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 23/07/2021 15:24 (SGT) Date of Accident 22/07/2021 19:00 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS TUAS AFTER ENG NEO EXIT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mercedes

Vehicle Registration Number SGP7333B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEE KA YENG NRIC No. SXXXX107Z Email Address CHRIS TAN83@HOTMAIL.COM Mobile Phone No (Phone) +65-93628890 Alternative Phone No +65-93628890

VEHICLE PARTICULARS

Manufacturer

Model **GLB200** 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 2000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI20V15793/VPE/R00 Cover Note Number

DRIVER

Name of Driver CHEE KA YENG NRIC No. SXXXX107Z

Date Of Birth	12/05/1976
Occupation	Indoor
Date Of Driving Pass	
Driving experience	11/09/1998
•	22 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93628890
Alt. Phone Number	+65-93628890
Email Address	CHRIS_TAN83@HOTMAIL.COM
Address	13 FERNVALE LANE #01/08
Address complement	-
Postcode	797496
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	163
Does Driver Own Other Vehicles?	- Na
	No
Vehicle Registration Number of Other Vehicle Owned by Driver	
Insurance Company of Other Vehicle Owned by Driver	-
insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident	Chain Collision
Weather Conditions	
Road Surface	Clear
Rodu Sullace	Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	No
	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	
DETAILS OF T OLIGE ACTION	
Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-
OIDOUMOTANOSO OS ACCIDENT	
CIRCUMSTANCES OF ACCIDENT	
REFER TO STATEMENT	
ATTACHMENT/O	
ATTACHMENT(S)	
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No
,	
	NATURAL E PROPERTIAL
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number	S.IM5362K
Vehicle Registration Number Vehicle Manufacturer	SJM5362K
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SJM5362K -

Private car

Address Address complement	
Accident report SN09217N0001	

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver
Contact Number

Postcode -	
Insurance Company Name	
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMU3909U
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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- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 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)

Lunderstand, 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' 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 & Driver's Signature (If driver is not the policyholder) / Date Personnel

C: Smu3909 U

A: SGP7333B

B: SJM S362 IC.

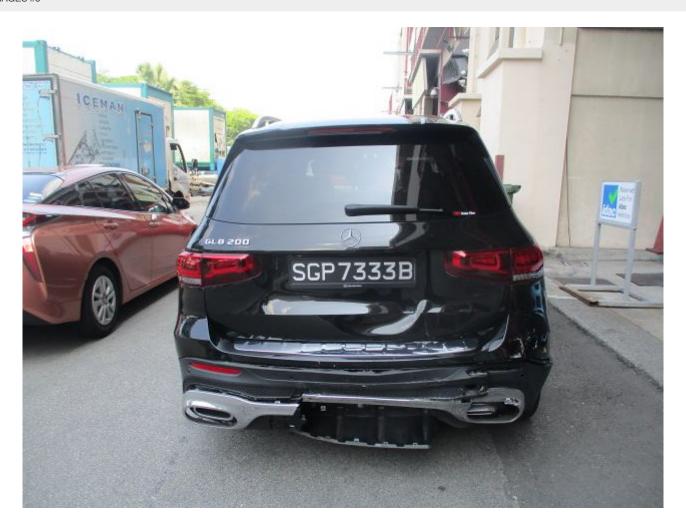
scribe Circumstances of the Accident	
On the Stated date and time, I was driving	y along the PIE.
towards tuns direction when the front slower	d down.
I then slowed down gradually as well	
Budderly, I felt a huge impact from the	reer and the
impact pushed my our toward to hit the o	
I then got down and realised eller I was i	
a 3-cur chain collision.	
1	
eclaration	
/e declare the foregoing particulars are true in every respect.	
Joseph J.	On
33 07 07 07 00 00 00 00 00 00 00 00 00 00	Witnessed by Reporting Centre





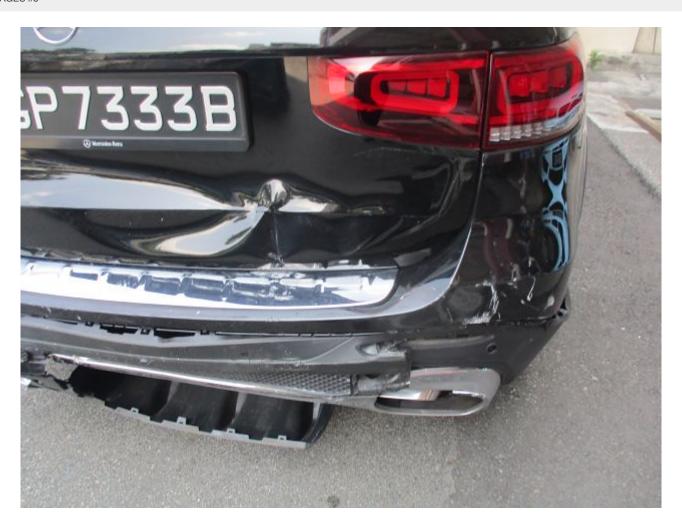










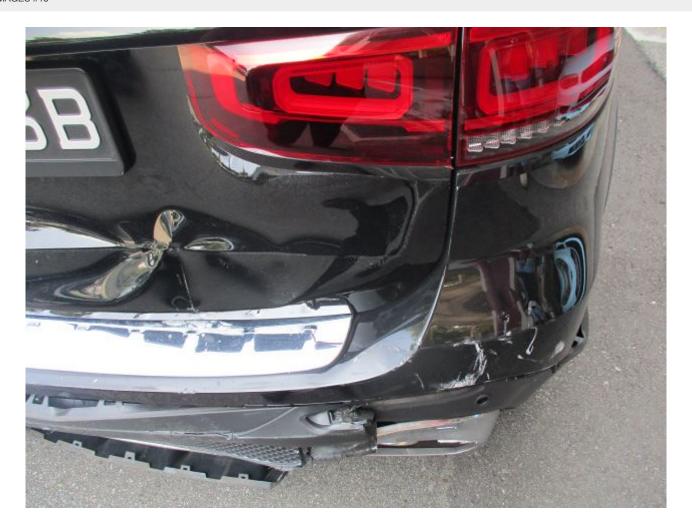


















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

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: \$66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : SN 092 17 N 0001 ______ Vehicle Registration No: SOP 7353B NRIC/FIN/Passport No : S>>>> 10 7 Z Name (as shown in NRIC): Chec Ha yeng (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate _Singapore(Address Mobile No.:_ Contact (Tel) Email Address 12/7/21 Time of Accident : _ Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Change 3rd party vehicle number

CACCIDENT REPORT SN09217N0001

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

NRIC/FIN No.: Date: