

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	27/05/2019 10:15
Date Of Accident	25/05/2019 11:35
Exact Location Of Accident	BEDOK SOUTH AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGQ8282C
Insured/Policyholder	
Name Of Registered Owner	XIE HUA MING STEVE
NRIC No	S7780728D
Email Address	XHMSTEVE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85114935
Alternative Phone No	Office-85114935

Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING WITH FAMILY
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	SD19V03899
Cover Note Number	

Driver	
Name of Driver	XIE HUA MING STEVE
NRIC No	S7780728D
Date Of Birth	19/11/1977
Occupation	INDOOR
Date Of Driving Pass	03/03/2003
Driving Experience	16 YEARS AND 2 MONTHS

Gender	MALE
Mobile Number	(LOCAL) +65-85114935
Fax Number	
Contact Number	OFFICE-85114935
EEmail Address	XHMSTEVE@GMAIL.COM
Address	65 TAMPINES CENTRAL 7 #03-29
Postcode	528597
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	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?	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)	3
Passenger 1	Name: : NYEIW WIN MAR Gender: : Female
Passenger 2	Name: : CHERYL XIE 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 THE ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMJ6408L
Vehicle Make/Model/Colour	MITSUBISHI/ ECLIPSE CROSS/ BLACK

Details Of Properties	FRONT AND BACK CAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	CHUGANI SONIA MOHANDAS MRS SONIA DANANI
NRIC/Passport Number	S7823900Z
Contact Number	97915902
Address	68 BAYSHORE ROAD #06-02
Postcode	469986
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKA9293B
Vehicle Make/Model/Colour	KIA
Details Of Properties	FRONT CAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	ANG ZHEN LONG, ROBIN
NRIC/Passport Number	S8243177B
Contact Number	81390482
Address	BLK 165 BEDOK SOUTH ROAD #03-370
Postcode	460165
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 27 May 2019
09:59 am

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: NGUYEN THI THANH TAN
NRIC/FIN No.: G034159P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Bedok South Ave 1, in front taxi brake to stop due to traffic, I followed by braking my car and stop behind the front taxi.

I noticed "behind my car Mitsubishi SMJ6408L" is managed to stop behind. But within a second after SMJ6408L is stopped, suddenly loud bang sound from my car back. I went out my car and checked Mitsubishi SMJ6408L hit back of my car.

During today reporting, I furnished all photos and videos to reporting center.

What I spoke to Mitsubishi SMJ6408L driver, she mentioned that she was able to stop car behind me. But Car "C" SKA9293B is not able to stop and hit Car "B". And subsequently Car "B" hit my car "A".

Accident time: 25/May/2019 11:34 am

Location : Along Bedok south Ave 1 (In Between Upper East Coast Rd and Marine Parade Road.

DECLARATION

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

*(Steve Xie)

Policyholder's Signature

Date & Time:

27/May/2019

09:59 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 27/May/2019

09:59 am



Reporting Centre Personnel's Signature

Name: NGUYEN THI THANH TAM

NRIC/FIN No.: G0714159P

Accident Photo



Accident Photo



Accident Photo



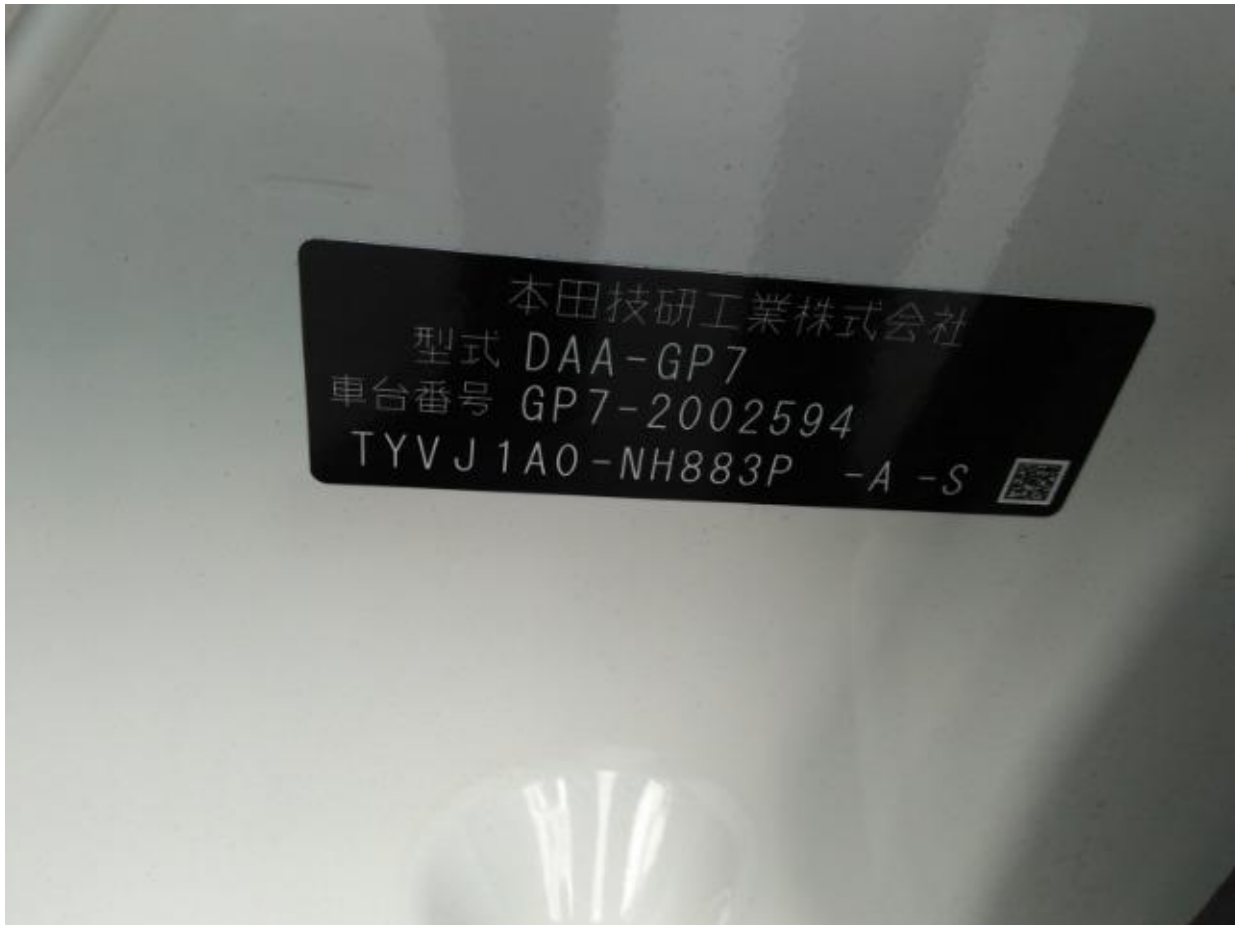
Accident Photo



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