

# 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 ..... 20/01/2021 14:44 (SGT)  
Date of Accident ..... 19/01/2021 09:30 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLG5818X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TS AMULET  
Company Reg No ..... 5XXXX676C  
Email Address ..... ADMIN@MYCAR.SG  
Mobile Phone No ..... (Phone) +65-81517888  
Alternative Phone No ..... +65-81517888

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
Variant ..... -  
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 hire

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD20V11209/VPL/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KEE TIEN SENG  
NRIC No ..... SXXXX042J  
Date Of Birth ..... 18/10/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	07/03/2008
Driving experience .....	12 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81517888
Alt. Phone Number .....	-
Email Address .....	ADMIN@MYCAR.SG
Address .....	BLK 310C PUNGGOL WALK #16-598
Address complement .....	-
Postcode .....	823310
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	KEE JUN KAI KALEB
Gender .....	Male

#### 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

#### REFER TO STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKC1833K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

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 ..... KEE TIEN SENG  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLG5818X  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

### 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 insurer's 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.



Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

Diagram illustrating the structure of a data block (likely a packet or frame) and associated parameters:

The diagram shows a vertical stack of two boxes, labeled A and B, separated by a horizontal line. To the right of the stack, the parameters are listed:

- A: 5618X
- B: 561833K

Below the diagram, the text "TPE twds KPE before tunnel" is written, indicating the direction of data flow or processing.



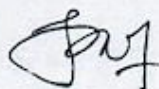
Describe Circumstances of the Accident


I was travelling along TPE towards KPE before tunnel. Front vehicle has stopped, I applied my vehicle brake to stopped. Out of sudden, I felt an impact of my vehicle and realised that vehicle B (5KC1833K) collided onto my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date & Time

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

  
Witnessed by Reporting Centre Personnel





































5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500200 / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : SN09211K0008-01 Vehicle Registration No: SL645818X  
 Name (as shown in NRIC) : TS Annulet NRIC/FIN/Passport No : 53391676C  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : Blk 310C Punggol Walk #16-598 Singapore (823310)  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : 81517888  
 Email Address : Admin@mycar.sg  
 Date of Accident : 10/1/21 Time of Accident : 09:30  
 Place of Accident : TPE  
 Insurance Company: Liberty

#### (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:

Add in ROC number in the gig report



Policyholder / Driver's Signature  
Date:

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