47 JALAN BUROH #06-01
Postcode	619491
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	-
	-
	-

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?	NO
Was any body injured in the Accident?	YES
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

PLS REFER TO THE ATTACHED STATEMENT.

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	SKW8204A
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	

DETAILS OF INJURED PERSON 1

Name	SUN ZHIFENG
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Approximate Age

Injuries Sustain

SLIGHT

Injured person in which vehicle?

YJ3232D

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

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

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

 2/12/2017
Witnessed by Reporting Centre Personnel

Sketch Plan

<p>A: YJ 3232D</p> <p>B: SKW 8204A</p>		<p style="writing-mode: vertical-rl; transform: rotate(180deg);">A/C TOWARDS TOWNS</p>
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Sketch Plan #2

Describe Circumstances of the Accident

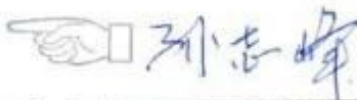
I WAS TRAVELLING ALONG A46 TOWARDS TUNAS
ON THE SECOND LANE FROM THE LEFT, AS I WAS TRAVELLING
STRAIGHT, VEHICLE IN FRONT STOPPED AND I ALSO STOPPED
WHEN SUDDENLY ONE M/CAR SKW 8204A CAME FROM
MY REAR AND COLLIDED ONTO THE REAR OF MY VEHICLE

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time



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



Witnessed by Reporting
Centre Personnel

2/12/2017

Insurance Co. :			
Vehicle NO. :		Date of Accident:	/ /
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage <input type="checkbox"/> Third Party Claim			

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

