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.

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 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 10/08/2021 20:04 (SGT) Date of Accident 10/08/2021 14:45 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information PIE TOWARDS JURONG (BEFORE PAYA LEBAR EXIT) Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Volvo

Vehicle Registration Number SLJ1600S

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner MICHAEL CHONG CHEE KEONG NRIC No. SXXXX880I Email Address JASONKCAPL@GMAIL.COM Mobile Phone No (Phone) +65-82010557 Alternative Phone No (Home) +65-82010557

VEHICLE PARTICULARS

Manufacturer

Model S60 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 Manual CC 1969

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SI20V14385/VPE/R01 Cover Note Number

DRIVER

Name of Driver MICHAEL CHONG CHEE KEONG NRIC No. SXXXX880I

Date Of Birth 15/05/1966 Occupation Indoor Date Of Driving Pass 21/01/1988 Driving experience 33 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-82010557 Alt. Phone Number (Home) +65-82010557 Email Address JASONKCAPL@GMAIL.COM Address 21 JALAN PACHELI Address complement Postcode 557359 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 Chain Collision 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? Yes Was any injured conveyed to hospital by ambulance? No Was any other vehicle 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 ATTACHMENT 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 SMV5737E Vehicle Manufacturer

Verlicie Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	_

Contact Number
Address
Address complement

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA9390T
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)	_

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MICHAEL CHONG CHEE KEONG
Gender	-
Phone No	_
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ1600S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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- of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
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- 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 insurers' law yers/lew 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 year/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.

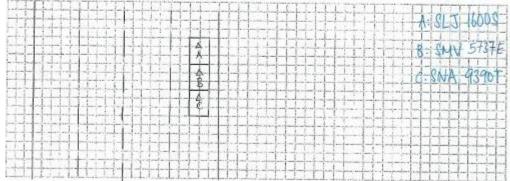
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

lai

Sketch Plan



On 10/08/202	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	travelly along PIE towards
Jurong / Before	Paya Lebar Exit). 1 Slowed	down due to the
front vehicle. Su	dduly, I felt an impact from	my rear and I reclised
I was involved	in a 3 vehides Chain collision	1.
		12.18.855.85 1.31
APOR LESSON		
4 2		
		7 11-11-12
eclaration		
We declare the foregoing particul	ars are true in every respect.	
	Mr.	





















