

# 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 ..... 16/02/2022 13:22 (SGT)  
Date of Accident ..... 16/02/2022 10:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... LOYANG AVENUE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC972M

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIA RUI MING, DARYL  
NRIC No ..... SXXXX026D  
Email Address ..... darylchia89@gmail.com  
Mobile Phone No ..... (Phone) +65-82332122  
Alternative Phone No ..... +65-82332122

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 ..... 1317

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD21V15513/VPC/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHIA RUI MING, DARYL  
NRIC No ..... SXXXX026D

Date Of Birth .....	04/05/1989
Occupation .....	Indoor
Date Of Driving Pass .....	26/04/2011
Driving experience .....	10 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82332122
Alt. Phone Number .....	+65-82332122
Email Address .....	darylchia89@gmail.com
Address .....	31 LORONG CHUAN
Address complement .....	#18-03
Postcode .....	556820
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 .....	Collision - Head to Rear
Weather Conditions .....	DRIZZLING
Road Surface .....	Wet

#### 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

PLS REFER TO THE ATTACHED STATEMENT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GW5488P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	WEE TECK HENG
NRIC No .....	SXXXX551F
Contact Number .....	(Phone) +65-97371209
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 .....	CHIA RUI MING, DARYL
Gender .....	Male
Phone No .....	(Phone) +65-82332122
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	NECK, HEAD, AND BACK
Injured person in which vehicle? .....	SNC972M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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]* 16 FEB 22  
1213H  
Policyholder's Signature / Date & Time

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

*[Signature]* 16/02/2022  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

A = SNC 972 M

B = GW 5488P

Loyang Avenue .





## Describe Circumstances of the Accident


I STOPPED AT A FILTER LANE (STOP/WAIT LINE), WAITING TO ENTER A MAIN ROAD (LOYANG AVE).

A LORRY BEHIND ME DID NOT STOP. IT HIT ME FROM BEHIND.

THE IMPACT CAUSED ME TO BUMP MY HEAD ON THE WINDOW/SEAT BELT PANEL, DAMAGED MY BICYCLE RACK (SARIS BONES EX 2) AND DAMAGED MY CAR, AND AND BELONGINGS (BABY CAR SEAT JOIE 1-SPIN 360 WHICH WILL REQUIRE REPLACEMENT), URBAN STAND UP PADDLE BOARD/PADDLE, LIFE JACKET, BRUCCAR IN THE BOOT. THERE IS ALSO GLASS BROKEN GLASS ON MY BELONGINGS AND AROUND THE INTERIOR.

## Declaration

We declare the foregoing particulars are true in every respect.

 16 FEB 22  
12:31  
Policyholder's Signature / Date & Time

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

 16/2/2022  
Witnessed by Reporting Centre Personnel









































































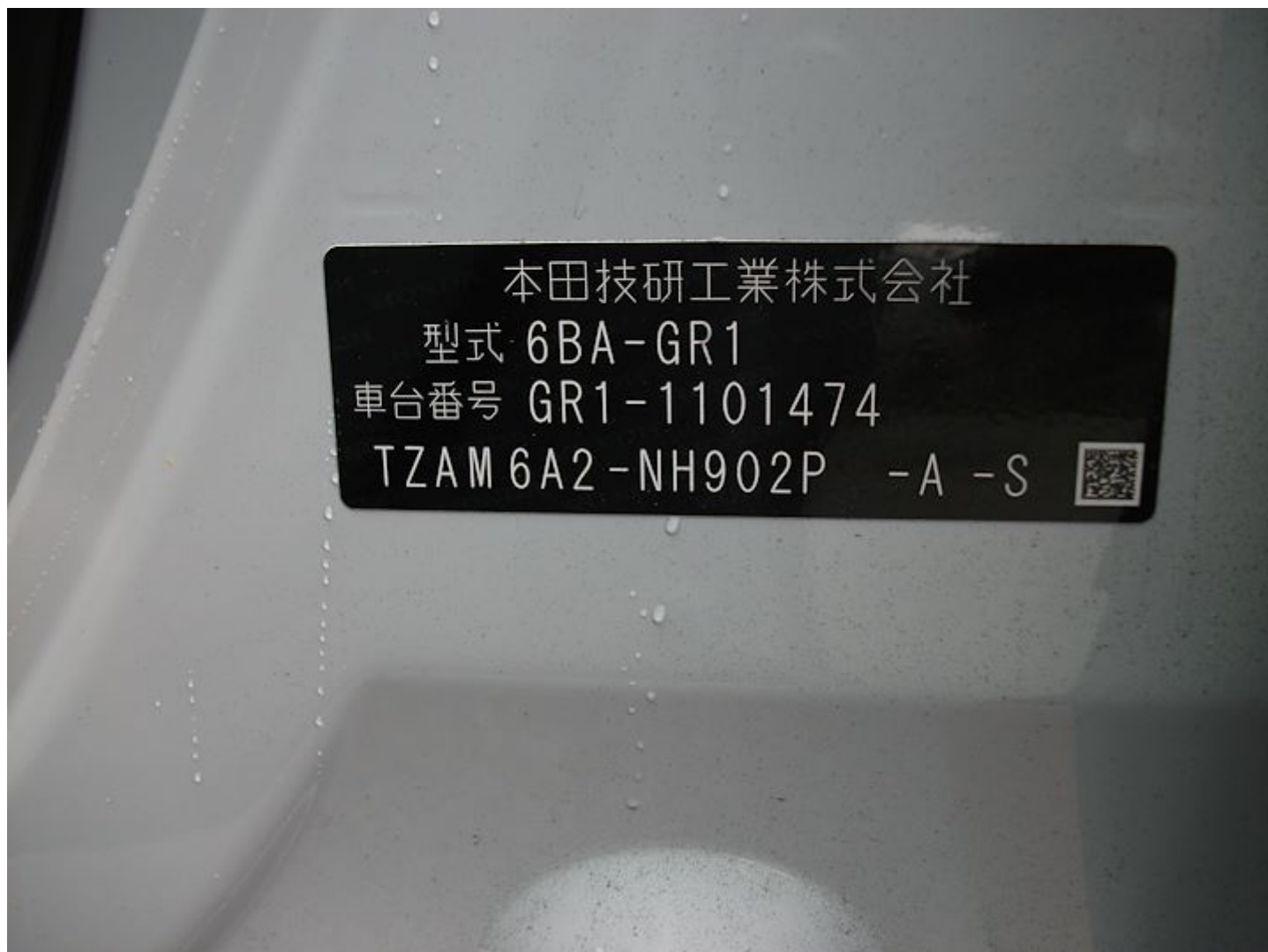


















**IMPORTANT NOTE:** Please submit the completed Addendum form to the sams Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN09222G0007 Vehicle Registration No: SNC 972M  
 Name (as shown in NRIC): CHIA RUI MING, DARYL NRIC/FIN/Passport No: S8915026D  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 31 LORONG CHUAN #18-03 Singapore (556820)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 8233 2122  
 Email Address: darylchia89@gmail.com  
 Date of Accident: 16/02/2022 Time of Accident: 10:35  
 Place of Accident: Loyang Avenue  
 Insurance Company: Liberty

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

1) Add on video footage (in car cam)

[Signature]  
 Policyholder / Driver's Signature  
 Date: 16 FEB 2022

[Signature]  
 Reporting Centre Personnel's Signature  
 Name: Rance  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: 16/2/2022

General Insurance Association Form