

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 14/08/2020 14:35
Date Of Accident 13/08/2020 19:10
Exact Location Of Accident BUKIT TIMAH LINK
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKQ633D
Insured/Policyholder
Name Of Registered Owner NG FAH SHENG
NRIC No SXXXX233D
Email Address JACLYNYONG@YAHOO.COM.SG
Mobile Phone No (LOCAL) +65-96470630
Alternative Phone No OTHERS-96470630

Vehicle Particulars

Manufacturer MAZDA
Model 6
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 SI19V12142/VPE/R01
Cover Note Number

Driver

Name of Driver PRISCILLA YONG SHAU YEN
NRIC No SXXXX233D
Date Of Birth 10/11/1971
Occupation INDOOR
Date Of Driving Pass 23/06/2004
Driving Experience 16 YEARS AND 1 MONTH
Gender FEMALE
Mobile Number (LOCAL) +65-96470630
Fax Number
Contact Number
EEmail Address JACLYNYONG@YAHOO.COM.SG

Address	BLK 120 BUKIT BATOK CENTRAL #16-363
Postcode	650120
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	2
Passenger 1	NAME: : NG FAH SHENG 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 ATTACHED

Attachment(s)

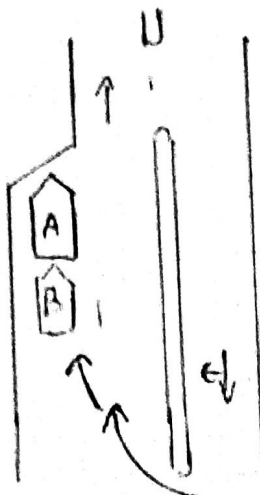
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number	SKR8846Z
Vehicle Make/Model/Colour	KIA
Details Of Properties	FRONT
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG SU FERN JOYCE
NRIC/Passport Number	
Contact Number	94741263
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan #2

SKETCH PLAN



Bulit Timah Link

① SKR 633D

② SKR 8846Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car is parked stationary along Bulit Timah Link on 15th August 1910 hrs. Suddenly my car was bumped at the rear by this vehicle SKR 8846Z.

My bumper was damaged by the impact.

DECLARATION

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

Policyholder's Signature

Date & Time: 14/8/2020

12:45 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time: 14/8/2020

12:45 pm

Reporting Centre Person's Signature

Name:

NRIC/FIN No.: