

## 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	07/05/2019 11:06
Date Of Accident	06/05/2019 17:30
Exact Location Of Accident	AYE TOWARDS CITY DIRECTION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ976S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	SHARON@OW.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64849919

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5X CVT
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V07597/VPZ/R01
Cover Note Number	

### Driver

Name of Driver	NICHOLAS SAYERS THOMAS
Passport No/FIN	551915705
Date Of Birth	18/08/1973
Occupation	INDOOR
Date Of Driving Pass	28/06/1991
Driving Experience	27 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(FOREIGN) +316-38119778
Fax Number	
Contact Number	
Email Address	MR.NICK.SAYERS@GMAIL.COM

Address	392 HAVELOCK ROAD GRAND COPTHORNE WATERFRONT
Postcode	169663
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
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: : JACQUES TOMASELLI GENDER: : MALE

#### 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

On 06/05/2019 at about 1730hrs, I was driving along AYE towards City direction on the extreme right lane. Vehicle ahead of me slowed down and come to a stop due to heavy traffic, I followed suit. Just after a few seconds, a sudden impact from behind. Upon alighting, I realised that it was a chain collision involving of 4 vehicles. Vehicle D (PC4013G) hit the rear of Vehicle C (SLG2384A) and Vehicle C hit of the rear of Vehicle B (SLE5115B) and Vehicle B hit onto rear portion of my vehicle (A: SKZ976S). After the accident, my friend and me felt some slight discomfort in our neck.

#### 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	SLE5115B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KELVIN TAN
NRIC/Passport Number	
Contact Number	97885420
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLG2384A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver GOH AH CHYE  
NRIC/Passport Number  
Contact Number 92990958  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number PC4013G  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver TAN CHIN BENG  
NRIC/Passport Number  
Contact Number 90069357  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name NICHOLAS SAYERS THOMAS  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKZ976S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name JACQUES TOMASELLI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SKZ976S  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

# **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:

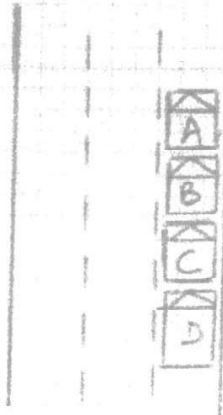
7/5/17 17:35

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.: Sharon Tan

SKETCH PLAN

AYE



A. SK29765

B. SL651156

C. SLG2384A

D. PC4013G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to the statement

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:

7/5/19 17:35

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sharon Tan