

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 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	21/11/2018 13:55
Date Of Accident	21/11/2018 12:35
Exact Location Of Accident	SLIP RD TWDS BUKIT PANJANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV9321R
Insured/Policyholder	
Name Of Registered Owner	SHAFIQ BIN MOHAMED YUNOS
NRIC No	S8322376F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91443931
Alternative Phone No	OTHERS-91443931

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT ABS D/AIRBAG 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	SI18V03661/VPC/R01
Cover Note Number	

Driver

Name of Driver	SHAFIQ BIN MOHAMED YUNOS
NRIC No	S8322376F
Date Of Birth	20/07/1983
Occupation	INDOOR
Date Of Driving Pass	25/08/2006
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91443931
Fax Number	
Contact Number	OTHERS-91443931
E-Mail Address	NOEMAIL

Address	BLK 436 FAJAR ROAD #10-394
Postcode	670436
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	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)	2
Passenger 1	NAME: : NIL 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLR4988L
Vehicle Make/Model/Colour	
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)	

DETAILS OF INJURED PERSON 1

Name	SHAFIQ BIN MOHAMED YUNOS
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SGV9321R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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 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. The 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 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:
 - (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: 21/11/18 @ 1400HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time: 21/11/18 @ 1400HRS

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

-- 21/11/2018

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD-NO. **S8322376F**



Name
SHAFIQ BIN MOHAMED YUNOS

شافيوك بن محمد يونس

Race
MALAY

Date of Birth
20-07-1983

Sex
M

Country/Place of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

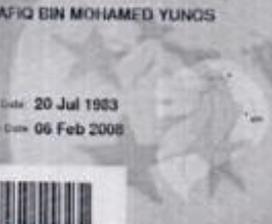
License Number: **S8322376F**

Name
SHAFIQ BIN MOHAMED YUNOS

Valid Date: **20 Jul 1983**

Issue Date: **06 Feb 2008**

001569100A

5279113



NRIC No. **S8322376F**



Date of Issue
12-03-2014

**APT BLK 436 FAJAR ROAD #10-394
SINGAPORE 670436**

NRIC No. **S8322376F** Date: **16/05/2016**

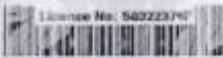
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

	PASS DATE
<input type="checkbox"/> Class 2B Motorcycles <= 200 CC	28 Feb 2007
<input checked="" type="checkbox"/> Class 2A Motorcycles between 201 CC and 400 CC	09 Feb 2008
<input checked="" type="checkbox"/> Class 2 Motorcycles > 400 CC	14 Dec 2010
<input checked="" type="checkbox"/> Class 3 Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	27 Aug 2006
<input type="checkbox"/> Class 4 Heavy motor cars and motor tractors > 2500 kg	19 May 2012

S8322376F S/No. 9000167375

NP 428A

License No. **S8322376F**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



