

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 01/02/2021 15:07 (SGT)
Date of Accident 31/01/2021 14:25 (SGT)
Exact Location of Accident Opal Cres, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL7989X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MIKE ONG CHUN LOK
NRIC No SXXXX802H
Email Address GAVIN3330@HOTMAIL.COM
Mobile Phone No (Phone) +65-98383154
Alternative Phone No +65-98383154

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI20V01730/VPC/R01
Cover Note Number -

DRIVER

Name of Driver ONG YUXIANG GAVIN
NRIC No SXXXX332D
Date Of Birth 15/07/1996
Occupation Indoor

Date Of Driving Pass	16/08/2016
Driving experience	4 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91150154
Alt. Phone Number	-
Email Address	GAVIN3330@HOTMAIL.COM
Address	BLK 270 TOH GUAN RD #21-99
Address complement	-
Postcode	600270
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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 - Major/Minor Rd
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material 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

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	SMT3166B
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) -

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 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.

Intan 1/2/21
Policyholder's Signature / Date & Time

Gavin 1/2/21
Driver's Signature (If driver is not the policyholder) / Date & Time

H
Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLL7989X
B: SMT3166B

Describe Circumstances of the Accident

Refer to attachments.

Declaration

We declare the foregoing particulars are true in every respect.

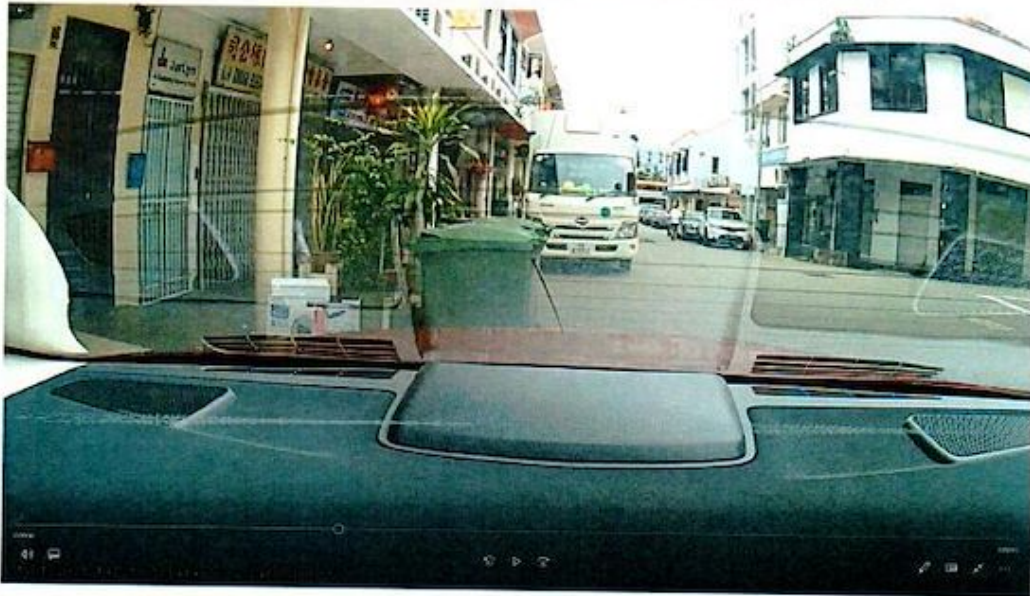
Mike 1/2/21
Policyholder's Signature / Date &
Time

Gavin 1/2/21
Driver's Signature (if driver is not the policyholder) / Date
& Time

[Signature]
Witnessed by Reporting Centre
Personnel

31st January 2021 estimated time of accident 1420-1430

In Opal Crescent parallel parking lot. There was a lorry parked behind shown in picture.



While exiting the lot by turning left, I slowly edged out and checked that, the next car was still a distance away (maybe 40m?) and there was sufficient time for me to safely make the turn out of the lot and into the lane.

Stepping on the brake and edging out, (without stepping on the accelerator). When I was already in the centre of the lane, I was hit by the car SMT3166B. Then got pushed back into the lot as shown in the pictures below. [I did not abruptly come out onto the lane]



Smith Technologies Sensitivity: C3 - Protected



gnith Technologies Sensitivity: C3 - Protected



(LORRY PARKED ON DOUBLE YELLOW)

Smith Technologies Sensitivity: C3 - Protected









