



# 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 Actual 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              | 08/08/2022 17:36 (SGT) |
| Reported by                     | Both                   |
| Date of Accident                | 05/08/2022 17:50 (SGT) |
| Exact Location of Accident      | BKE, Singapore         |
| Additional Location Information | EXIT (SLE/ CTE)        |
| Country/State of Loss           | Singapore              |

## DETAILS OF OWN VEHICLE

|  |                           |
|--|---------------------------|
| Vehicle Registration Number  | SLS9208S                  |
| INSURED/POLICYHOLDER   |                           |
| Is company?  | No                        |
| Name Of Registered Owner   | NG KOK WEI                |
| NRIC No  | SXXXX343E                 |
| Email Address  | fullstop423@gmail.com     |
| Mobile Phone No  | (Phone) +65-97305456      |
| Alternative Phone No   | -                         |
| VEHICLE PARTICULARS  |                           |
| Manufacturer   | Kia                       |
| Model  | Cerato                    |
| 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   | 1591                      |
| INSURANCE COMPANY  |                           |
| Name of Insurance Company  | Liberty Insurance Pte Ltd |
| Policy Number / Cover Note Number  | SD21V15792/VPC/R00        |
| DRIVER   |                           |
| Name of Driver   | NG KOK WEI                |
| NRIC No  | SXXXX343E                 |
| Date Of Birth  | 25/05/1984                |
| Occupation   | Indoor                    |

|  |                                  |
|--|----------------------------------|
| Date Of Driving Pass   | 13/10/2021                       |
| Driving experience   | 10 MONTHS                        |
| Gender   | Male                             |
| Mobile Number  | (Phone) +65-97305456             |
| Alt. Phone Number  | -                                |
| Email Address  | fullstop423@gmail.com            |
| Address  | BLK 890A WOODLANDS DRIVE #14-283 |
| Address complement   | -                                |
| Postcode   | 731890                           |
| 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   | Chain Collision |
| Weather Conditions | Clear           |
| Road Surface       | Dry             |

OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident?   | No  |
| Number of vehicles involved in the accident   | 3   |
| 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  |
| Translator's name   | -   |
| Translator's ID   | -   |
| Translator's phone number   | -   |
| Translator's email  | -   |
| Original language used in the statement   | -   |

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  |

DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |                    |
|-----------------------------|--------------------|
| Vehicle Registration Number | GBG6899Z           |
| Vehicle Manufacturer        | -                  |
| Vehicle Model               | -                  |
| Vehicle Variant             | -                  |
| Vehicle Colour              | -                  |
| Vehicle Category            | Commercial vehicle |
| 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)     | - |

**DETAILS OF OTHER VEHICLE PROPERTY 2**

|   |             |
|---|-------------|
| Vehicle Registration Number             | SLN9884R    |
| 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

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

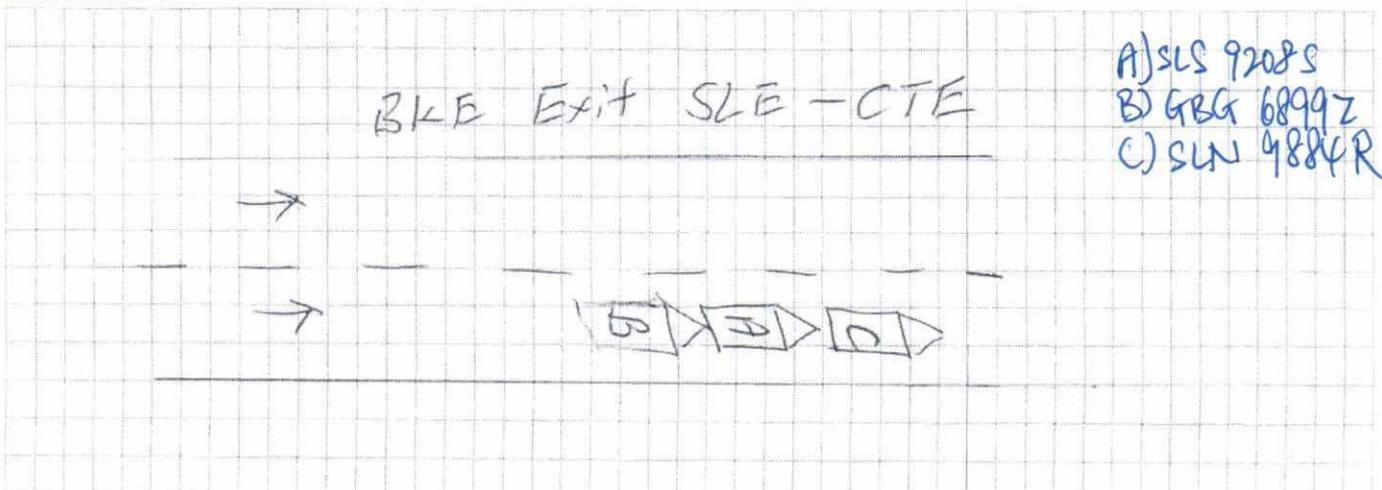
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

fox  
Policyholder's Signature Date  
& Time:

