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 liability.

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	05/10/2018 19:53
Date Of Accident	05/10/2018 07:30
Exact Location Of Accident	DOVER CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ8785Z

Insured/Policyholder

Name Of Registered Owner	ADAM TAYLOR
Passport No/FIN	G5825966M
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98008478
Alternative Phone No	OTHERS-98008478

Vehicle Particulars

Manufacturer	PEUGEOT
Model	3008-1.6 D E-HDI ETG ACTIVE (A)
Exact Purpose for which vehicle was being used at time of accident	
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	ADAM TAYLOR
Passport No/FIN	G5825966M
Date Of Birth	12/01/1978
Occupation	INDOOR
Date Of Driving Pass	17/10/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008478
Fax Number	
Contact Number	OTHERS-98008478
EMail Address	NOEMAIL

Address	7 BROOKVALE DRIVE #03-11
Postcode	599971
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	3

Passenger 1		
	NAME:	: CHILDREN
	GENDER:	: MALE

Passenger 2		
	NAME:	: CHILDREN
	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

REFER TO ATTACHMENT

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	SHB4273Y
Vehicle Make/Model/Colour	HYUNDAI TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG SEOK YANG
NRIC/Passport Number	S1135258H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

<u>SKETCH PLAN</u>

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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.

   (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:

      (i) 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

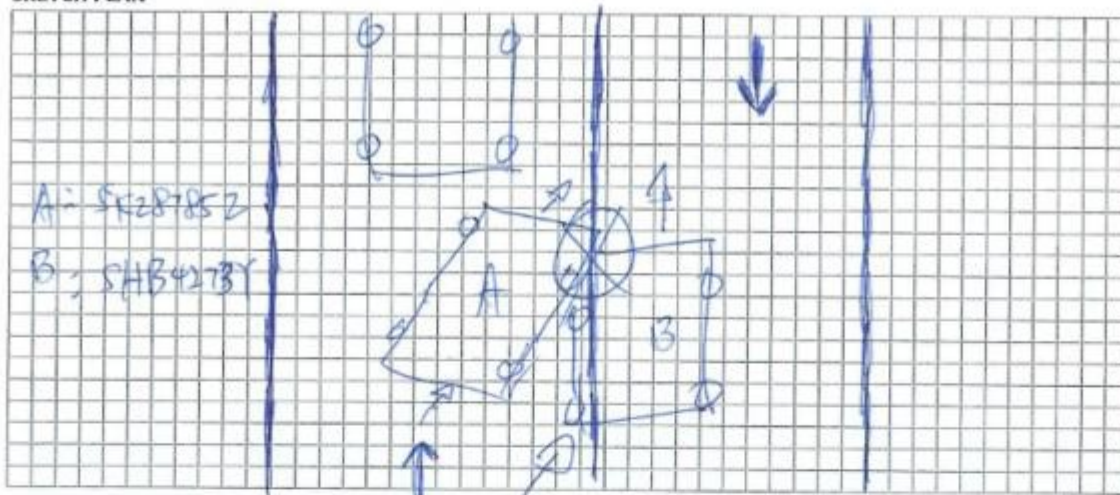   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

1

Video evidence provided.

SKETCH PLAN

A- SHB28785Z
B- SHB4273Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on Dover Cres at approximately 7.30am on October the 5th 2018.

Traffic had stopped, I ~~attempted to~~ noticed there was a problem ahead of me and cars were diverging on the wrong side of the road to overtake.

I looked in my mirror and saw I had sufficient room to overtake and pass the blockage As I attempted a taxi came from behind a made contact with my car.

We stopped, as there was no injury we exchanged details and then I went to work.

