

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 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	09/02/2018 11:19
Date Of Accident	08/02/2018 13:15
Exact Location Of Accident	YISHUN RING RD OPP NORTHBROOKS SECONDARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GT5913U
Insured/Policyholder	
Name Of Registered Owner	PATRICK 2 POH
Co Reg No	53263969C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE DIESEL
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY
Fleet Policy	NO
Policy Number	SI17V14844/VCV/R03
Cover Note Number	

Driver

Name of Driver	POH LEUNG HIN
NRIC No	S1699445F
Date Of Birth	19/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96883155
Fax Number	
Contact Number	OFFICE-96883155
Email Address	NOEMAIL

Address	BLK 44 SIMS DRIVE #12-179
Postcode	380044
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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 STATEMENT.

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	SJG6853K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIEW KAI XIANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

100 600 200 400

A 5159130
B 1250151K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I hereby declare that the foregoing particulars are true in every respect.

Witness's Signature
Date & Time

Driver's Signature
(If driver is not the party charged)
Date & Time

Reporting Officer's Signature
Name
Address

Accident Sketch Plan

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E. 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 be 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 processed by my insurer (collectively the "Personal Information") and disclose and handle this Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident and insurance who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers" (the Insurers' representative from the Monetary Authority of Singapore and any relevant government agencies/authors (such as the police) for the purposes of:
 - (i) investigating, handling and/or dealing with the 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 to me;
 - (iv) administering my claims (including the making of correspondence, assessments, inquiries, reports to various bodies, which could involve disclosure of certain personal data about the accident which vehicles of the same as well as all the external cover of motor insurance 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 be permitted to collect, use, disclose and/or process the Personal Information for one or more of the above Purposes and;
- (c) my Personal Information may also be disclosed by any of the Insurers and/or law to their third party service providers to assist (including their lawyers/law firms), which may be used outside of Singapore, for any or more of the above Purposes;
- (d) the 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 (a) above may be shared / disclosed:
 - (i) to all insurer(s) and/or any other third parties that assist in investigating, handling, processing or managing fraud, regulatory, law enforcement and government agencies as reasonably requires for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature _____ **Driver's Signature** _____ **Assessing Centre Representative's Signature** _____
Date & Time _____ **(If driver is not the policyholder)** _____ **Name** _____
Date & Time _____

Accident Sketch Plan

ON STATED DATE AND TIME, I WAS TURNING FROM YISHUN RING ROAD TURNING ONTO BLK 674B YISHUN RING ROAD. SUDDENLY VEHICLE B WAS TRAVELLING ALONG YISHUN RING ROAD OPPOSITE DIRECTION LANE 1 WAS SPEEDING AND HIT ONTO MY VEHICLE FRONT LEFT PORTION (DOOR AREA). AFTER THE IMPACT, MY VEHICLE WAS MOVED TO THE CURB.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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