

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	04/05/2022 13:19 (SGT)
Date of Accident	04/05/2022 08:00 (SGT)
Exact Location of Accident	Kampong Bahru Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7177D
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	E1 ASIA HOLDING PTE LTD
Company Reg No	200904462M
Email Address	MELVIN@E1ASIA.COM.SG
Mobile Phone No	(Phone) +65-96608426
Alternative Phone No	+65-96608426

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V10219/VPZ/R01
Cover Note Number	-

DRIVER

Name of Driver	WONG LIONG YIN
NRIC No	S1284727J

Date Of Birth	02/10/1958
Occupation	Outdoor
Date Of Driving Pass	23/10/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96608426
Alt. Phone Number	-
Email Address	MELVIN@E1ASIA.COM.SG
Address	BLK 4 SAGO LANE
Address complement	#06-107
Postcode	050004
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Raining
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?	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

AS PER ATTACHED

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	SHC2291C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN

IMPORTANT NOTES:

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 reported must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurers to dispute or repudiate policy liability.
4. The return 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. The report will be forwarded by the Insurers of the Civil Roadside Management Centre established by the General Insurance Association of Singapore (GIAC) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodging of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of this report being made available thereafter.
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 ("GIAC") 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 your 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 handling 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 claim 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/are be disclosed by any of the Insurers and/or GIAC to the third party service providers or agent(s) including the lawyers/law firms, which may be situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claim history for the purposes of fraud detection, investigation and management in present and all future claims.
- (e) The information collected under (b) above may be shared / disclosed:
 - (i) to all Insurers and/or other third parties that assist in conducting, investigating, controlling or settling my claim; and
 - (ii) to all Insurers and/or other third parties that assist in conducting, investigating, controlling or settling my claim; and

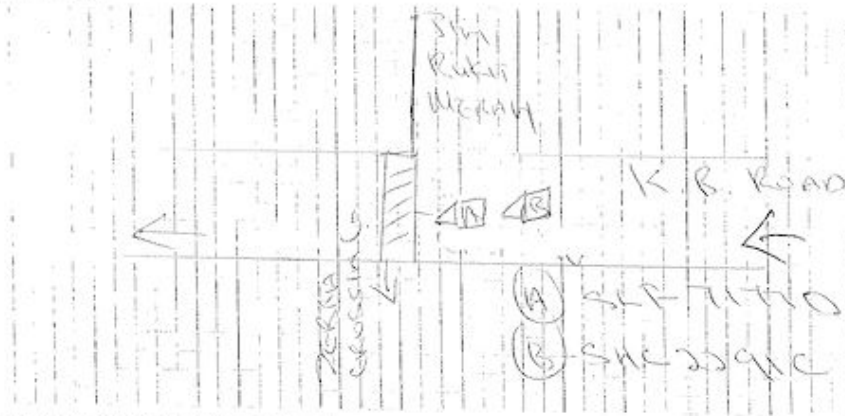


1. Insurer's Signature
2. Insurer's Stamp

3. Insurer's Signature
4. Insurer's Stamp

5. Insurer's Signature
6. Insurer's Stamp

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR SLT 71110
FROM EN TONG SEN RD TOWARDS KAMPONG
BAHUR RD.

WHEN I REACHED KAMPONG
BAHUR RD MY CAR WAS STOPPED
AT ZEBRA CROSSING,

SUDDENLY SHC 2291C CAME
FROM BEHIND & COLLIDED
ONTO REAR PORTION.

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY

DATE OF DRAWING

BY





