

## 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	19/07/2018 17:36
Date Of Accident	16/07/2018 15:15
Exact Location Of Accident	SLIP ROAD FROM BISHAN ROAD TO BISHAN ST 21
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT8413S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	199501400R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-93873837

### Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
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	SD18V00542
Cover Note Number	

### Driver

Name of Driver	LIM YEAN HWEE
NRIC No	S7505468H
Date Of Birth	18/02/1975
Occupation	INDOOR
Date Of Driving Pass	06/04/2001
Driving Experience	17 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98456226
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 236 #08-76 TOA PAYOH LOR 1
Postcode	310236
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	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	
Was any body injured in the Accident?	YES
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

REFER TO ATTACH

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3309A
Vehicle Make/Model/Colour	HYUNDAI / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO GIM YONG
NRIC/Passport Number	S0128787G
Contact Number	92717278
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LIM YEAN HWEE
Approximate Age	

Injuries Sustain

NECK PAIN

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

AS ABOVE

Postcode

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to: Authorised Reporting Centre (ARC) for filing.
2. Please report promptly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Subscribed Driver.
4. Information provided must be as prompt and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
5. The issue and completion of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident: Date 16/7/18 Time 3.15pm  
 Exact Location of Accident: Slip road from Bishan Road to Bishan St. 21

## DETAILS OF OWN VEHICLE

Vehicle Registration Number: SLT 8413 S

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model: Manufacturer VOLVO Model S60 T5

Type of Vehicle\*  
 Sedan  MPV  CRV  Van  Lorry  
 Bus  Motorcycle  Other \_\_\_\_\_

Exact Purpose for which vehicle was being used at time of accident: Driving to work

Are you claiming under your own insurance policy for repair to your vehicle?  
 Yes  No (If No, Ple select  Third Party  Reporting)

Vehicle Category\*  
 Private  Commercial  Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

Type of Policy  
 Comprehensive  Third Party Fire & Theft  TP Only

Fleet Policy  
 Yes  No

Policy Number

Motor CI

DRIVER   Same as Insured above

Name of Driver: LIM YEAN HUEE

Personal Identification - NRIC (Singaporean/PR): S7505468H

- FIN/Passport Number

Date of Birth: 18 Dec 02 Year 75/76

Driving Date Pass: 06 Dec 04/01/01/02

Year of Driving Experience: 17 Year(s) 3 Month(s)

Occupation: Teacher  Indoor  Outdoor

Gender:  Male  Female

Contact Number / Mobile Phone / Fax No.: 98456226

Address of Driver	BLK 236 #08-76 Toe Payoh Lor. 1	
	Postcode 310236	
Email Address		
Was driver an employee of the Insurer's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Front to Rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others	
<b>OTHER INFORMATION</b>		
a. Was anybody injured in the accident?	<input checked="" type="radio"/> Yes <input type="radio"/> No (Saw doctor for neck pain)	
b. Was any other vehicle or property damaged? (including Witness)	<input checked="" type="radio"/> Yes <input type="radio"/> No	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SHD 3309A	
Vehicle Make/ Model/ Colour	Blue Taxi Hyundai	
Details of Proprietor		
Name of Driver	Mdm. Yeo Gim Yong	
Personal Identification - NRIC (Singaporean/PR)	S012878761	
- FIN/Passport Number		
Contact Number	9271 7278	
Address		
Name of Insurance Company		
No. of Passenger (including Driver)		
[Note - Please see page 6 if you need to add more vehicles]		

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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 airtight/postal 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

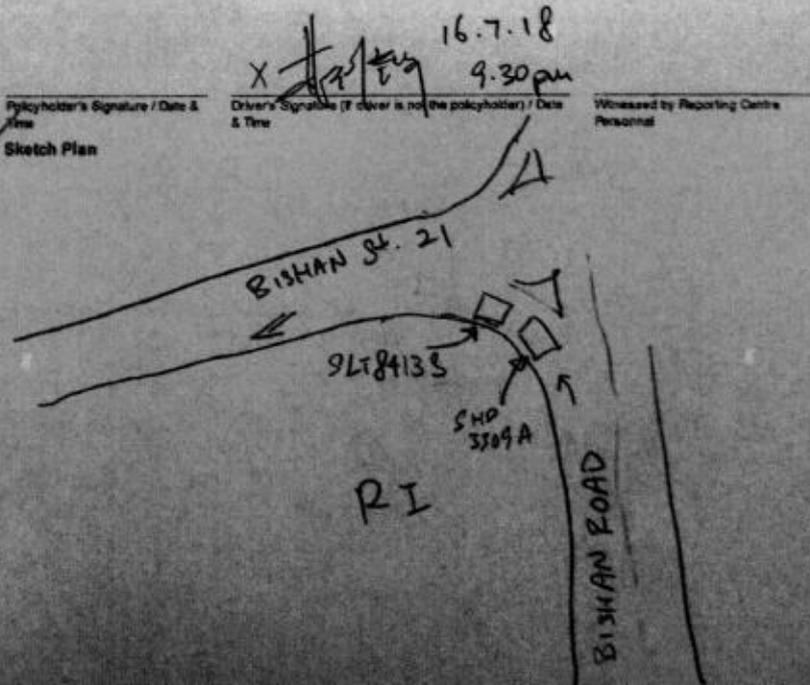
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

✓ Sketch Plan



Describe Circumstances of the Accident

I was driving my vehicle SKT 84133 along Bishan Road to work in Raffles Institution on 16 July 2018 and turned out using slip road connected to Bishan St. 21.

I stopped my vehicle as required to check for traffic coming from my right.

This was when vehicle SHD 3309A (taxi) collided its front into the rear of my vehicle when I was stationary.

It was a clear and hard bump as my body and head was strongly jerked forward.

There are scratches and dents on my bumper and the in car camera also fell off.

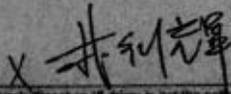
Declaration

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

Witnessed by Reporting Centre Personnel

X 

16 July 2018  
9.30pm.