

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	11/04/2019 16:46
Date Of Accident	10/04/2019 19:00
Exact Location Of Accident	TOWARDS TERMINAL 3 ARRIVAL HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4359E
Insured/Policyholder	
Name Of Registered Owner	CHEW JUAN NGOH JANET
NRIC No	S1323108G
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90264698
Alternative Phone No	OTHERS-90264698

Vehicle Particulars

Manufacturer	HONDA
Model	FIT
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	SD18V07031/VPC/R00
Cover Note Number	

Driver

Name of Driver	CHEW JUAN NGOH JANET
NRIC No	S1323108G
Date Of Birth	23/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/10/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90264698
Fax Number	
Contact Number	OTHERS-90264698
E-Mail Address	HANCARREPAIRS@GMAIL.COM

Address	BLK 452 JURONG WEST STREET 42 #08-160
Postcode	2264
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 (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?	YES
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

PLEASE REFER TO SKETCH PLAN

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	SGF7485Z
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)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

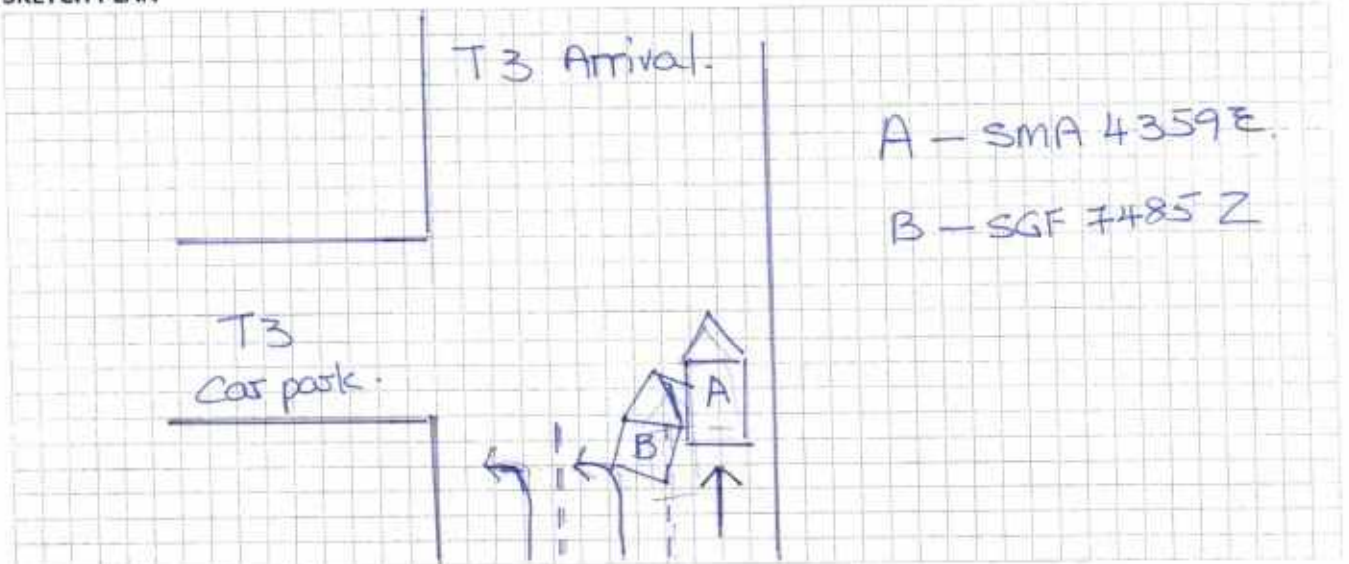
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Roshi
NRIC/FIN No.: 11/04/2008

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight to T3 arrival hall
 & suddenly vehicle B ... cut into my lane &
 hit onto my car.

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:

 11/04/2019
 Reporting Centre Personnel's Signature
 Name: 
 NRIC/FIN No.:

PERSONAL PARTICULARS

Date of Accident: 10 / 4 / 2019

Time of Accident: 6 : 59 (24Hrs)

Vehicle No: SMA 4359 E

Vehicle Make/Model: Honda Fit

Exact Location of Accident: Toward T3 arrival hall

Owner's Name/NRIC: Chew Juan Ngoh Janet I/c No: S1323108 G

Driver's Name/NRIC: Chew Juan Ngoh Janet I/c No: S1323108 G

Driver's Contact: 90264698

Insurance Co & Policy No: Liberty Ins. SD18V07031/VPC/R00

Driver's Email Address: hancarepairs@gmail.com

Relationship between Owner & Driver: Spouse/Children/Friend/Parents/Others specify: _____

What do you wish to claim (Please circle one only)

1) Own Insurance 2) Other Vehicle (The one you want to claim against) 3) Reporting (For Recording Purposes)

Exact Purpose for which the vehicle was being used at time of accident? (Please circle one only)

Private Use Work Purpose

Weather Condition & Road Conditions?

Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet

Occupation

Indoor Outdoor

Any Injuries? (MC of 3 Days or more, police report is required)

Yes No If Yes, which police station? _____

The Other Party (Vehicle B) Details

Driver's Name/IC: _____

Vehicle No: SGF 7485Z

Insurance Company: _____

Driver's Contact: _____

(If more than 2 vehicles involved, please indicate the other party vehicle numbers below)

Other Vehicle (Vehicle C): _____

Independent Witness (If Any): _____ Contact: _____

Preferred Workshop (If Any): _____ Contact: _____

* If no proper document are produced, IDAC should not file the report.

* Information will be discarded after one week.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1323108G



CHEW JUAN NGOH JANET
周月娥
CHINESE
Date of Birth: 23-09-1958 Sex: F
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S1323108G
Name: CHEW JUAN NGOH JANET
Birth Date: 23 Sep 1958
Issue Date: 05 Sep 2003



2524065




S1323108G

Sex: O+ Date of Issue: 11-11-1994

APT BLK 452 JURONG WEST STREET 42
#08-160
SINGAPORE 2264

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	25 Oct 1966

NP 428A



Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Name of Policyholder:

CHEW JUAN NGOH JANET

Date of Issue:

10 Jul 2018

Registration No.:

SMA4359E

Effective Date of Commencement:

07 Jun 2018 00:00

Chassis No.:

GK31316435

Certificate No.:

SD18V07031/ VPC / R00

Date of Expiry:

06 Jun 2019 23:59

Type of Certificate:

MX1

Persons or Classes of Persons entitled to drive*:

- A) The Policyholder;
- B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to use:

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover:

- A) Use for hire or reward.
- B) Use for racing, pace-making, reliability trials or speed-testing.
- C) Use for the carriage of goods (other than samples) in connection with any trade or business.
- D) Use for any purpose in connection with the Motor Trade.

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).



For and on behalf of
LIBERTY INSURANCE PTE LTD
 Approved Insurers

For Information Only:

Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$500, Section I - Unnamed Drivers S\$1000, Young, Elderly & Inexperienced S\$3000, Windscreen Excess S\$100
Name of Finance Company:	DBS BANK LTD
Name of Producer:	CAR TIMES INSURANCE AGENCY PTE LTD (A1200-2)