# **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 31/12/2021 15:27 (SGT) Date of Accident 31/12/2021 10:50 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS JURONG NEAR ADAM ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMY7896A

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner HAQ TRANSPORT Company Reg No 5XXXX495L Email Address claims@cartimes.com.sq Mobile Phone No (Phone) +65-88151431 Alternative Phone No +65-88151431

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Sienta Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1496

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number SD21V054661/VPL/R00 Cover Note Number

#### DRIVER

Name of Driver FARIZAL BIN KAMARUDIN NRIC No. SXXXX216G

Date Of Birth 18/12/1982 Occupation Outdoor Date Of Driving Pass 28/09/2011 Driving experience 10 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-88151431 Alt. Phone Number Email Address claims@cartimes.com.sg Address APT BLK 546C SEGAR ROAD #07-49 SINGAPORE 673546 Address complement Postcode 673546 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **OWNER** Does Driver Own Other Vehicles? Nο 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 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? Nο PASSENGER 1 Name **UNKNOWN** Gender Female 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 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 SLM4934T Vehicle Manufacturer

Private car

Vehicle Variant

Vehicle Category

Vehicle Model

Vehicle Colour

NICOLL KOH PEE LONG
SXXXX311D
(Phone) +65-93856699
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# INJURED PERSONS DETAILS

## INJURED 1

Name of injured person Gender	FARIZAL BIN KAMARUDIN
	Male
Phone No	(Phone) +65-88151431
Address	APT BLK 546C SEGAR ROAD #07-49 SINGAPORE 673546
Address Complement	-
Post Code	673546
Approximate Age Years Old	-
Injuries Sustained	NOT FEELING WELL.
Injured person in which vehicle?	SMY7896A
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)

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' 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.

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Policyholder's Signature / Date & Time

31/12/2021

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

(201505716G) (201505716G)

Witnessed by Reporting Centre Personnel

Sketch Plan

PIE Towards Jurong Near Adam Road Ychicle A-Smy 7896 A

Yehide B - SLM 4934 T

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X (534304951) 20	1/31	(2/2026	they.	Elancourse)
*	Driver's Signature (If driver	Constitute and	te Witnessed by Rep	





























