

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 10/09/2021 14:20 (SGT)
Date of Accident 09/09/2021 19:35 (SGT)
Exact Location of Accident Opp Beauty World Ctr, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SDP9888P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG YIK PERN REUBEN
NRIC No SXXXX140I
Email Address SHERQUEK@GMAIL.COM
Mobile Phone No (Phone) +65-91517813
Alternative Phone No +65-91088879

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
Variant GT
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 1499

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI21V10655
Cover Note Number -

DRIVER

Name of Driver QUEK SIEW JEN SHERLYN
NRIC No SXXXX023H

Date Of Birth	17/06/1975
Occupation	Indoor
Date Of Driving Pass	08/12/1993
Driving experience	27 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91088879
Alt. Phone Number	-
Email Address	SHERQUEK@GMAIL.COM
Address	8 COLLEGE AVENUE EAST #05-61
Address complement	-
Postcode	138615
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WONG YOONG KAI ELLIOT
Gender	Male

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 ATTACH.

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	SLM386B
Vehicle Manufacturer	Mazda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private hire

Name of Driver	CHEAH GIM THIAM
NRIC No	SXXXX998I
Contact Number	(Phone) +65-98888213
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	RIGHT
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	0

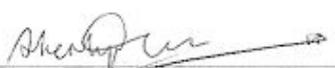
SKETCH PLANIMPORTANT NOTICE

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

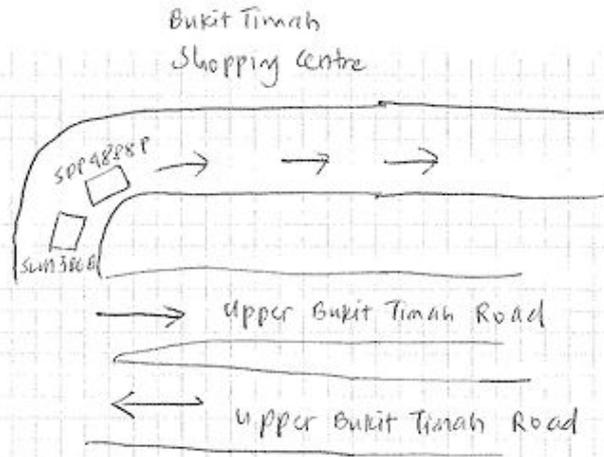
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:
 10/9/21, 12.37pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10/9/21 12.37pm


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Thursday 9/9/2021 at about 7.35 pm, I was driving my vehicle SDP 4888 P along upper Bukit Timah Road and turned right into the service road in front of Bukit Timah Shopping Centre. ~~A vehicle~~ I stopped my car as there was another vehicle in front of me, undecided whether so I waited. Suddenly, a car, SLM 386 B, rear-ended me from the back, he hit my left bumper resulting in scratches and dents to the bodywork of the car. ~~His car~~ damages ~~were~~ to his car were a dented right headlight and damaged bumper. The accident happened after a rain ~~at~~ road conditions were clear, weather was fine and roads were drying up. Both drivers exchanged particulars and since the other party was a PHV driver, a private settlement was not made. ~~There~~ No injuries were reported.

DECLARATION

I/We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 10/9/21 12:51 pm


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 10/9/21 12:51 pm


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

