

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	11/05/2020 09:50
Date Of Accident	09/05/2020 16:00
Exact Location Of Accident	FILTER LANE TO WOODLAND ROAD (EXIT 2 KJE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP3573E
Insured/Policyholder	
Name Of Registered Owner	ANG PENG SEONG
NRIC No	SXXXX179J
Email Address	ALANANG@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-97479179
Alternative Phone No	OTHERS-83827096
Vehicle Particulars	
Manufacturer	BMW
Model	X1
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	SD19V12191/VPC/R00
Cover Note Number	
Driver	
Name of Driver	ANG PENG SEONG
NRIC No	SXXXX179J
Date Of Birth	23/08/1971
Occupation	INDOOR
Date Of Driving Pass	29/11/1999
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97479179
Fax Number	
Contact Number	OTHERS-83827096
Email Address	ALANANG@LIVE.COM.SG

Address	BLK 654 SENJA ROAD #20-258
Postcode	670654
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	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)	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

REFER TO ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1:

Vehicle Registration Number	PC5541S
Vehicle Make/Model/Colour	PRIVATE BUS (KINGLONG)
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LIU JUNNING
NRIC/Passport Number	GXXXX907X
Contact Number	97598550
Address	
Postcode	
Insurance Company Name	EQ INSURANCE COMPANY LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	1

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:

11 May 20
9.30 am


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

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

[illegible]

Refer to attached page.

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


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

Liu Junning 9759 8550 Bus# PC 5541S

On 9-May-20 around 4pm. I was alone driving my car (SMP3573E) in Kranji Expressway and took Exit #2 toward Woodland Road. As I was heading toward city direction, I took the left filter lane. I was first in the lane waiting for vehicle in main road (Woodland road) to clear before moving out. As I was waiting with my car in stationery position, a private bus (PC5541S) came from behind and hit the rear end of my car. I immediately parked my car to inspect. There were deep dents on my rear end of my car's body. After took some photos, I and the bus driver drove our vehicles to the side of Woodland road as not to block other vehicle jammed behind us. As I have no injury, we drove off after exchanging our contact detail.

