

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	10/01/2019 16:00
Date Of Accident	09/01/2019 13:15
Exact Location Of Accident	ALONG ROBINSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7991G
Insured/Policyholder	
Name Of Registered Owner	BERGHS JOHAN PIETER H
Passport No/FIN	G5098211X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92338879
Alternative Phone No	OTHERS-92338879

Vehicle Particulars

Manufacturer	RENAULT
Model	GRAND SCENIC IV-1.5 DCI EU6 (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	C0075258
Cover Note Number	

Driver

Name of Driver	OYEN KATRIEN MARLEEN L
Passport No/FIN	G5098495N
Date Of Birth	02/05/1977
Occupation	INDOOR
Date Of Driving Pass	17/05/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92338879
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	42 CORONATION ROAD WEST #02-01 ASTRID MEADOWS
Postcode	269259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 ATTACHMENT.

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	SH8259B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOO HWEE HENG
NRIC/Passport Number	S0206437E
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	


Accident Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

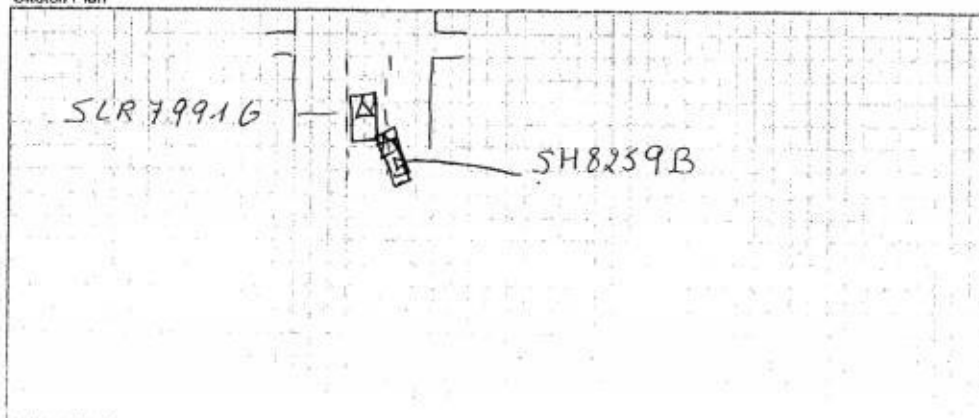
1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to the GIA Records Management 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.
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' law firms/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' law firms/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.

 9/1/13
Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident

I was driving in my lane along Robinson road towards Guoco Tower when I was hit from the rear right by a taxi that was changing lanes. I was not performing any maneuver and was maintaining my speed.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

I declare the foregoing particulars are true in every respect.



9 Jan 2019

Policyholder's Signature / Date & Time



9 Jan 2019

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

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
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ACCIDENT STATEMENT

Date and Time of Accident

Date

09/01/2019 Time: 1315

Exact Location of Accident

ACON ROBINSON ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLR7991G

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

BERGHS JONAN PIFAR H.

Personal Identification - NRIC (Singaporean/PR)

- FIN/Passport Number

- Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer

Renault

Model

Scenic

Type of Vehicle*

☒ Saloon

☐ MPV

☐ CRV

☐ Van

☐ Lorry

☐ Bus

☐ M/cycle

☐ Others, _____

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?

☐ Yes

☒ No (If No, PIs select: ☒ Third Party ☐ Reporting)

Vehicle Category*

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *

LIBERTY

Type of Policy

☒ Comprehensive

☐ Third Party Fire & Theft

☐ TP Only

Fleet Policy

☐ Yes

☒ No

Policy Number

C0075258

Motor CI

DRIVER

☐ Same as Insured above

Name of Driver

OVN KATRIN MARLEEN L.

Personal Identification - NRIC (Singaporean/PR)

65098495N

- FIN/Passport Number

Date of Birth

02 dd/ 05 mm/ 1977 yy

Driving Date Pass

14 dd/ 11 mm/ 2011 yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☒ Indoor

☐ Outdoor

Gender

☐ Male

☒ Female

Contact Number / Mobile Phone / Fax No.

9233 8879

Address of Driver		Postcode ()	
Email Address			
Was driver an employee of the Insured's Company?		<input type="radio"/> Yes	<input 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)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)		SIDE SWIPE	
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, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any body injured in the accident?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Was any other vehicle or property damaged?		<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was there any video captured by Car Camera?		<input type="radio"/> Yes	<input checked="" type="radio"/> No
Number of Passengers (Including Driver)		01.	
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?		<input type="radio"/> Yes	<input 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?)
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number		SH8259B.	
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver		LOO HWEF HENG.	
Personal Identification - NRIC (Singaporean/PR)		S0206437E.	
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			