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

Sean 08/08/2022  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At mentioned Date and Time, I was driving my vehicle (A) along BKE - SLE toward CTE, suddenly I feel a strong impact from my rear and push my vehicle to hit into vehicle (C)

A: SLS 92085  
B: GBG 6899 Z  
C: SLN 9884 R

DECLARATION

I/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:

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



Email: [sm@idac.com.sg](mailto:sm@idac.com.sg) Tel no: 6555 6888

\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

**Personal Particulars of Owner & Driver (Vehicle A)**

Date of Accident: 05/08/2022 (dd/mm/yy) Time of Accident: 17:50 (24-HR-FORMAT)

Vehicle No.: SLS 92085 Vehicle Make & Model: \_\_\_\_\_

Exact location of Accident: BKE Exit SLE CTE

Policyholder's Name: Ng Kok Wei I/C / UEN: 58415343E

Driver's Name / IC No.: \_\_\_\_\_ (As Above)

Driver's Contact No.: 9730 5456 Company Contact No (Company Veh Only): \_\_\_\_\_

Driver's Address: \_\_\_\_\_

Email address: fullstop423@gmail.com Insurance Company: \_\_\_\_\_

**Relationship between Owner & Driver:** (Please **CIRCLE** one only)

Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify: \_\_\_\_\_

**What do you wish to claim?** (Please **TICK** one only)

Own Insurance /  Other Vehicle (The one you want to claim against) /  Reporting (For Record Purpose)

**Exact purpose for which the vehicle was being used at time of accident?**

**Occupation (nature of job)**  Indoor /  Outdoor

Private use /  Work purpose

\*No. of Passengers (Including Driver): 01

\*Passanger Name: \_\_\_\_\_ Gender: Male / Female \*Passanger

Name: \_\_\_\_\_ Gender: Male / Female

**Weather condition & Road conditions?** (On the day of accident)

Clear & Dry /  Raining & Wet /  After-Rain & Wet /  Drizzling & Wet / Others: \_\_\_\_\_

Was there any video captured by your Car Camera?  Yes /  No

Any Injuries:  Yes /  No (If YES) Injured Person's Name: \_\_\_\_\_

Injuries Sustain: \_\_\_\_\_ Injured Person in Which Vehicle: \_\_\_\_\_

Police Report filed:  Yes /  No (If YES) Which Police Station: \_\_\_\_\_

**The Other Party(s) Details:**

1. Driver's Name / IC No: \_\_\_\_\_ Vehicle No: (B) G7BG 8999Z

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

2. Driver's Name / IC No (If Any): \_\_\_\_\_ Vehicle No: (C) SLN 9884R

Driver's Contact No: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

\*Independent Witness (If Any): \_\_\_\_\_ Contact No: \_\_\_\_\_

Preferred Workshop Name: \_\_\_\_\_ Contact No: \_\_\_\_\_



# Certificate of Insurance

Motor Vehicles (Third-Party Risks And Compensation) Act (Chapter 189); Motor Vehicles (Third-Party Risks And Compensation) Rules, 1960; Road Transport Act, 1987; Road Transport (Amendment) Act 2019; The Motor Vehicles (Third Party Risks) Rules, 1959

|  |   |  |
|--|---|--|
| <b>Name of Policyholder:</b><br>NG KOK WEI |   | <b>Certificate No.:</b><br>SD21V15792/ VPC / R00 |
| <b>Date of Issue:</b><br>02 Nov 2021       | <b>Effective Date of Commencement:</b><br>30 Oct 2021 00:00 | <b>Date of Expiry:</b><br>29 Oct 2022 23:59      |
| <b>Registration No.:</b><br>SLS9208S       | <b>Chassis No.:</b><br>KNAFX411MJ5747161                    | <b>Type of Certificate:</b><br>MX1               |

**Persons or Classes of Persons entitled to drive\*:**

- A) The Policyholder.
- B) Any other person who is driving on the Policyholder's order or with his permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

**Limitations as to use:**

Use only for social, domestic and pleasure purposes only. [REDACTED]