

# 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 Submission ..... 10/11/2020 10:14 (SGT)  
Date of Accident ..... 09/11/2020 09:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... BOON LAY WAY TOWARDS CORPORATION ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLK8519T

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN POH KAI  
NRIC No ..... SXXXX056J  
Email Address ..... jacktan2022@yahoo.com  
Mobile Phone No ..... (Phone) +65-90236507  
Alternative Phone No ..... (Home) +65-90236507

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CITY  
Variant ..... undefined  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1497

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI19V14944/VPC/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAN POH KAI  
NRIC No ..... SXXXX056J

Date Of Birth .....	24/01/1960
Occupation .....	Outdoor
Date Of Driving Pass .....	28/12/1983
Driving experience .....	36 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90236507
Alt. Phone Number .....	(Home) +65-90236507
Email Address .....	jacktan2022@yahoo.com
Address .....	BLK 401 JURONG WEST STREET 42 #11-541
Address complement .....	-
Postcode .....	640401
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### 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 the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH OWNER
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLW5777X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEW CHOON HUN
NRIC No .....	SXXXX321D
Contact Number .....	(Phone) +65-98282031

Address .....  
 Address complement ..... -  
 Postcode ..... -  
 Insurance Company Name ..... -  
 Nature Of Damage ..... -  
 Details of property damaged in accident ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... TAN POH KAI  
 Gender ..... -  
 Phone No ..... -  
 Address .....  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... -  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

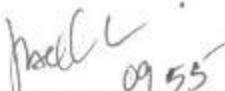
**SKETCH PLAN****IMPORTANT NOTICE**

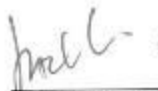
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

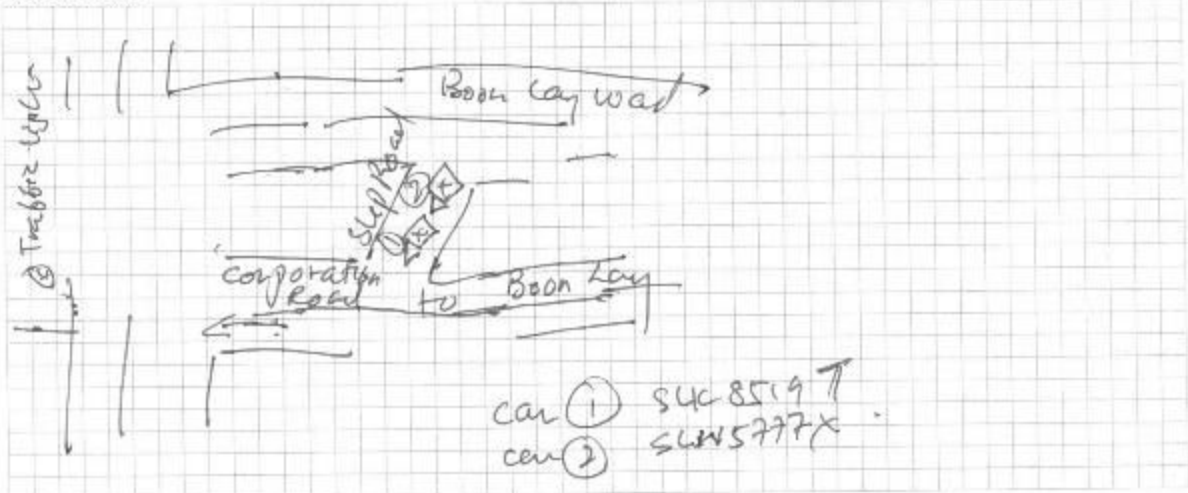
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 0955

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

  
 Reporting Centre Person's Signature  
 Name: 10142020

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0900hr I was travelling <sup>toward</sup> Corporation Road and stop at the slip road waiting for vehicle to clear. However there was a car SLW 5777 X came from behind and hit my vehicle SUC 8519 T. I was told to claim by the driver against their insurance. Driver name Chew Choo Han S7926321 D and make the necessary report and go for medical check-up.

I did feel the impact which my head & chest hit against the steering wheel.

DECLARATION

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

*[Signature]* 09/10/2020

*[Signature]* 10/11/2020  
Res. Ho Ahn













































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: MNA120098637 Vehicle Registration No: SLK 8519 T  
 Name (as shown in NRIC): Tan Poh Kai NRIC/FIN/Passport No: SXXXX056J  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: BLK 401 Jurong West St 42 ~~11-541~~ Singapore (640401)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 90231507  
 Email Address: Jacktan@topseller.com.sg  
 Date of Accident: 09/11/20 Time of Accident: 09:00  
 Place of Accident: Boon Lay Way Towards Corporation Road.  
 Insurance Company: Liberty Ins

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

to all I had change my email address  
to jacktan2022@yahoo.com

Jacktan  
 Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 28/1/22