# **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 witholding 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 28/04/2021 10:43 (SGT) Date of Accident 27/04/2021 09:15 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information BEFORE BKE EXIT Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number GV1369G

### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner COSMOPOLITAN ENGRG. SERVICES PTE LTD Company Reg No Email Address COLEASE@COSMOPOLITAN.COM Mobile Phone No (Phone) +65-65467728 Alternative Phone No +65-65467728

#### VEHICLE PARTICULARS

Manufacturer Mitsubishi Model L300 Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only Vehicle Category Commercial vehicle Transmission Manual CC 3000

### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number SI20V14756-VCV/R01 Cover Note Number

# DRIVER

Name of Driver SIAH KENG HWI NRIC No. SXXXX031A

Date Of Birth 27/06/1969 Occupation Outdoor Date Of Driving Pass 08/04/1999 Driving experience 22 YEARS Gender Male Mobile Number (Phone) +65-96609145 Alt. Phone Number Email Address COLEASE@COSMOPOLITAN.COM Address BLK 215 ANG MO KIO AVENUE 1 #07-877 Address complement Postcode 560215 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** 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 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) 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? Nο 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? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** )

Vehicle Registration Number	SKC4205D
Vehicle Manufacturer	-
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	_
Address complement	-



Postcode	_
nsurance Company Name	_
lature Of Damage	_
Details of property damaged in accident	_
lo. Of Passenger (Including Driver)	_

#### SKETCH PLAN

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- Any false reporting may be referred to the Police for investigation.
- The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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 hourses' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

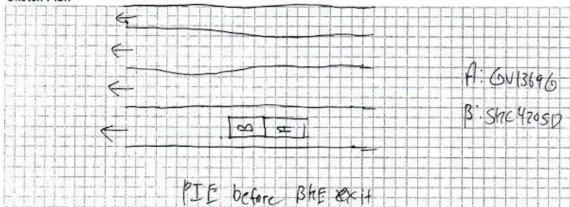


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

# Sketch Plan



Describe Circumstances of the Accident

Mc Vehicle number	r (0V 3696 was traveling on Ple title to brate but my vehicle Stridded	When Vehide B
Suddenly stop. I -	ricel to brank but my vehicle Stridded	land hit anto vehide B
ICAN NOT THEN!		
V		
eclaration		
We declare the foregoing particul	ors are true in every respect.	
THE PROPERTY OF THE PARTY OF TH	10/	B
olicyholder's Signature / Date & me	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel





