SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
 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 witholding 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.

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 Any false reporting may be referred to the Police for Investigation.

 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.

 The ythe bodgement 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.

aforesaid.	ACCIDENT STATEMENT	
	13/07/2020 15:58	phy control to
Date Of Report	11/07/2020 08:45	
Date Of Accident	BUKIT BATOK WEST AVE 6 (OPEN CARPARK)	
Exact Location Of Accident	SINGAPORE	
Country/State of Loss	ETAILS OF OWN VEHICLE	
	SKX4997R	A STATE OF THE STA
Vehicle Registration Number	300499710	TO SEA SURFINE TO MAKE SERVICE SE
Insured/Policyholder	TAN PHEI CHEN	The state of the s
Name Of Registered Owner	A 10.0.0 (A 10.0.0.0)	
NRIC No	SXXXX930Z	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-97344017	
Alternative Phone No	OFFICE-97344017	
Vehicle Particulars		
Manufacturer	HONDA	
Model	VEZEL-1.5 (A)	
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	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	SI19V13320/VPC/R03	
Cover Note Number		
Driver		
Name of Driver	GOH LI PENG	
NRIC No	SXXXX389F	
Date Of Birth	12/07/1978	
Occupation	INDOOR	
Date Of Driving Pass	21/11/2001	
Driving Experience	18 YEARS AND 7 MONTHS	
Gender	FEMALE	
Mobile Number	(LOCAL) +65-97344017	
Fax Number		
Contact Number		
EMail Address	NOEMAIL	
EMail Address	NOEWAIL	

BLK 194A BUKIT BATOK WEST AVE 6 Address Postcode Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own 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 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 2 Passenger 1 NAME: : TAN YU HENG KAYDEN 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 ON 11/07/2020 AT ABOUT 08.45HRS, I WAS TRAVELLING ALONG BUKIT BATOK WEST AVE 6 (OPEN CARPARK). AS I WAS TURNING LEFT, I SAW A VEHICLE (B) SJZ1437L APPROXIMATELY 40M IN THE OPPOSITE DIRECTION. AS THE CAR HAS NO DAMAGE AT ALL. I WOULD LIKE TO LODGE A REPORT AND PROCEED WITH THIRD PARTY CLAIM. Attachment(s)

VEHICLE (B) SJZ1437L WAS APPROACHING ME, HE HIGHBEAM ON ME AND THUS I APPLIED MY BRAKE IMMEDIATELY. SUBSEQUENTLY, I FELT AN IMPACT FROM RIGHT REAR PORTION. I ALIGHTED AND REALISED VEHICLE (B) SJZ1437L RIGHT MIRROR AND TYRE HAS HIT ONTO MY VEHICLE (A) SKX4997R RIGHT REAR PORTION AND CAUSED DAMAGED. AFTER THE ACCIDENT, THE DRIVER OF VEHICLE (B) SJZ1437L REFUSED TO EXCHANGE PARTICULARS AND SAID HIS

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJZ1437L Vehicle Make/Model/Colour MITSUBISHI **Details Of Properties**

Vehicle Category PRIVATE CAR Name of Driver

NRIC/Passport Number Contact Number

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