

## 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	16/12/2017 15:18
Date Of Accident	15/12/2017 22:15
Exact Location Of Accident	CHANGI AIRPORT TWDS ECP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL7017A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE CHEU
NRIC No	S1203447D
Email Address	JUNJIE1986@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93357847
Alternative Phone No	OTHERS-93357847

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	SI17V16847/VPE/R04
Cover Note Number	

### Driver

Name of Driver	CHEN JUNJIE
NRIC No	S8632965D
Date Of Birth	26/10/1986
Occupation	INDOOR
Date Of Driving Pass	22/08/2007
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93809288
Fax Number	
Contact Number	OTHERS-93809288
Email Address	JUNJIE1986@HOTMAIL.COM

Address	BLK 241 TAMPINES ST 21 #06-433
Postcode	520241
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	WET

#### 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)	3

#### 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	SHD4838H
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD8861M
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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 OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SLP6852S

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 CHEN JUNJIE

Approximate Age

Injuries Sustain HAND / NECK / BACK

Injured person in which vehicle? SJL7017A

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 2**

Name DIANA KRISTINA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SJL7017A

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance?

Address

Postcode

**DETAILS OF INJURED PERSON 3**

Name	KRISTABELLE CHEN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJL7017A
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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7. By the lodging 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 used 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:
  - (i) 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  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

Changi Airport  
toward  
ECP



Vehicle A -> SJK7017A  
Vehicle B -> SHD4838H  
Vehicle C -> SHD8861M  
Vehicle D -> SLP6852S

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS travelling along Airport Blvd towards ECP city, as the traffic was heavy, the vehicle in front of me slow down and stopped I then proceed to slow down and stop with a safe distance and without any contact. All of a sudden, I felt a huge impact from my rear position and the impact caused my car to thrust forward and hit onto the vehicle in front. Total there were 4 cars involved.

## 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:

Reporting Centre Personnel's Signature  
Name:  
NRIC/VIN No.:

16/12/2017