

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	04/06/2018 18:45
Date Of Accident	02/06/2018 13:00
Exact Location Of Accident	BARTLEY RD EAST (L/P 37S10)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH878A
Insured/Policyholder	
Name Of Registered Owner	TOH WONG LIM
NRIC No	S1500225E
Email Address	NELSONTOH61@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96816123
Alternative Phone No	OFFICE-96816123

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC-1.6 L (A)
Exact Purpose for which vehicle was being used at time of accident	P/USED
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	SD16V13008/VPC2/R00
Cover Note Number	

Driver

Name of Driver	TOH WONG LIM
NRIC No	S1500225E
Date Of Birth	21/09/1961
Occupation	INDOOR
Date Of Driving Pass	06/06/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96816123
Fax Number	
Contact Number	OFFICE-96816123
Email Address	NELSONTOH61@GMAIL.COM

Address	BLK 274C PUNGGOL PLACE #14-828
Postcode	S823274
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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

NO 1 INJURY DURING THE ACCIDENT

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	GBF678P
Vehicle Make/Model/Colour	LORRY/BUE
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WOO PENG FATT
NRIC/Passport Number	S0902222H
Contact Number	
Address	
Postcode	
Insurance Company Name	GREAT AMERICAN INSURANCE COMPANY
Nature Of Damage	
No. Of Passenger (Including Driver)	

Vehicle No SLH 878 A**SKETCH PLAN**

Annex D

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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.

WV 2/6/18

14:14pm
02 JUN 2018
ARY
ARY CHUA

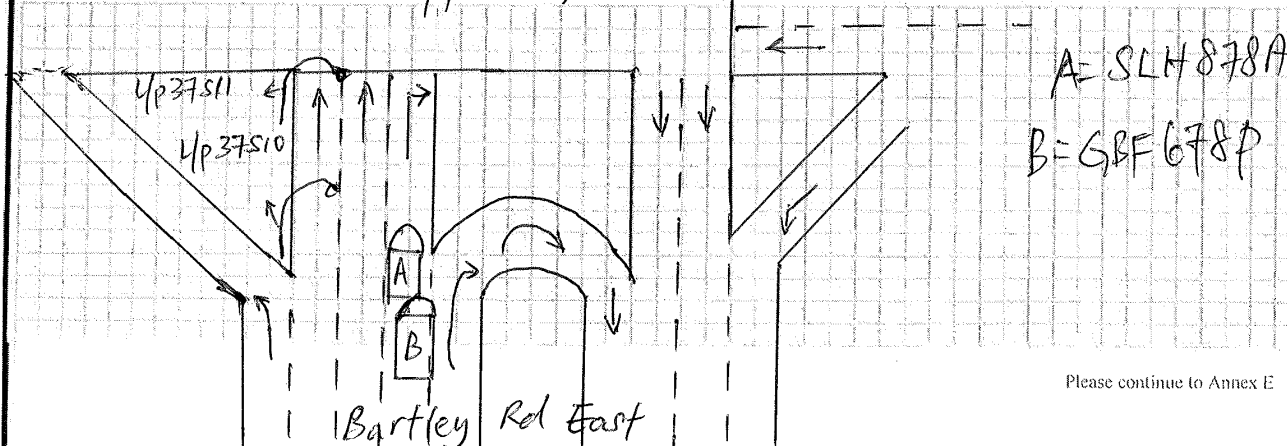
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

upper Paya Lebar Rd



Please continue to Annex E

Vehicle No SLH 878 A

Annex E

Describe Circumstances of the Accident

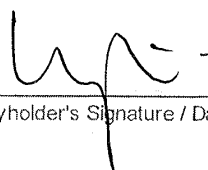
On 2 June 18 about 13:00 hrs. My car was hit by a Lorry from the rear at the traffic junction of Bartley Rd and Upp Paya Lebar Rd.

My car is the third car at the point of time when the traffic light is red and stopped.


The Lorry driven by the driver Mr Woo Peng Fatt NRIC/S 0902222H with the Liveness plate GBF 678 P admitted that he couldn't stop in time and hit my car from the rear, causing ~~my~~ the right side rear light damaged and right side of the bumper dented.

Declaration

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


02 JUN 2018 ARY CHUA
Witnessed by Reporting Centre Personnel

Receipt

Page 1 of 1

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 02 Jun 2018 / 14:13:17

Receipt Date/Time : 02 Jun 2018 / 14:13:17

Tax Invoice/Receipt

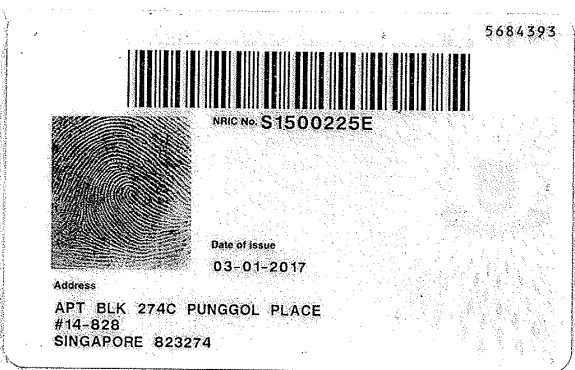
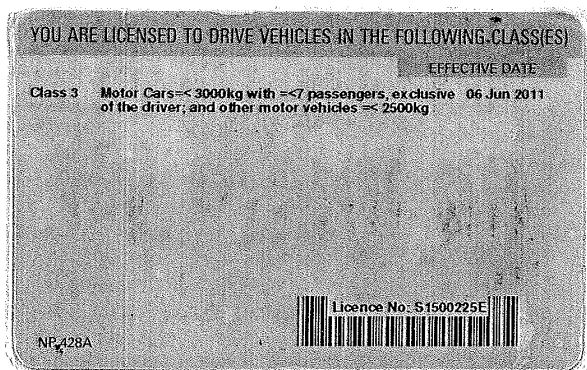
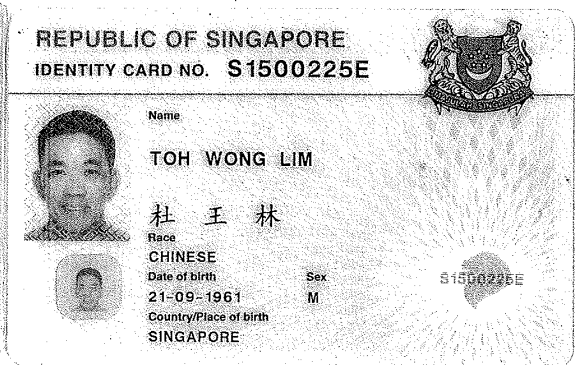
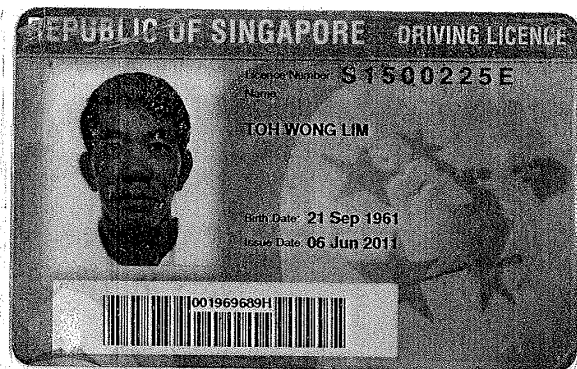
Receipt No. : ITNET-00000-180602-000828

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - GBF678P				
As at 02 Jun 2018/13:00:00				
Insurance Co: GREAT AMERICAN INSURANCE COMPANY				
1	Insurance Enquiry - GBF678P Enquiry Fee 20180602141129664926	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
Paid By				
	xxxxxxxxxxxx0958	Credit Card: Visa/MasterCard		7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

