

# 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 ..... 17/05/2022 19:37 (SGT)  
Date of Accident ..... 13/05/2022 08:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... FILTER LANE FROM TAMPINES STREET 61 TO TAMPINES AVENUE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNC6997C

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEN DE  
NRIC No ..... SXXXX393F  
Email Address ..... gwj7589@gmail.com  
Mobile Phone No ..... (Phone) +65-94792093  
Alternative Phone No ..... +65-94792093

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... 5  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI22V01090/VPE/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHEN DE

NRIC No .....	SXXXX393F
Date Of Birth .....	09/11/1984
Occupation .....	Indoor
Date Of Driving Pass .....	16/11/2005
Driving experience .....	16 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-94792093
Alt. Phone Number .....	+65-94792093
Email Address .....	gwj7589@gmail.com
Address .....	BLK 704 TAMPINES STREET 71
Address complement .....	#14-42
Postcode .....	520704
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	NARIN GREWAL
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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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 .....	SLL5220T
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	CHEN DE
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SNC6997C
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## 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")

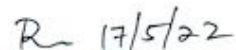
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.



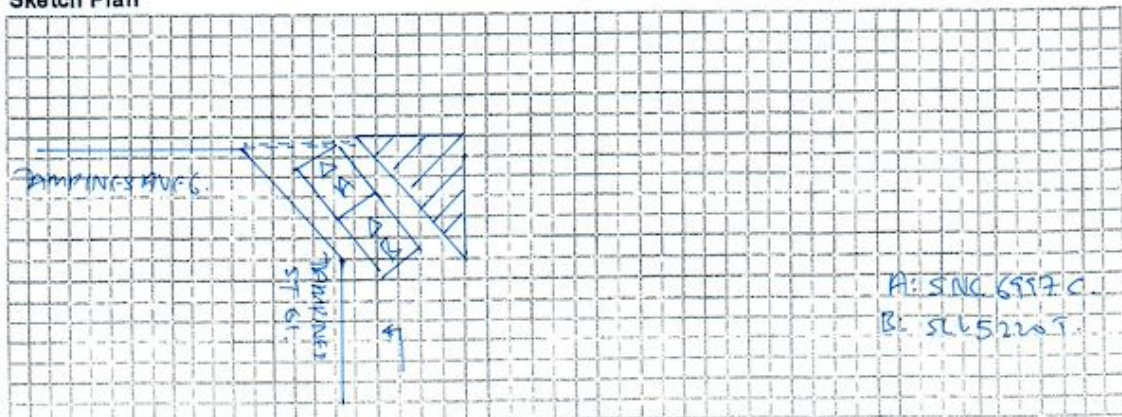
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

## Sketch Plan





## Describe Circumstances of the Accident

ON THE STATED DATE AND TIME, I WAS IN THE FILTER  
LANE AND CAME TO A STOP BEFORE THE GIVE WAY LINE.  
TO CHECK FOR ONCOMING TRAFFIC FROM TAMMINS AVE S.  
OUT OF NOWHERE, I FELT A HUGE IMPACT FROM THE REAR.

## 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

R 17/5/22

Witnessed by Reporting Centre  
Personnel

































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

### ADDENDUM

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

Original Report No: SN09225H000G Vehicle Registration No: SNC 6997C  
 Name (as shown in NRIC): CHEN DE NRIC/FIN/Passport No: S8436393F  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 704 TAMPINES ST 71 #14-42 SCS207041 Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 94792093  
 Email Address: SCOTCHHERE123@GMAIL.COM  
 Date of Accident: 13/05/2022 Time of Accident: 0830  
 Place of Accident: FILTER LANE FROM TAMPINES ST 61 TO TAMPINES AVE 6  
 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:

WAS ANYONE INJURED IN THE ACCIDENT? CHANGE TO YES.  
I WAS INJURED FROM THE ACCIDENT.  
CHANGE EMAIL ADDRESS TO GWJ7589@GMAIL.COM

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: