

# 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 ..... 14/12/2021 17:43 (SGT)  
Date of Accident ..... 13/12/2021 18:27 (SGT)  
Exact Location of Accident ..... Raffles Quay, Singapore  
Additional Location Information ..... JUNCTION WITH CROSS STREET  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNB2882G

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... FLOWER DIAMOND BOUTIQUE PTE LTD  
Company Reg No ..... 1XXXXX490H  
Email Address ..... sabrinaho@outlook.com  
Mobile Phone No ..... (Phone) +65-81188181  
Alternative Phone No ..... +65-81188181

### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... Macan  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1984

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V06905/VPS/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SABRINA HO WEI NING  
NRIC No ..... SXXXX715I

Date Of Birth .....	28/06/1993
Occupation .....	Indoor
Date Of Driving Pass .....	10/03/2014
Driving experience .....	7 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-81188181
Alt. Phone Number .....	-
Email Address .....	sabrinaho@outlook.com
Address .....	45 SCOTTS ROAD #20-03
Address complement .....	-
Postcode .....	228232
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	OWNER
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 .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

#### 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 .....	SJU2442U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LOW SIONG HENG
NRIC No .....	SXXXX469J
Contact Number .....	(Phone) +65-94307222
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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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)**  
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.



*Signature*

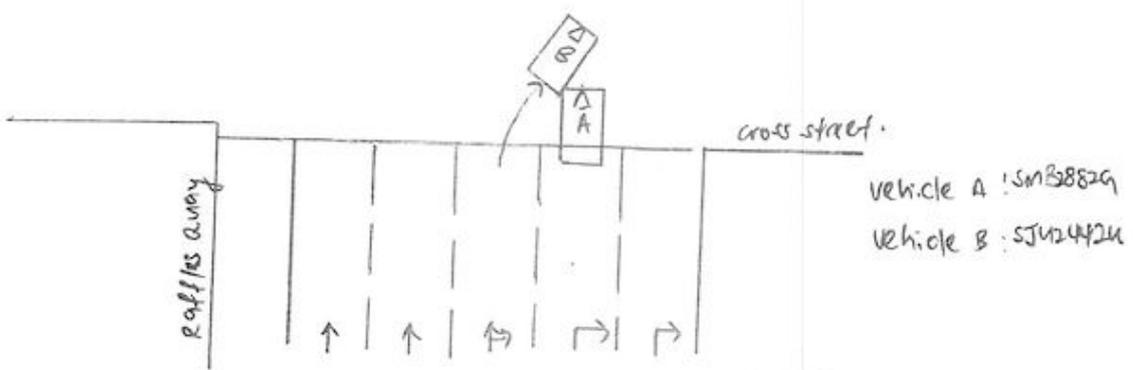
*Signature* 14/11/2021

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 STRAIGHT ALONG RAFFLES QUAY ON 2ND LANE. I DID NOT NOTICE THAT 2ND LANE IS A TURN  
RIGHT LANE. VEHICLE B (SJU2442U) WAS ON MY LEFT. HE TURN RIGHT. VEHICLE B (SJU2442U) AND MY VEHICLE  
COLLIDED ONTO EACH OTHER.

Declaration

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



*[Handwritten signature]*  
*[Handwritten signature]* 14/12/2021



























Land Transport Authority  
 10 Sin Ming Drive  
 Singapore 575701  
 GST Registration No. : M4-0006529-2

Print Date/Time : 18 Jun 2021 / 13:51:13

Receipt Date/Time : 18 Jun 2021 / 13:51:12

**Tax Invoice/Receipt**

Receipt No. : ITNET-00000-210618-002009

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Replaced Vehicle No. SMZ4478M			
1	Replacement of Veh Reg No. - SNB2882G Replacement Fee 20210618135000929164	300.00	21.00	321.00
	<b>Sub-Total</b>	300.00	21.00	321.00
	<b>Total Before Rounding</b>	300.00	21.00	321.00
	<b>Rounding Difference</b>			0.00
	<b>Total Amount Payable</b>			321.00
	<b>Paid By</b>			
	552253XXXXXX3476		eNETS Credit Card	321.00
	<b>Total</b>			321.00
	<b>Cash Change</b>			0.00
	<b>Tendered Amount</b>			321.00
	<b>Excess Refundable Amount</b>			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.