

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	06/07/2020 13:13
Date Of Accident	05/07/2020 09:40
Exact Location Of Accident	JUNC OF SUMANG WALK & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD9375J
Insured/Policyholder	
Name Of Registered Owner	TERENCE PHILTER CHEW DE XUN
NRIC No	SXXXX462F
Email Address	TERENCECHEW2@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90106442
Alternative Phone No	OTHERS-90106442

Vehicle Particulars

Manufacturer	KIA
Model	CERATO 1.6(A) EX

Exact Purpose for which vehicle was being used at time of accident

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	SI19V09758/VPE/R00
Cover Note Number	

Driver

Name of Driver	TERENCE PHILTER CHEW DE XUN
NRIC No	SXXXX462F
Date Of Birth	08/10/1987
Occupation	INDOOR
Date Of Driving Pass	15/04/2008
Driving Experience	12 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90106442
Fax Number	
Contact Number	OTHERS-90106442
EMail Address	TERENCECHEW2@GMAIL.COM

Address	BLK 325B SUMANG WALK #20-955
Postcode	822325
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	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?	YES
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 ATTACHED.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD4574P
Vehicle Make/Model/Colour	TOYOTA / TOYOTA DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TERENCE PHILTER CHEW DE ZUN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SMD9375J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 325B SUMANG WALK #20-355
Postcode	822325

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** (ask for "Accident Report Form" if you are unsure).
2. This Form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be as **truthful and accurate as possible**. False or misleading information or facts may allow insurers to **dispute or repudiate policy liability**.
4. The issue and completion of this Form is **not** subject to the control of the insurer and police. It is for the control of the insured or companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurer to the Claims Management Centre (CMC) by the Financial Insurance Association of Singapore (FIA) for the purpose of data analysis. It is not an offer for made available and application by a third party.
7. By the judgment of this report to the Insurer, the Insurer will be the using of this report or the content of this report to be report being made available to third party.
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 be 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) assessing, handling and/or dealing with my claims (including the settlement of the claims and any necessary sub-claims) relating to this claim;
 - (ii) settling the accident and any claims;
 - (iii) carrying out and/or dealing with my instructions in 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) any other work which is a lawful and/or necessary activity in handling and/or dealing with my claims or related claims purposes.
- (b) My insurer(s) will be permitted to use, disclose and/or process my Personal Information and the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police) may be permitted to use, disclose and/or process my Personal Information for the purpose(s) of:
 - (i) assessing, handling and/or dealing with my claims (including the settlement of the claims and any necessary sub-claims) relating to this claim;
 - (ii) settling the accident and any claims;
 - (iii) carrying out and/or dealing with my instructions in 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) any other work which is a lawful and/or necessary activity in handling and/or dealing with my claims or related claims purposes.
- (c) The information I would be disclosing, use or may be shared / disclosed:
 - (i) to all insurers and/or any other third party that assist in evaluating, investigating, processing, settling or managing this claim;
 - (ii) for complying with requirements under any regulations, laws or court orders;

Policyholder's Signature
Date & Time

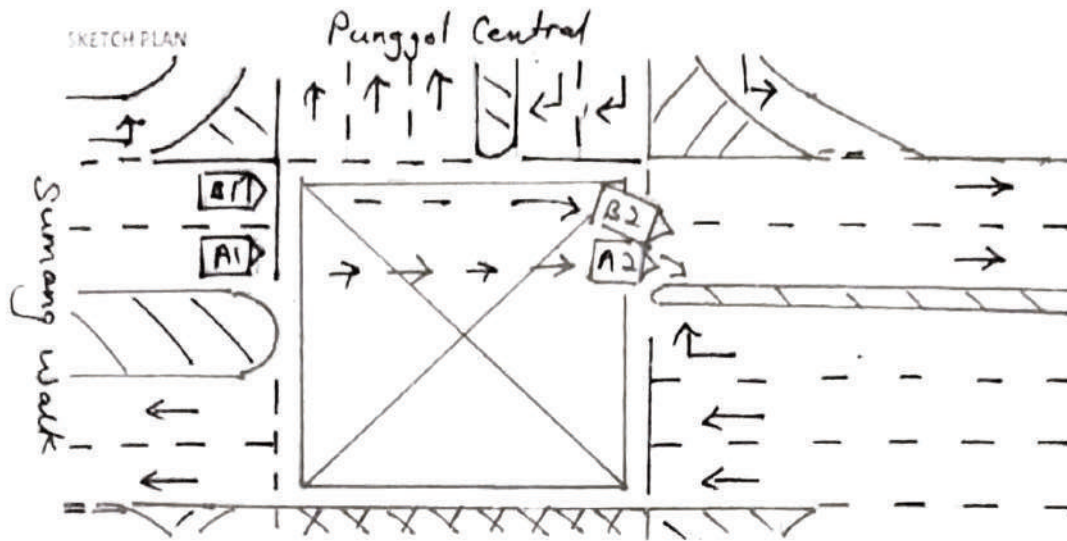


Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Centre Personal Data
Name
SPR/IN/01 01 JUN 2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/07/2020 at about 0938 hrs at Junction of Sumang Walk and Punggol Central. I was travelling on the extreme Right lane along Sumang Walk and when coming towards the above mentioned junction, suddenly a Vehicle (B) on my left veered into my lane without checking his blindspot and without caution hence collided on my left Front Portion of my Vehicle (A) causing damages to my vehicle. During the impact my Vehicle (A) was forced to hit onto the Right Road Divider.

(A) SMD 9375 J
(B) GRD 4574 P

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I declare that the information provided are true in every respect.

Signature of Driver
Date: 05/07/2020

Signature of Witness
Name: [Name]
Date: 05/07/2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Signature of Police Officer
Name: [Name]
Date: 05 JUL 2020