

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	07/04/2021 13:31 (SGT)
Date of Accident	06/04/2021 18:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE TWRDS BKE(AFTER MANDAI ROAD EXIT 8A)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW7036B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE YONG XIANG, DARREN
NRIC No	SXXXX328D
Email Address	ishareauto@gmail.com
Mobile Phone No	(Phone) +65-94556929
Alternative Phone No	+65-94556929

VEHICLE PARTICULARS

Manufacturer	Honda
Model	HONDA / SHUTTLE 1.5G CVT SENSING
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
Transmission	Auto
CC	1498

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V15642/VPC/R00
Cover Note Number	-

DRIVER

Name of Driver	LEE YONG XIANG, DARREN
NRIC No	SXXXX328D

Date Of Birth	29/10/1982
Occupation	Indoor
Date Of Driving Pass	14/01/2005
Driving experience	16 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94556929
Alt. Phone Number	+65-94556929
Email Address	ishareauto@gmail.com
Address	BLK 235 TAMPINES STREET 21 #09-513
Address complement	-
Postcode	521235
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHAN HUI SANG
Gender	Female

PASSENGER 2

Name	NANCY
Gender	Female

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 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 1

Vehicle Registration Number	SHB9529C
Vehicle Manufacturer	Toyota

Vehicle Model	TOYOTA / PRIUS 5DR HATCHBACK (AUTO)
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	LEE YONG XIANG, DARREN
Address	BLK 235 TAMPINES STREET 21 #09-513
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMW7036B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Describe Circumstances of the Accident

Handwritten text in the center of the grid: *Refer to Attached*

Declaration

We declare the foregoing particulars are true to my respect

[Signature]

Policyholder's Signature, Date & Time

[Signature]

Driver's signature (if driver is not the policyholder), Date & Time

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vivico.com.sg

Witnessed by Reporting Centre
Personnel

On 06.04.2021 at about 18:10 hours along SLE towards BKE (After Mandai Road Exit 8A). I was stationary on lane 3 at the above mentioned location and the traffic condition was heavy.

Suddenly, I heard a loud bang and felt an impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 2 passengers inside my vehicle (A).

Vehicle (A): SMW 7036B



Vehicle (B): SHB 9529C