

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	27/03/2019 14:01
Date Of Accident	27/03/2019 07:15
Exact Location Of Accident	SENGKANG E AVE TWDS SENGKANG E DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP1216L
Insured/Policyholder	
Name Of Registered Owner	SIN TAT TOYS IMPORT & EXPORT TRADING
Co Reg No	52819617X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63393693

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 CVT
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V06241/VPC/R00
Cover Note Number	

Driver

Name of Driver	SOH HOCK WAH
NRIC No	S6905938D
Date Of Birth	01/02/1969
Occupation	INDOOR
Date Of Driving Pass	31/10/1989
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93887785
Fax Number	
Contact Number	OFFICE-93887785
E-Mail Address	NOEMAIL

Address	BLK 311B ANCHORVALE LANE #04-16
Postcode	542311
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 (including own vehicle) involved in the accident	3
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: : WENDY LEE WAN BEE 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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG1734Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM7985B
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 SOH HOCK WAH
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP1216L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name WENDY LEE WAN BEE
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SLP1216L
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

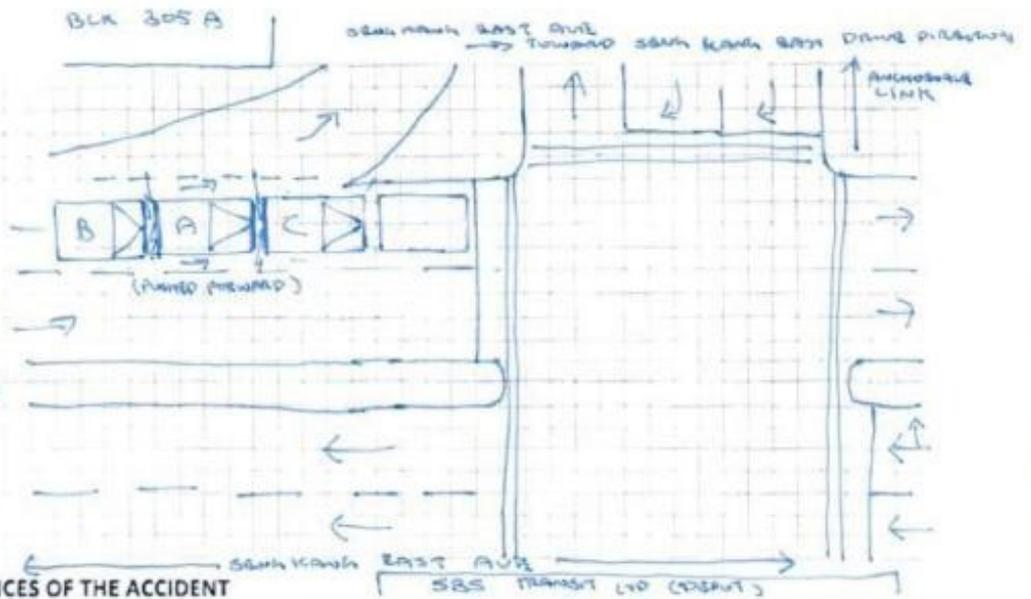


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

- VEHICLE A
- SLP 1216L
- VEHICLE B
- GGG 1734Z
- VEHICLE C
- SLM 7985B



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG SANGKANG EAST AVE, TOWARD SANGKANG EAST DRIVE DIRECTION, I WAS ON THE LEFT LANE.

WHILE COMING TO THE JUNCTION OF ANCHORVALE LINK (INFRONT BLOCK 305A) AND SANGKANG EAST AVE. DUE TO THE VEHICLE INFRONT BRAKE TO COMPLETE STOP, AND SO I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE, WITH IT'S IMPACT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE INFRONT.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE WITH LICENSE PLATE NUMBER (GGG 1734Z) THAT COLLIDED TO THE REAR OF MY VEHICLE AND PUSHED ME FORWARD AND HIT ONTO (SLM 7985B) WHICH WAS INFRONT OF ME. IT WAS A CHAIN COLLISION INVOLVING 3 VEHICLES.

VEHICLE A - SLP 1216L
 VEHICLE B - GGG 1734Z
 VEHICLE C - SLM 7985B

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:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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