

## 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	18/04/2019 16:03
Date Of Accident	18/04/2019 10:20
Exact Location Of Accident	ALONG LOWER DELTA TWDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX777H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOH SOH CHING
NRIC No	S1628795D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91065595
Alternative Phone No	OFFICE-91065595

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC200 (R18 LED)
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	SI19V01871/VPC/R00
Cover Note Number	-

### Driver

Name of Driver	TOH SOH CHING
NRIC No	S1628795D
Date Of Birth	24/07/1964
Occupation	INDOOR
Date Of Driving Pass	30/12/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91065595
Fax Number	
Contact Number	OFFICE-91065595
E-Mail Address	NOEMAIL

Address	104 WEST COAST RISE
Postcode	127522
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 - CHANGE/CROSS LANE
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?	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)	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 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	YL5019E
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 INJURED PERSON 1

Name	TOH SOH CHING
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGX777H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

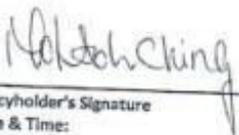
### IMPORTANT NOTICE

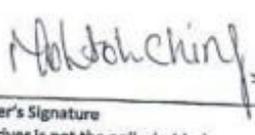
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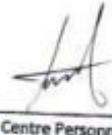
### 8. Consent under the Personal Data Protection Act (PDPA)

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.

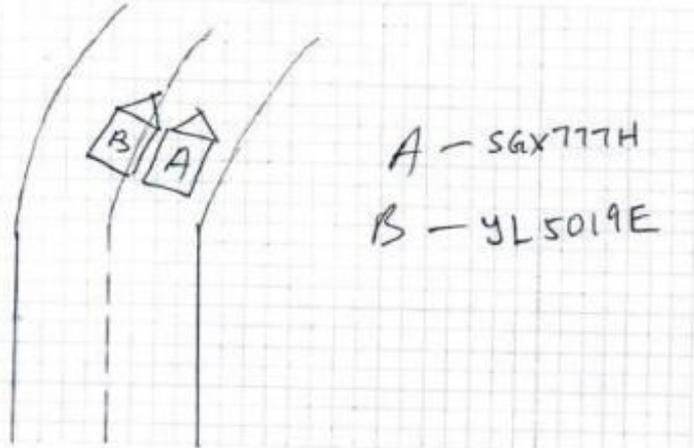
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on the stated date and time, I was driving my vehicle  
A along lower Delta towards AYE, suddenly vehicle B cut  
into my lane and hit on my LH side portion

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Abdoh Ching*  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

*Abdoh Ching*  
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*[Signature]*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

DRIVING DOC

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1628795D

Name: TOH SOH CHING

Birth Date: 24 Jul 1964

Valid Until: 30 Dec 2003

0910648240



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S1628795D



Name: TOH SOH CHING

Race: 卓素真  
CHINESE

Date of Birth: 24-07-1964

Sex: F

Country of Birth: SINGAPORE

S1628795D

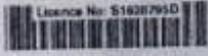


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class	Description	Valid Until
Class 2	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	30 Dec 2003

NP 438A

Licence No: S1628795D



4872481



IC No: S1628795D



Date of Issue: 13-04-2010

Address: 104 WEST COAST RISE  
SINGAPORE 127522



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo



Accident Photo

