

# 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 ..... 20/06/2022 15:20 (SGT)  
Date of Accident ..... 20/06/2022 10:40 (SGT)  
Exact Location of Accident ..... 970 Geylang Rd, Singapore 423492  
Additional Location Information ..... GEYLANG ROAD BEFORE LORONG 28  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLZ6245S

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIM JIN HUI  
NRIC No ..... S8630243H  
Email Address ..... GARYLIMJH@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91371668  
Alternative Phone No ..... +65-91371668

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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 ..... S121V14308/VPL/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIM JIN HUI  
NRIC No ..... S8630243H

Date Of Birth .....	07/10/1986
Occupation .....	Outdoor
Date Of Driving Pass .....	26/06/2008
Driving experience .....	14 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-91371668
Alt. Phone Number .....	+65-91371668
Email Address .....	GARYLIMJH@GMAIL.COM
Address .....	BLK 112 ALJUNIED CRESCENT #07-126
Address complement .....	-
Postcode .....	380112
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 - Change/cross lane
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOW
Gender .....	Male

#### 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

I WAS TRAVELLING ALONG GEYLANG ROAD SUDDENLY VEH B CUT INTO MY LANE AT BEFORE LORONG 28, CAUSE VEH B'S FRONT LEFT HIT ONTO MY VEH A'S REAR RIGHT PORTION. NOBODY INJURY. THAT'S ALL

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SCK8280L
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 NOTICE**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

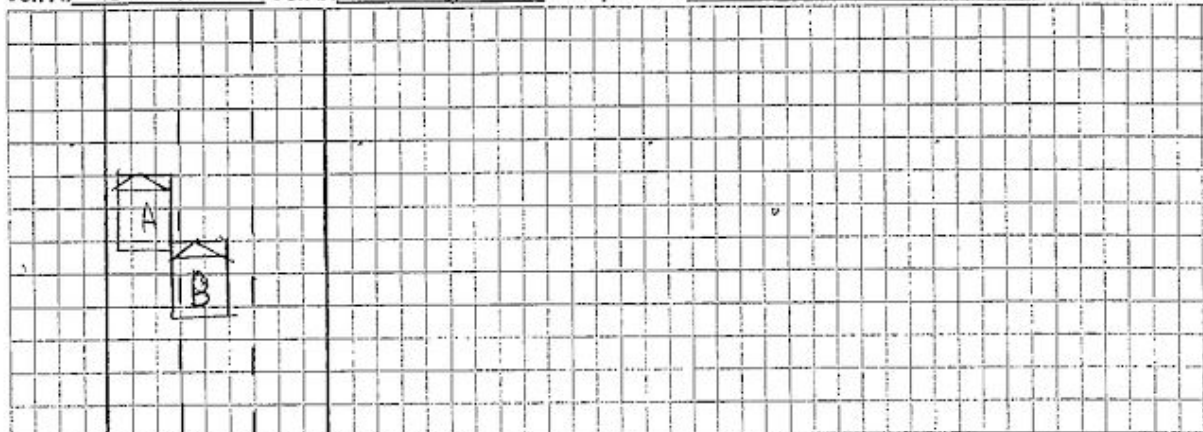
Policyholder's Signature Date  
& Time:

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

Reporting Centre Personnel's Signature  
Name: *Ven*  
NRIC/FIN No.: *9044191A*

SKETCH PLAN

Date & Time of Accident: 20.6/2022 / 1040am Location: Rayland Rd before Lany 28  
 Veh A: SL2 6245C Veh B: Sck 8280L Veh C/Others: \_\_\_\_\_



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Rayland Rd suddenly Veh B cut into my lane at before Lany 28. Caused Veh B's front left hit onto my Veh A's rear right portion. Nobody injury. That's all.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

☐ Own Damage Claim at Lim Tan Motor ☐ TP Claim at Lim Tan Motor  
☐ Own Damage Claim at Other Workshop ☒ TP Claim at Other Workshop ☐ Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_

My/Our email : Gardlim.jh@gmail.com

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: \_\_\_\_\_

GIARMC SketchPlanForm\_V3

Driver's Signature (If driver is not the policyholder) Date & Time: \_\_\_\_\_

Reporting Centre Personnel's Signature Name: Vans NRIC/FIN No.: S999991A













































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048530  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

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

### ADDENDUM

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

Original Report No : SL0V226K0002 Vehicle Registration No: SLZ 62455  
Name (as shown in NRIC) : Lim Jia Hui NRIC/FIN/Passport No : S8630243H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Bukit 112 Aljunied Crescent #02-126 Singapore (380112)  
Contact (Tel) : 9137 1668 Mobile No. : 9137 1668  
Email Address : Garylimjh@gaisil.com  
Date of Accident : 20/06/2022 Time of Accident : 10:00am  
Place of Accident : Greyhound Rd before crossing 28  
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:

① my third party car plate should be SCK 82802.

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name: Venus  
NRIC/FIN No.: SX420991A  
Date: 21.06.2022