

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 07/04/2022 11:33 (SGT)
Date of Accident 07/04/2022 07:00 (SGT)
Exact Location of Accident Holland Rd, Singapore
Additional Location Information NEAR PANDAN VALLEY CONDOMINIUM
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX8344K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUYNH VAN MINH JERRY
NRIC No SXXXX131E
Email Address jerry.vm.huynh@gmail.com
Mobile Phone No (Phone) +65-93667675
Alternative Phone No +65-93667675

VEHICLE PARTICULARS

Manufacturer Honda
Model Cr-v
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 2354

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD22V04193/VPC2/R02
Cover Note Number -

DRIVER

Name of Driver HUYNH VAN MINH JERRY
NRIC No SXXXX131E

Date Of Birth	06/06/1968
Occupation	Indoor
Date Of Driving Pass	17/01/1995
Driving experience	27 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93667675
Alt. Phone Number	+65-93667675
Email Address	jerry.vm.huynh@gmail.com
Address	38 FABER AVENUE
Address complement	-
Postcode	129546
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	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	DAUGHTER
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

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	SHB6359X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

Name of Driver	PIARA SINGH
NRIC No	SXXXX322Z
Contact Number	(Phone) +65-91127447
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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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.

Muyah 7/4/2022 11am

07/04/2022

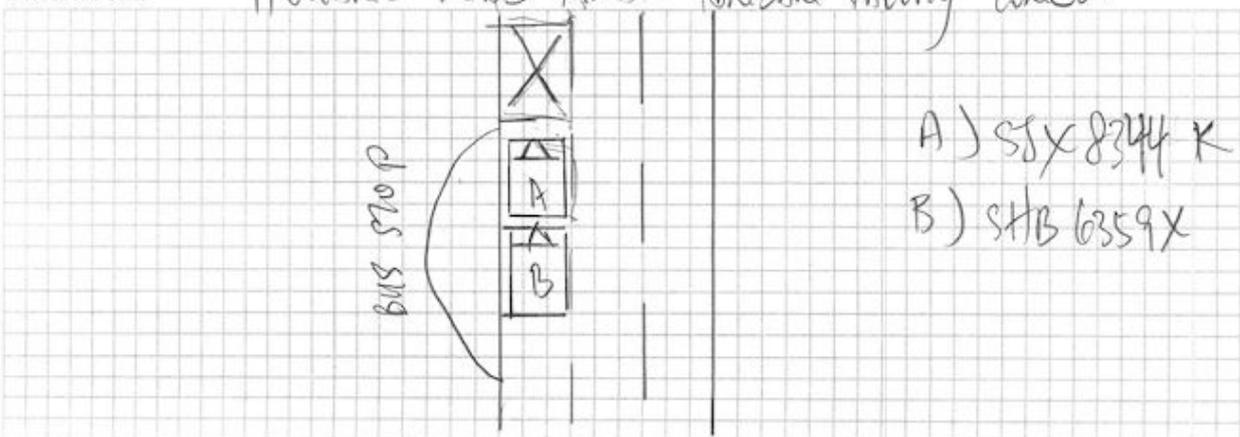
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

HOLLAND ROAD NEAR PONDOM VALLEY CROSS.



Describe Circumstances of the Accident

I was driving along Holland Road near Pandan Valley Condo at around 7am on 7/4/2022. I was sending my daughter to school.

I was driving on the left most lane. When I passed a busstop and then stopped at a junction box ~~as there was a ~~stop~~~~ due to the traffic light.

A taxi bumped into my car when I was almost stationary at the junction box.

Declaration

We declare the foregoing particulars are true in every respect.

Muzah 7/4/2022
11.05am

Policyholder's Signature / Date & Time

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

aw 07/04/2022

Witnessed by Reporting Centre Personnel





