Taxi registration number; SHB 4273Y
Taxi driver : NG SEOK YANG
ID card NO: S1135258H

DECLARATION

I/We declare the foregoing particulars are true in every respect.
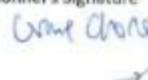
Policyholder's Signature.
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Crone Chong
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

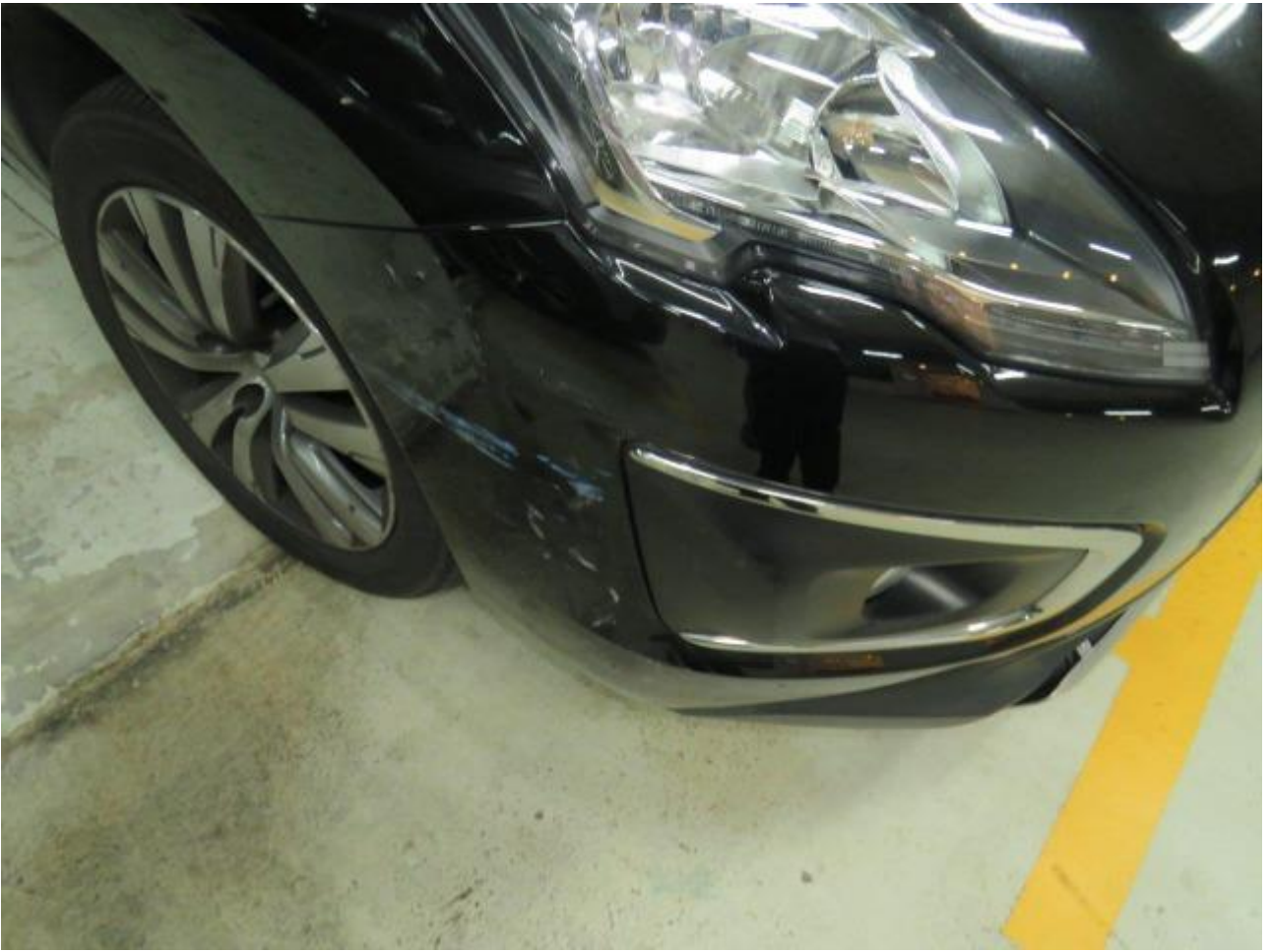**Accident Photo**

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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