### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/02/2019 16:09
Date Of Accident	05/02/2019 14:25
Exact Location Of Accident	ALONG PIE BEFORE CTE SLIP RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGT99C
Insured/Policyholder	
Name Of Registered Owner	SIOW HUNG JUI
NRIC No	S7239902A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91086226
Alternative Phone No	OFFICE-91086226
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 HSE (A)
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

PRIVATE CAR

Vehicle Category

Insurance Company

Name of Insurance Company LIBERTY INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number SD17V05889/VPC2/R00

Cover Note Number

**Driver** 

Name of Driver

NRIC No

S7239902A

Date Of Birth

23/10/1972

Occupation

INDOOR

Date Of Driving Pass

26/01/1996

Driving Experience 23 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91086226

Fax Number

Contact Number OFFICE-91086226

EMail Address NOEMAIL

Address 37A SIMON PLACE

Postcode 545983

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 (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

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

4

NO

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHIRLEY

GENDER: : FEMALE

Passenger 2 NAME: : JOSHUA

GENDER: : MALE

Passenger 3 NAME: : KUSNUL

GENDER: : FEMALE

**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** 

REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMD153S

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Page 2 of 9

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan Pg. 1

#### **SKETCH PLAN**

### **IMPORTANT NOTICE**

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurers to the GIA Records Mangement Centre establised 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.
- 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 yers/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 w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

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# Accident Sketch Plan Pg. 1

Describe Circumstance of the Accident
I was travelling in the right lane of PIE (GEYLANG) heading towards Bradell height exit.
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The transfer of the transfer o
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Due to traffic, my while come to a stop. Here that, I was rear ended by another Vihille with number SMD 1535.
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The accident happened on 5 Feb 2019 grand 1425 pm I toda some pithres and a viglo. EMAI came shoth, take some giftine wherevern I draw off.
some sisters and a viple. FMAI came shoft, take some
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MPORTANT NOTE
Jnder 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
We declare the foregoing particulars are true in every respect.
t \N\/
rolicyholder's Signalure / Date & Time Driver's Signature (if driver is not the policyholder) / Date Witnessed by Reporting Centre Personnel

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## **Accident Photo**



## **Accident Photo**



## **Accident Photo**



