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 <u>truthful and accurate</u> 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 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	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	ТОУОТА
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

BLK 44 SIMS DRIVE Address

#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

COLLISION - MAJOR/MINOR RD Type Of Accident

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?

YES Was any other material or property damaged?

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

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SJG6853K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR LIEW KAI XIANG Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

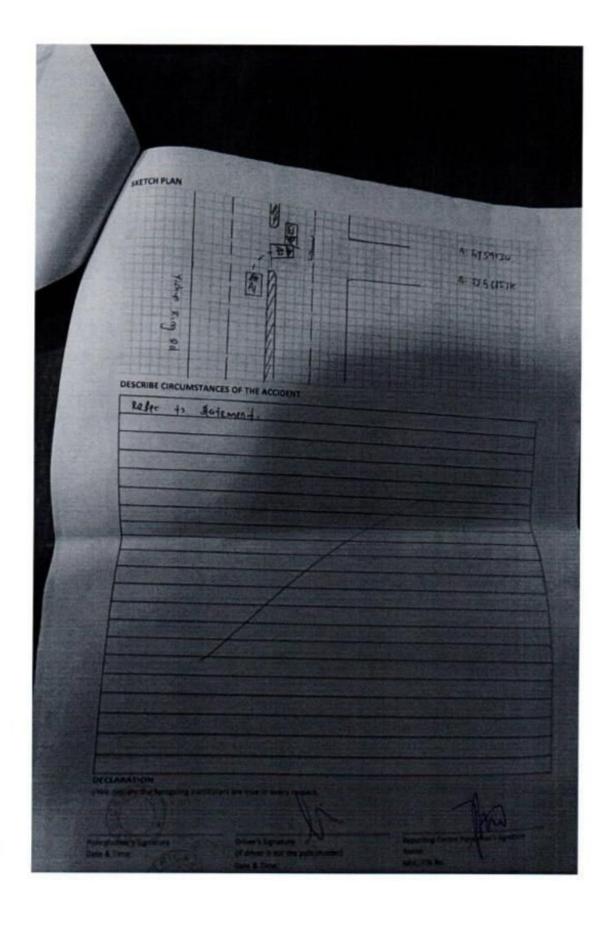
Insurance Company Name

Nature Of Damage

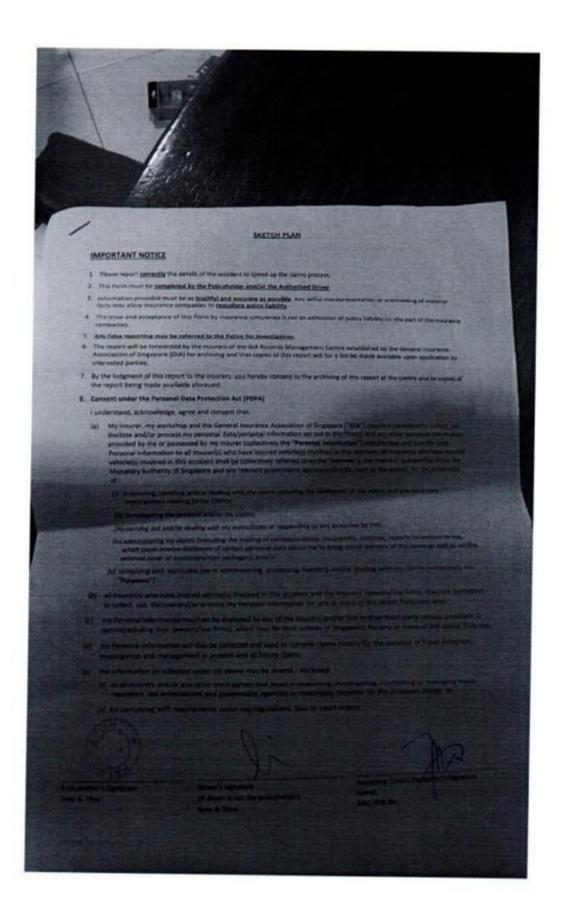
No. Of Passenger (Including Driver)

1

Accident Sketch Plan



Accident Sketch Plan



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.





