

# 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 ..... 04/03/2021 17:32 (SGT)  
Date of Accident ..... 04/03/2021 08:45 (SGT)  
Exact Location of Accident ..... West Coast Rd, Singapore  
Additional Location Information ..... TWDS WEST COAST PLAZA  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLC4174Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIEW TECK MENG  
NRIC No ..... SXXXX737Z  
Email Address ..... JASONKCAPL@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-94378696  
Alternative Phone No ..... +65-94378696

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Harrier  
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 car

### INSURANCE COMPANY

Name of Insurance Company ..... FWD  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... PNPV2020-00003910  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIEW MEI PHENG (LIAO MEIPING)  
NRIC No ..... SXXXX926Z  
Date Of Birth ..... 09/06/1978  
Occupation ..... Indoor

Date Of Driving Pass .....	15/01/1997
Driving experience .....	24 YEARS AND 2 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-82989817
Alt. Phone Number .....	-
Email Address .....	JASONKCAPL@GMAIL.COM
Address .....	8C WEST COAST WALK
Address complement .....	-
Postcode .....	127155
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Sibling
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 - Cross Junction
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) .....	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? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHD931Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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 ..... LIEW MEI PHENG (LIAO MEIPING)  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... BODY  
Injured person in which vehicle? ..... SLC4174Y  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

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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.
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.

*ag*

4/3/2021 12:15pm

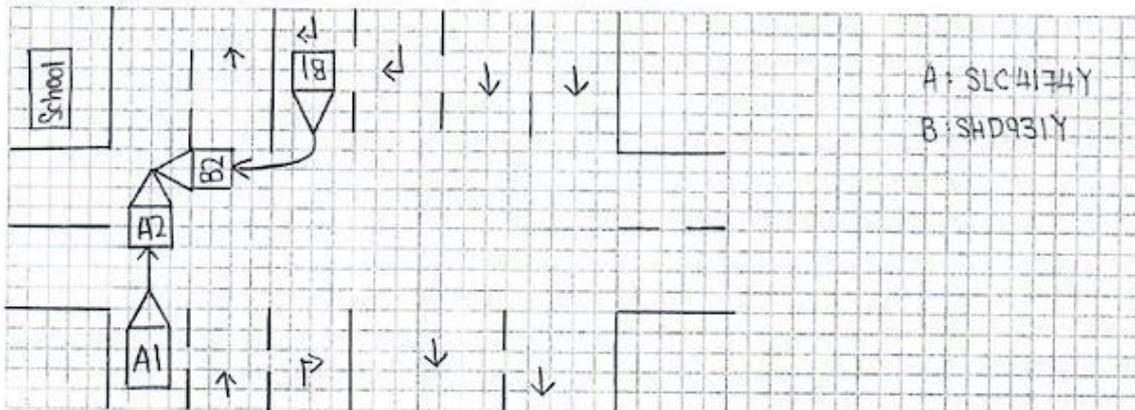
*H*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

On 04.03.2021 at about 08:45am, I was travelling along West Coast Road towards West Coast Plaza. I was travelling straight and the traffic light was in my favour. Vehicle B turn right at the junction. We collided.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

*ag* 4/3/2021 12:15 pm  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

*H*  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

















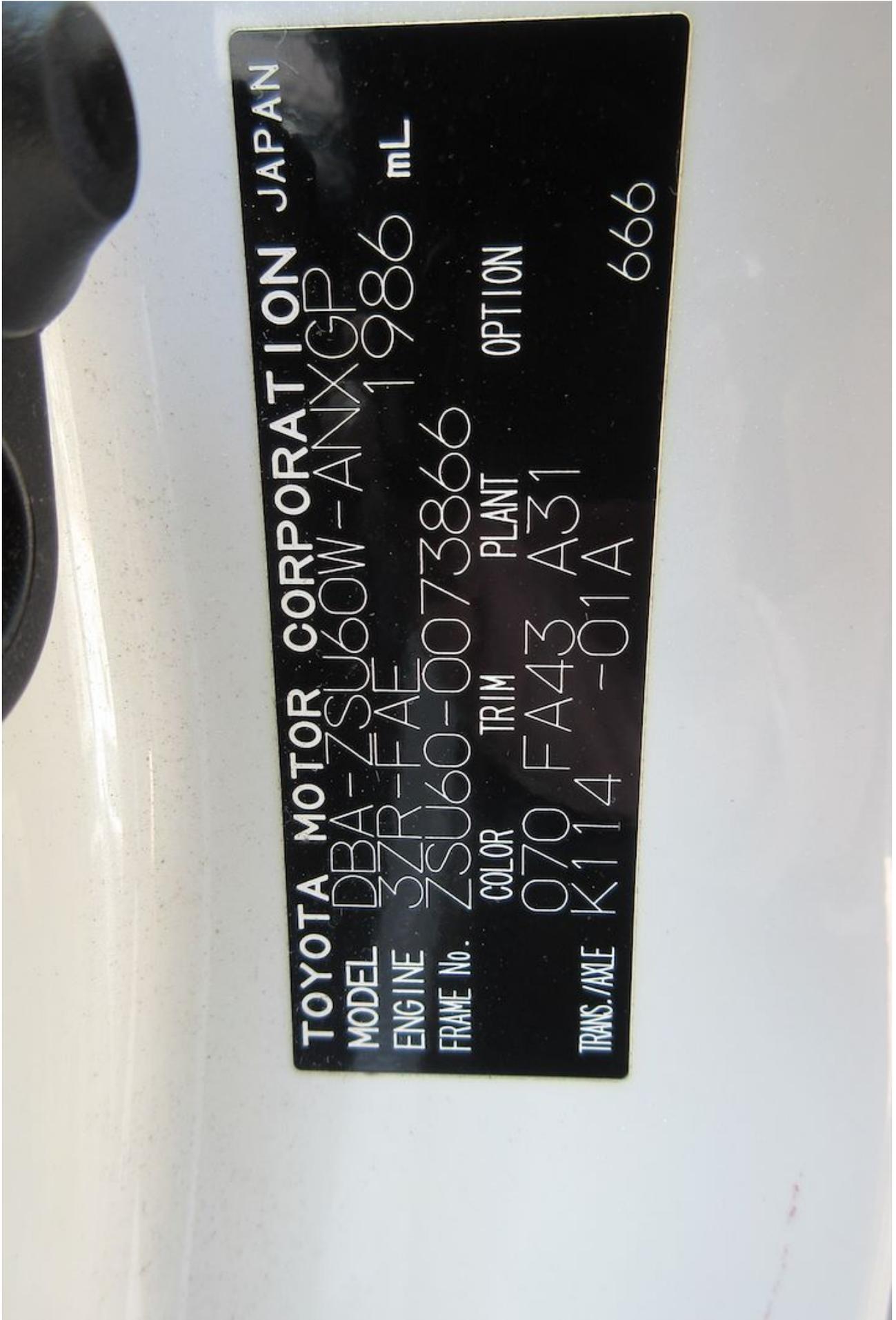












TOYOTA MOTOR CORPORATION JAPAN

MODEL DBA-ZSU60W-ANNXGP 1986 mL

ENGINE 3ZR-FAE

FRAME No. ZSU60-0073866

COLOR 070 FA43 A31

TRIM K114 -01A

PLANT

OPTION

TRANS./AXLE 666

