

Attika W. M.  
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## 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 21/03/2020 12:39  
Date Of Accident 15/03/2020 11:35  
Exact Location Of Accident JURING LAKE LINK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ1923M  
**Insured/Policyholder**  
Name Of Registered Owner CHUA YEW GEE ROLAND  
NRIC No SXXXX541I  
Email Address NOEMAIL  
Mobile Phone No (LOCAL) +65-98456431  
Alternative Phone No OTHERS-98456431  
**Vehicle Particulars**  
Manufacturer RENAULT  
Model GRAND SCENIC IV-1.5 DCI EU6 (A)  
Exact Purpose for which vehicle was being used at time of accident SOCIAL  
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  
Cover Note Number C0099536  
**Driver**  
Name of Driver CHUA YEW GEE ROLAND  
NRIC No SXXXX541I  
Date Of Birth 07/04/1979  
Occupation INDOOR  
Date Of Driving Pass 05/03/2003  
Driving Experience 17 YEARS AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98456431  
Fax Number  
Contact Number OTHERS-98456431  
EMail Address NOEMAIL

Address 10 TAO CHING ROAD  
#19-23  
Postcode 618725  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -  
-

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
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) 4

Passenger 1 NAME: : CHIQ PEI  
GENDER: : FEMALE  
Passenger 2 NAME: : RACHAEL  
GENDER: : FEMALE  
Passenger 3 NAME: : SEK KING  
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

REFER TO ATTACHMENT.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBM4213J  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category MOTORCYCLE  
Name of Driver YANG RUI  
NRIC/Passport Number GXXXX177Q

## SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

#### 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' law yers/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

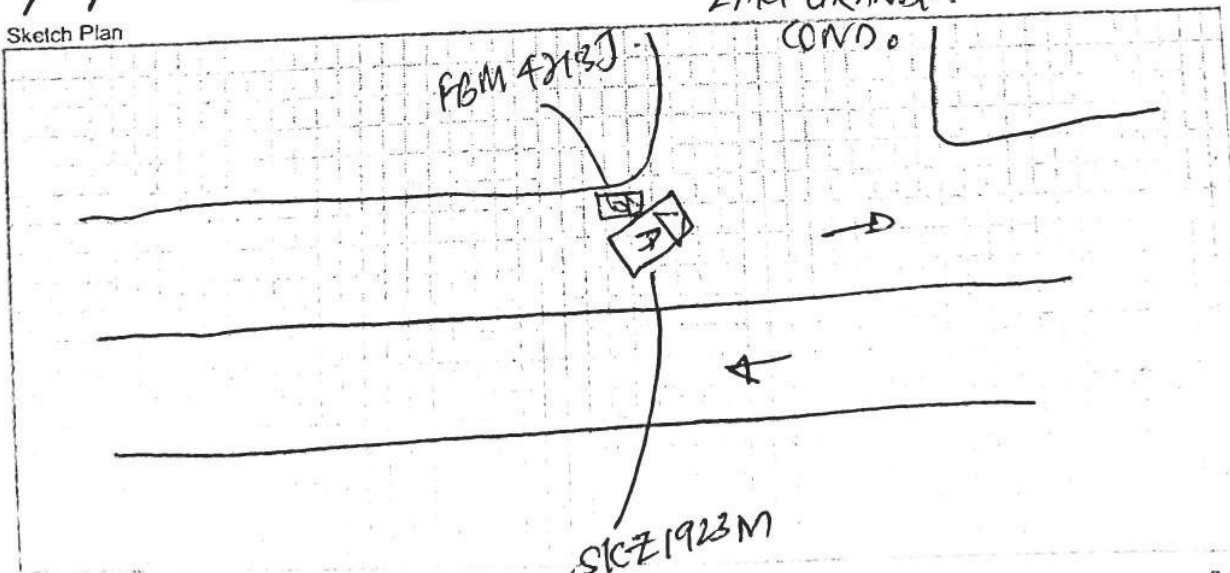
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date  
& Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan





Describe Circumstance of the Accident


I was turning <sup>left</sup> into <sup>a</sup> ~~the~~ ~~car~~ ~~park~~ and then partial turning left, ~~to~~ a motorcyclist ~~I~~ sped up ~~and~~ on the left side of the lane and collided onto my car.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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

Witnessed by Reporting Centre Personnel