

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	21/08/2019 13:58
Date Of Accident	20/08/2019 08:55
Exact Location Of Accident	HAVELOCK RD JUNC WITH NEW MARKET RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL4648J
Insured/Policyholder	
Name Of Registered Owner	LEONG THIM CHEE ALAN
NRIC No	S1619879Z
Email Address	ALANLTC@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98194648
Alternative Phone No	OFFICE-98194648

Vehicle Particulars

Manufacturer	VOLVO
Model	XC 90 3.2
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SI19V00472/VPC/R12
Cover Note Number	

Driver

Name of Driver	LEONG WEN JIA, NICHOLAS
NRIC No	S9106360C
Date Of Birth	17/02/1991
Occupation	INDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97114648
Fax Number	
Contact Number	
Email Address	ALANLTC@HOTMAIL.COM

Address	42 KIM YAM ROAD #16-03 SINGAPORE
Postcode	239347
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	2
Passenger 1	NAME: : DAUGHTER 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 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	SMH1917C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA
NRIC/Passport Number	
Contact Number	93843368
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
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:

21/08/2019 1055h.

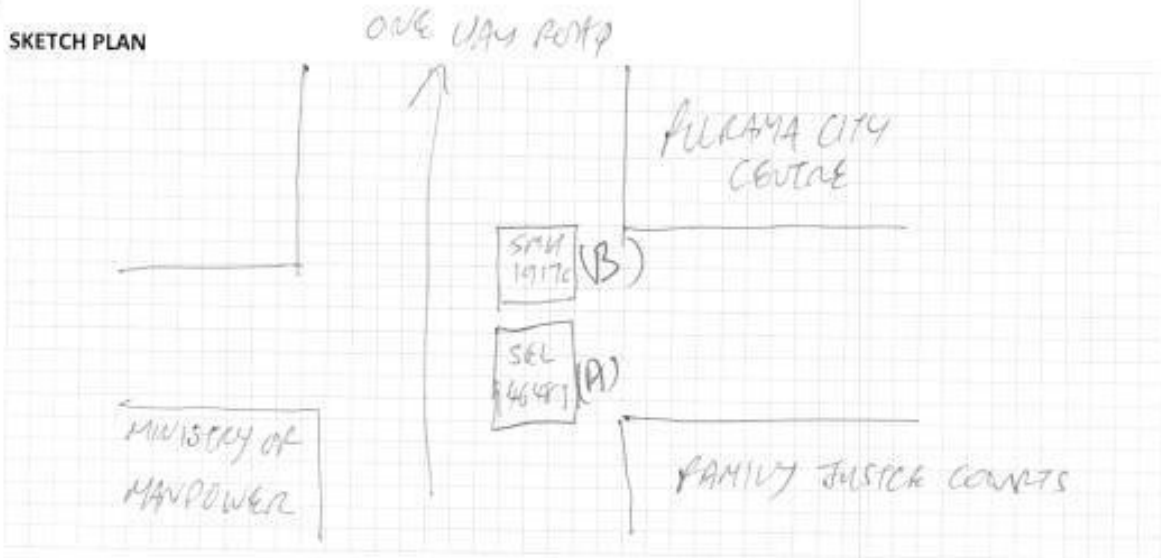
Driver's Signature
(If driver is not the policyholder)
Date & Time:

21/8/2019 11.35am

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20TH AUGUST 2019 AT 0855H ALONG HARELOCK ROAD JUST BEFORE JUNCTION WITH NEW MARKET ROAD (NEAR MINISTRY OF MANPOWER, FAMILY JUSTICE COURTS), SMH 1917C (TOYOTA WISH) STOPPED SUDDENLY IN FRONT OF MY VEHICLE (SEL 46481) AND ALLEGED THAT MY VEHICLE CONTACTED HIS VEHICLE. UPON STOPPING AND EXAMINING BOTH VEHICLES, THERE IS NO DAMAGE TO MY VEHICLE BUT THERE ARE MANY SCRATCHES ALONG THE LENGTH OF THE REAR BUMPER OF SMH 1917C WHICH SEEMED OLD AND NOT CAUSED BY MY VEHICLE. ~~MR~~ MR CHUA (9384 3368), DRIVER OF SMH 1917C WAS ASKED TO SEND THE QUOTATION FOR ANY ASSESSMENT FOR REPAIR. ON SUBSEQUENT ~~PHONE CALL~~ COMMUNICATION, MR CHUA DEMANDED \$180 BUT REFUSED TO PROVIDE ANY QUOTATION FOR REVIEW.

DECLARATION

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

Policyholder's Signature

Date & Time:

21/08/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

21/8/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9106360C



Name

LEONG WEN JIA, NICHOLAS

梁文嘉

Race
CHINESE

Date of birth
17-02-1991

Country of birth
SINGAPORE

Sex

M

S9106360C

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number S9106360C

Name

LEONG WEN JIA, NICHOLAS

Birth Date 17 Feb 1991

Issue Date 10 Jun 2013



S904863



NRIC No. S9106360C

Date of issue
12-07-2006

42 KIM YAM ROAD #18-03
SINGAPORE 238347

NRIC No: S9106360C

Date: 21/06/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with ≤ 7 passengers, exclusive of the driver, and other motor vehicles ≤ 2500kg 25 Apr 2012

NP 429A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 119109918 Vehicle Registration No: SGL 4648J
Name (as shown in NRIC) : Leong Wen Jia, Nicholas NRIC/FIN/Passport No : 99106360C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 42 Kim Yam Road #18-03 Singapore Singapore (291347)
Contact (Tel) : 9711 4648 Mobile No. : 9711 4648
Email Address : Alan LTC @ Hotmail . Com
Date of Accident : 20/08/2019 Time of Accident : 08:55
Place of Accident : Havelock Rd Junc with new market Rd
Insurance Company : LIBERTY INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend TP VEH Detail.

Policyholder / Driver's Signature
Date:

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