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 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.			
	ACCIDENT STATEMENT		
Date Of Report	28/07/2018 14:08		
Date Of Accident	28/07/2018 11:55		
Exact Location Of Accident	SERANGOON RD (NEAR TO BOON KENG RD MRT TAXI STAND)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLB4559B		
Insured/Policyholder			
Name Of Registered Owner	CHUA OON CHENG CAROL @ CAROL YAP		
NRIC No	S1535514Z		
Email Address	CHUA_OON_CHENG_CAROL@MOE.EDU.SG		
Mobile Phone No	(LOCAL) +65-96391979		
Alternative Phone No	OTHERS-NOPHONE		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CITY-1.5 VTEC (A)		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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

Cover Note Number

Driver

Name of Driver CHUA OON CHENG CAROL @ CAROL YAP

NRIC No S1535514Z Date Of Birth 10/06/1962 **INDOOR** Occupation Date Of Driving Pass 12/03/1986

Driving Experience 32 YEARS AND 4 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96391979

Fax Number

Contact Number OTHERS-NOPHONE

EMail Address CHUA_OON_CHENG_CAROL@MOE.EDU.SG Address

76 SIANG KUANG AVE

Postcode

347985

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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 2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

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)

NO

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

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 ATTACHMENT REPORT.

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

SHC7841H

Vehicle Make/Model/Colour

/ TAXI / YELLOW

Details Of Properties

FRONT TAXI

Vehicle Category Name of Driver

TAN YOU MONG

NRIC/Passport Number

S2589818D

Contact Number

94847860

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Vehicle No SLB 4559B

SKETCH PLAN

Annex D

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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)

Lunderstand, 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.

Chrosonchy

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre

Sketch Plan

SHC FOILIH

Please continue to Annex E

Vehicle No_SLB_433	98	Annex E
	the Accident along Serangson Road (fowards upper ferangoon Road) was a loud bang & 9 was thrown forward. "At & lank out of the car.	
1	car to the side (outside delegié soya bear dore) to a to take photograph. of damage	·
Declaration		O THE MA
We declare the foregoing particulars	s are true in every respect.	
Policyholder's Signature / Date &	Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting of Personnel	Centre