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.

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	ACCIDENT STATEMENT	
Date Of Report	16/08/2018 20:04	
Date Of Accident	16/08/2018 08:30	
Exact Location Of Accident	YISHUN AVE 2 (NEAR/OPPOSITE YISHUN SPORTS HALL)	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SKZ9382X	
Insured/Policyholder		
Name Of Registered Owner	CHUA POH YONG (CAI BAORONG)	
NRIC No	S7602607F	
Email Address	POHYONGCHUA@HOTMAIL.COM	
Mobile Phone No	(LOCAL) +65-96552932	
Alternative Phone No	OTHERS-96552932	
Vehicle Particulars		
Manufacturer	HONDA	
Model	JAZZ	
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO THE WORK SITE	
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	SI18V00721/VPC/R02	
Cover Note Number		
Driver		

Name of Driver CHUA POH YONG (CAI BAORONG)

NRIC No S7602607F Date Of Birth 23/01/1976 Occupation **INDOOR Date Of Driving Pass** 12/02/2004

Driving Experience 14 YEARS AND 6 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96552932

Fax Number

Contact Number OTHERS-96552932

EMail Address POHYONGCHUA@HOTMAIL.COM Address BLK 643 ANG MO KIO AVENUE 5

#11-3021

Postcode 560643

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 CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles involved in the accident 3
Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO 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?

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL8171G

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MR ONG

NRIC/Passport Number

Contact Number 81283206

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKR5382P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PEUGEOT

PRIVATE CAR

MR ONG

98473936

Sketch Plan

SKETCH PLAN

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 interested parties.
- By the lodgment 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:
 - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 16 (8) 2018 Driver's Signature

(If driver is not the policyholder)

Date & Time: 16 8 2018

Reporting Centre Persons

Name:

NRIC/FIN No.:

KETCH PLAN	
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SCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
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	on sport hall.
	is appearing to the traffic light area,
3k29382x 15	slundy reduce the speed and put in stationery position.
	of the SR 9382X SAN the white on (SLL 8171G)
INDU CHOR ON	AUNICIA below 1 SY2 GIROY
Suddenly ther	e was a boy sound coming from behind and
My en LSK	(2 9382X) in France motion. So I switch off the
cusine and	gtep wown the one to see what happened.
	& Malik there was a 31d car (SER 5382P)
	716 and SLL8171G MWE forward and but
onto ski 930	fz×
CLARATION Ve declare the foregoing part	ticulars are true in every respect.
V	/1/
IMIT	12/0/2018
icyholder's Signature te & Time: 16/8/2018	Oriver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:





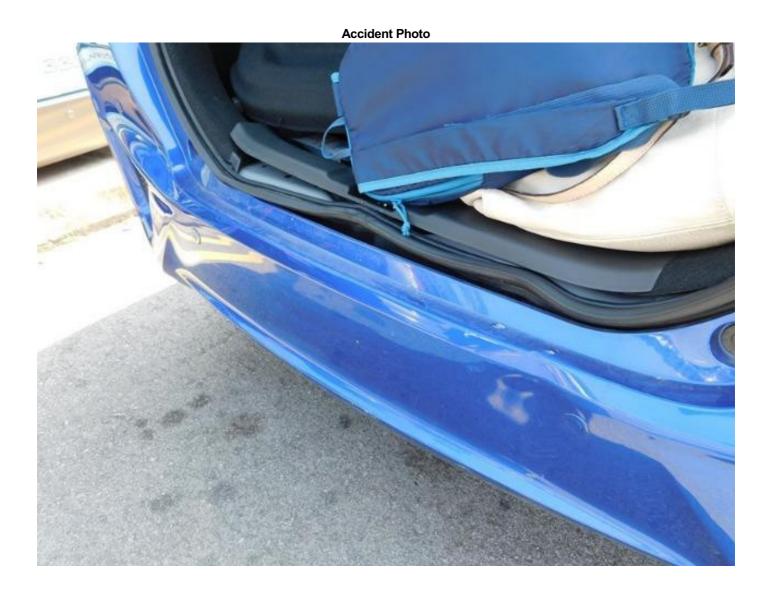






Accident Photo









Accident Photo



Accident Photo

