

## 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	16/10/2019 09:13
Date Of Accident	11/10/2019 21:00
Exact Location Of Accident	MARYMOUNT RD INFRONT OF MARYMOUT MRT STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE9507P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FROIS AGARRAR
Co Reg No	53402298K
Email Address	MUTALIB.HASHIM1968@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96890294
Alternative Phone No	OFFICE-96890294

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ISIS
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V10904/VPL/R00
Cover Note Number	

### Driver

Name of Driver	ABDUL MUTALIB BIN HASHIM
NRIC No	S6808911E
Date Of Birth	06/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	23/07/1988
Driving Experience	31 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96890294
Fax Number	
Contact Number	OTHERS-96890294
Email Address	MUTALIB.HASHIM1968@GMAIL.COM

Address	BLK 299 YISHUN STREET 20 #06-39
Postcode	760299
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	SLIGHTLY WET

#### 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	SHC1745S
Vehicle Make/Model/Colour	HYUNDAI IONIQ
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG HENG
NRIC/Passport Number	S0208245D
Contact Number	98616838
Address	
Postcode	
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:

15/10/2019 1620Hr

Driver's Signature

(If driver is not the policyholder)

Date & Time:

15/10/2019 1620Hr

Reporting Centre Personnel's Signature

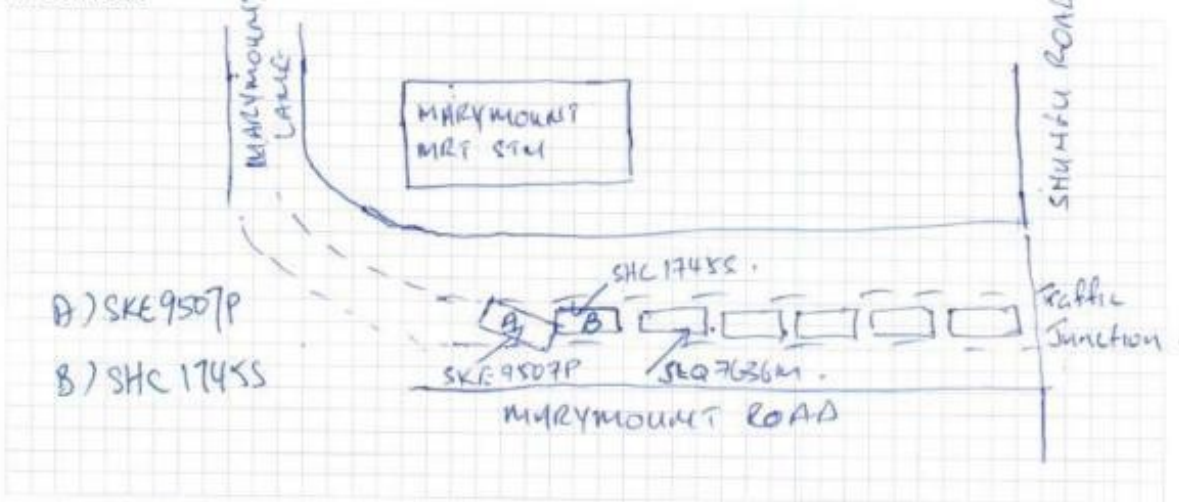
Name:

NRIC/FIN No.:

15/10/2019  
Keshav Kumar

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>WHILST I WAS COMING OUT OF MARYMOUNT LANE GOING ONTO MARYMOUNT ROAD, I SAW A TAXI THAT HAD JAMMED BRAKE JUST AFTER THE TURN INTO MARYMOUNT ROAD. I FOLLOWED SUIT TO SHUT MY BRAKE AND DUE TO DISTANCE WAS QUITE SHORT I COULD NOT <sup>BEHIND</sup> MY VEHICLE TO COME TO A FULL STOP. I HAD TRIED TO SWERVE TO THE RIGHT BUT EVEN THEN THE <del>TO</del> LEFT HAND BUMPER OF MY CAR BUMPED INTO THE RIGHT BACK BUMPER OF THE TAXI.</p> <p>THERE WAS ANOTHER CAR INVOLVED A MAZDA2 PLATE NO SLQ7636M WHICH THE TAXI HAD HIT WHEN HE WAS MAKING THE TURN FROM MARYMOUNT LANE TO MARYMOUNT ROAD BUT THIS VEHICLE WAS QUITE A DISTANT AWAY FROM THE TAXI WHEN WE CAME OUT OF OUR RESPECTIVE VEHICLE TO EXCHANGE OUR DETAILS.</p>

### DECLARATION

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

  
 Policyholder's Signature  
 Date & Time:  
 15/10/2019 1620HRL

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:  
 15/10/2019 1620HRL

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



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo

