

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	13/12/2017 10:26
Date Of Accident	12/12/2017 08:50
Exact Location Of Accident	CLEMENTI WEST ST 2 & WEST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3441E
Insured/Policyholder	
Name Of Registered Owner	FULCO LEASING PTE LTD
Co Reg No	201021308G
Email Address	JOHNSON.POON@FULCOLEASING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67436266

Vehicle Particulars

Manufacturer	MAXUS
Model	G10-1.9 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	YES
Policy Number	SD16V16467/VCZ/R04
Cover Note Number	

Driver

Name of Driver	ON ENG LEE (WEN RONGLI)
NRIC No	S7407186D
Date Of Birth	28/02/1974
Occupation	INDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85889296
Fax Number	
Contact Number	HOME-69190107
Email Address	NOEMAIL

Address	BLK 706 CLEMENTI WEST STREET 2 # 02-378
Postcode	120706
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEASEE
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?	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

AS I WAS TRAVELLING ALONG WEST COAST ROAD , DURING I MAKING A U TURN TOWARDS CLEMENTI WEST ST 2 , VEHICLE B (SHC845T) SUDDENLY COME OUT FROM THE SLIP ROAD WITHOUT STOPPING AND COLLIDED TO MY VEHICLE REAR PORTION.

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	SHC845T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	GOH KWEE SIONG
NRIC/Passport Number	S1601568G
Contact Number	98174764
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	



MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:	12/12/17	Time: 10:22 AM	
Date of Accident:	12/12/17	Time: 8:50 AM	
Exact Location of Accident:		Clementi West St. & West Coast Rd	
DETAILS OF OWN VEHICLE			
Vehicle Registration Number: G86 244 E		Name of Registered Owner:	
NRIC/Passport No./FIN: S7407186D		Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer:	Maxus	Model:	G10
Exact Purpose for which vehicle was being used at time of Accident		<input type="checkbox"/> Normal Usage	<input checked="" type="checkbox"/> Others Delivery
Are You Claiming Under Your Own Insurance?		<input type="checkbox"/> YES	<input type="checkbox"/> NO Reporting Only
Vehicle Category		<input type="checkbox"/> Private car	<input checked="" type="checkbox"/> Commercial Vehicle
<input type="checkbox"/> NO 3rd Party			
INSURANCE DETAILS			
Name of Insurance:		Liberty	
Type of Coverage:		<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party	
Policy Number:		SD16V16467 / VCZ 1R04	
Driver when the Accident Happen			
Name of Driver:		ON ENG LEE	
Date of Birth:		23/2/1974	
Date of Driving Pass:		13/11/2003	
Mobile No.:		85389296	
Home No.:		69190107	
Address:		Rk 706 Clementi West St. 2#02-379	
Email Address:		andhyon7483@yahoo.com.sg	
Was the Driver an Employee of the Insured's Company:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to insured	
Vehicle Registration Number of driver's Own Vehicle:		-	
Insurance Company:		-	
Leaser			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:		3rd Party Hit Insured	
Weather Condition:		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify	
Road Surface:		<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify	
Was Anybody Injured:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Was Any other material or Property Damaged:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Any Accident Photo in the Scene of Accident:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was the Accident reported to police:		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which Police Station:		Number of Passengers(Including Driver): 2	
Was notice of Intended Prosecution given:		Was there any video captured by your Camera?: Yes	
		Was there any audio recording?: No	
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number: SHC 845T		Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver: Goh Kwee Siong		NRIC/Passport/Fin No: S1601568 G	
Mobile No.: 98174764		Home No.:	
Address:		Postal Code	
Email Address:			
Insurance Company:			
Details of Witness if any			
Witness Name:			
Contact Number:			
Email Address:			
Details of Injured Person			
Name:		Age:	
Address:			
Injured Sustained:		Injured Person in which vehicle:	

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.
- (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.

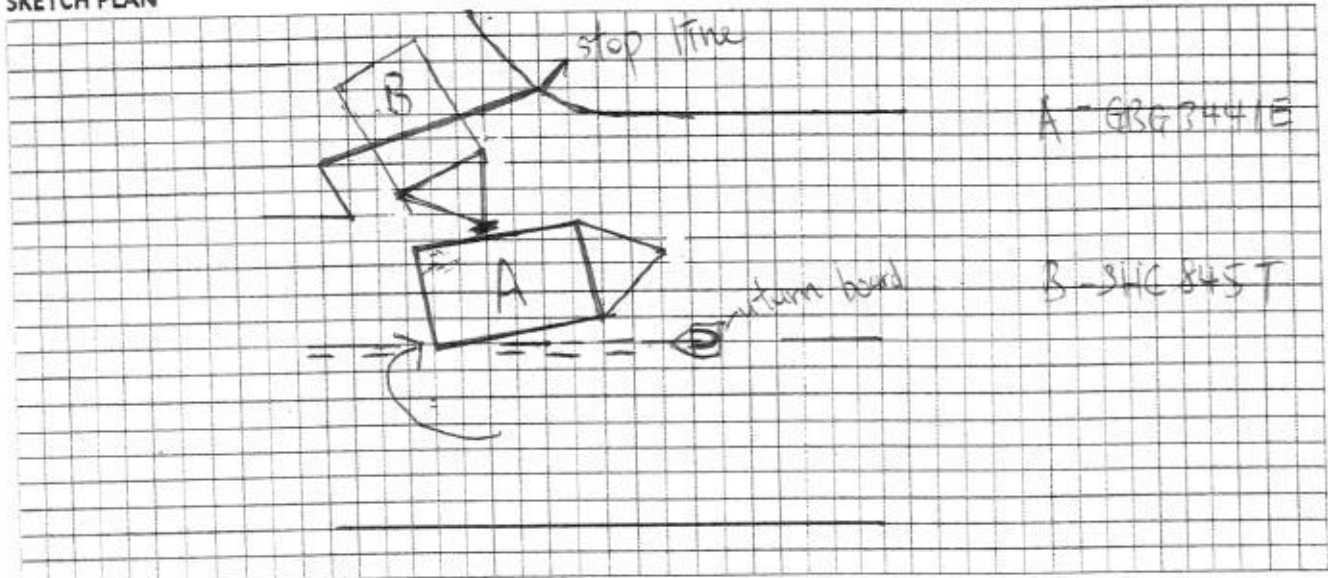
Policyholder's Signature
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along West Coast Rd, during a U-turn towards Clementi West St-2, vehicle B SHC845T without stop and collided to my vehicle LH side.

DECLARATION

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

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

