

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 15/06/2022 17:31 (SGT)
Date of Accident 14/06/2022 20:30 (SGT)
Exact Location of Accident Near 15 Yishun Industrial Street 1, Singapore 768091
Additional Location Information Junction of Yishun Ave 9 and Yishun Ave 8
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GW4680G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner 1969 SBA Rental LLP
Company Reg No T09LL1713F
Email Address anne.pro@sungbeng.com
Mobile Phone No (Phone) +65-93838807
Alternative Phone No (Office) +65-93838807

VEHICLE PARTICULARS

Manufacturer Toyota
Model Liteace
Variant 5DR
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 2184

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy Yes
Policy Number SD21V16387/VCZ/R03
Cover Note Number -

DRIVER

Name of Driver Ng Cheng Teck
NRIC No S1671469J

Date Of Birth	24/06/1964
Occupation	Outdoor
Date Of Driving Pass	25/05/1984
Driving experience	38 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90481469
Alt. Phone Number	-
Email Address	anne.pro@sungbeng.com
Address	Blk 85 Commonwealth Close #02-73
Address complement	Singapore
Postcode	140085
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	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)	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

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	PC296H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	Arjoon Singh
NRIC No	S1505806D
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	Ng Cheng Teck
Gender	Male
Phone No	(Phone) +65-90481469
Address	Blk 85 Commonwealth Close #02-73
Address Complement	Singapore
Post Code	140085
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GW4680G
Were seat belts worn?	-
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.

15/6/22
4.34 PM

Policyholder's Signature / Date & Time
Driver's Signature (If driver is not the policyholder) / Date & Time
Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: GW4680G
Vehicle B: PC296H

YISHUN AVE 9

YISHUN AVE 8

A
B

Describe Circumstances of the Accident


On 14 June 2022 around 20:30 along the junction of Yishun Ave 8 and Yishun Ave 9, my vehicle bearing GW4680G was stationary at the traffic junction due to red light, when suddenly vehicle from the behind bearing PC296H hit the rear portion of my vehicle, causing my vehicle to move forward into the yellow box due to the strong impact. The rear of my vehicle is badly damaged and windscreen is shattered. At first, I did not feel anything wrong of my body. During sleeping time, I felt a sharp pain in my chest.

Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date & Time



15/6/22
4.34 PM

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



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: SS1Z226F0002 Vehicle Registration No: GW4980G
 Name (as shown in NRIC): 1969 SBA Rental LLP Company Reg
 NRIC/FIN/Passport No: TXXXXX713F
 (*~~Vehicle Driver~~/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 2 Kaki Bukit Avenue 2 #02-09 Singapore (417921)
 Contact (Tel): - Mobile No.: 9387 8807
 Email Address: anne.pro@sungbeng.com
 Date of Accident: 14/06/2022 Time of Accident: 20:30
 Place of Accident: Junction of Yishun Ave 9 and Yishun Ave 8
 Insurance Company: Liberty Insurance Pte Ltd

(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:

Amend vehicle registration number.



Policyholder / Driver's Signature
Date:

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