

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	11/07/2018 15:50
Date Of Accident	06/07/2018 11:25
Exact Location Of Accident	TOWARDS VIVO TURNING TO SENTOSA GATEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL2025K
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	SHERYL.SOH@FOODXSERVICES.COM
Mobile Phone No	(LOCAL) +65-98538426
Alternative Phone No	OFFICE-98538426

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	

Driver

Name of Driver	SOH SHUXIAN (SU SHUXIAN)
NRIC No	S8830416J
Date Of Birth	23/08/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/12/2006
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98538426
Fax Number	
Contact Number	OTHERS-98538426
Email Address	SHERYL.SOH@FOODXSERVICES.COM

Address	BLK 122 SENGKANG EAST WAY #05-01
Postcode	540122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	2
Passenger 1	NAME: : ADELYN YEO GENDER: : FEMALE

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

PLEASE REFER TO SKETCH PLAN

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 Witness 1

Name	ADELYN YEO
Phone Number	98593961
Email Address	ADELYN@FOODXSERVICES.COM

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ2243H
Vehicle Make/Model/Colour	TOYOTA WISH (WHITE)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN


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6. Consent under the Personal Data Protection Act (PDPA)

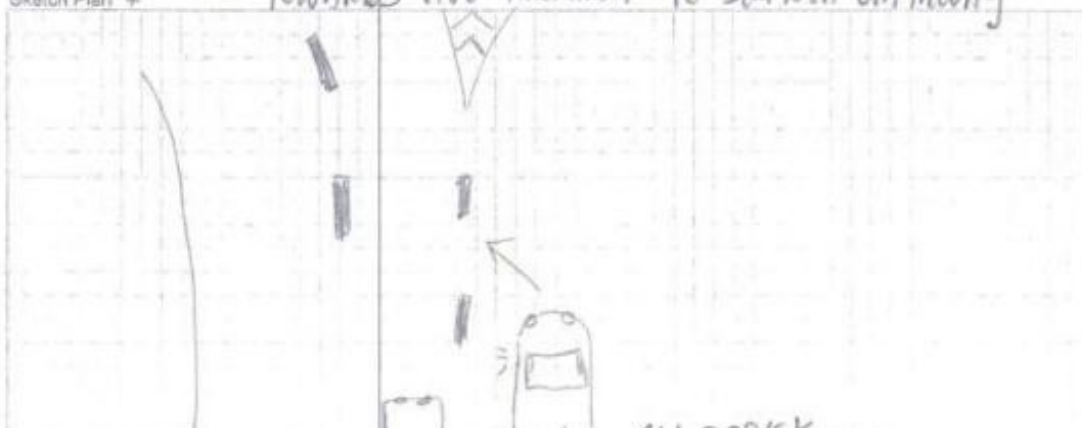
I understand, acknowledge, agree and consent that:

- (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' law firms/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' law firms/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.

Policyholder's Signature:  Date:  11/07/2018

Driver's Signature (if driver is not the policyholder): _____ Date: _____

Witnessed by Reporting Centre Personnel: _____

Sketch Plan: 

TOWARDS VIVO TURNING TO SERRA GATEWAY

SGZ 2243H that can in turning lane & acceleration when my vehicle change lane

my vehicle serial already

Accident Sketch Plan

Describe Circumstance of the Accident *

was on the main road trying to change lane to turn left. ~~Give~~ Signal and checked blind spot car is still behind me. As I accelerate and moving the car appeared to be accelerating beside my vehicle. As I immediately brake ~~for~~ my vehicle but it was too late that vehicle's back wheel and my front wheel bumper brushed each other.

Then we ~~to~~ moved to the side to check vehicle, there was no dent on other vehicle only paint marks.

Declaration

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



Policyholder's Signature

*

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

Witnessed by Reporting Centre Personnel

Accident Sketch Plan



11/02/2018



Accident Sketch Plan



on 11/07/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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