

# 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 .....	23/06/2021 11:42 (SGT)
Date of Accident .....	22/06/2021 16:15 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	Tampines Ave 9 and Avenue 6
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMP2768S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	Pang JunGuo, Galvin
NRIC No .....	SXXXX727G
Email Address .....	galvin.pang@hotmail.com
Mobile Phone No .....	(Phone) +65-97510832
Alternative Phone No .....	+65-97510832

### VEHICLE PARTICULARS

Manufacturer .....	MG Rover
Model .....	MG HS
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD21V07039/VPC/R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	Pang JunGuo, Galvin
NRIC No .....	SXXXX727G

Date Of Birth .....	06/11/1991
Occupation .....	Indoor
Date Of Driving Pass .....	29/12/2010
Driving experience .....	10 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97510832
Alt. Phone Number .....	+65-97510832
Email Address .....	galvin.pang@hotmail.com
Address .....	Apt Block 538 Pasir Ris Street 51 #10-36
Address complement .....	-
Postcode .....	510538
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	No
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 the attached report

#### ATTACHMENT(S)

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

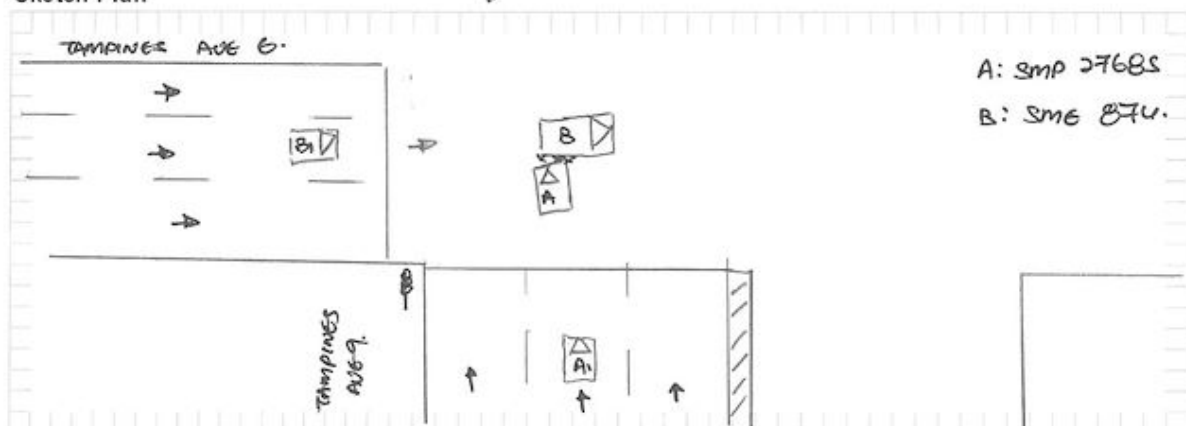
**SKETCH PLAN****IMPORTANT NOTICE**

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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.

  
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

I WAS TRAVELLING ALONG TAMPINES AVE 9 ON THE CENTRE LANE OF 3 LANES, AS I WAS APPROACHING THE JUNCTION WITH TAMPINES AVE 6, I NOTICED THAT THE TRAFFIC LIGHT WAS SHOWING GREEN LIGHT IN MY FAVOUR, I PROCEEDED STRAIGHT, WHEN SUDDENLY ONE M/CAR SMC 874 CAME FROM MY LEFT ALONG TAMPINES AVE 6 BEAT THE TRAFFIC RED LIGHT AND STOPPED IN THE MIDDLE OF THE JUNCTION, I IMMEDIATELY APPLIED MY BRAKE AND TRY TO AVOID, HOWEVER STILL COLLIDED WITH THE SAID M/CAR.

## Declaration

I/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





























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN, S66550020G / 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 : SK 052 16 N000 1 Vehicle Registration No: SM P 2768S  
 Name (as shown in NRIC) : Pang Jun Guo, Graham NRIC/FIN/Passport No : WAX 727G  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore ( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 22/6/2021 16:15 Time of Accident : 16:15  
 Place of Accident : Tanjong Pagar Ave 9 and Ave 6  
 Insurance Company: \_\_\_\_\_

**(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:

To amend purpose of vehicle to Private use i/o. Private hire

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Policyholder / Driver's Signature  
 Date: \_\_\_\_\_

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



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## Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

<b>Name of Policyholder:</b> PANG JUNGUO GALVIN		<b>Certificate No.:</b> SD21V07039/ VPC / R00
<b>Date of Issue:</b> 05 May 2021	<b>Effective Date of Commencement:</b> 30 Apr 2021 00:00	<b>Date of Expiry:</b> 29 Apr 2022 23:59
<b>Registration No.:</b> SMP2768S	<b>Chassis No.:</b> LSJA24U96MN025538	<b>Type of Certificate:</b> MX1

**Persons or Classes of Persons entitled to drive\*:**

A) The Policyholder.

B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

**The Policy does not cover:**

A) Use for hire or reward.

B) Use for racing, pace-making, reliability trials or speed-testing.

C) Use for the carriage of goods (other than samples) in connection with any trade or business.

D) Use for any purpose in connection with the Motor Trade.

\*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 are not to be included under these headings.

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987.

For and on behalf of  
**LIBERTY INSURANCE PTE LTD**  
Approved Insurers

<b>For Information Only:</b>	
Coverage(s):	Comprehensive, Unlimited Windscreen, NCD Protection
Sum Insured:	MARKET VALUE AT THE TIME OF LOSS
Excess:	Section I - Named Drivers S\$700, Section I - Unnamed Drivers S\$1200, Additional Excess for Young, Elderly & Inexperienced Drivers S\$3000, Windscreen Excess S\$100
Name of Finance Company:	HONG LEONG FINANCE LTD
Name of Producer:	INDO UNIVERSAL PTE. LTD. (A1940)