

## 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 ..... 29/08/2022 14:26 (SGT)  
Reported by ..... Both  
Date of Accident ..... 24/08/2022 18:55 (SGT)  
Exact Location of Accident ..... Pasir Panjang Rd, Singapore  
Additional Location Information ..... Along Pasir Panjang Road  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG1104S  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... Ng Cheng Yok  
NRIC No ..... SXXXX167E  
Email Address ..... ngchengyok@gmail.com  
Mobile Phone No ..... (Phone) +65-91798215  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Nv200  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... -  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Goods vehicle  
Transmission ..... Manual  
CC ..... 1461

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SI22V07123/VCV/R04

### DRIVER

Name of Driver ..... Ng Cheng Yok  
NRIC No ..... SXXXX167E  
Date Of Birth ..... 26/10/1955  
Occupation ..... Outdoor

Date Of Driving Pass  
Driving experience  
Gender  
Mobile Number  
Alt. Phone Number  
Email Address  
Address  
Address complement  
Postcode

Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
Vehicle Registration Number of Other Vehicle Owned by Driver  
Insurance Company of Other Vehicle Owned by Driver

05/04/1976  
46 YEARS AND 4 MONTHS  
Male  
(Phone) +65-91798215  
-  
ngchengyok@gmail.com  
Blk 62 Teban Gardens Road  
#07-627  
600062  
Yes

No

-

-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident  
Weather Conditions  
Road Surface

Collision - Change/cross lane  
Raining  
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  
Translator's name -  
Translator's ID -  
Translator's phone number -  
Translator's email -  
Original language used in the statement -

#### PASSENGER 1

Name Spouse  
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

Please refer to attachment

#### ATTACHMENT(S)

Are accident photos available for attachment? Yes  
Was there any video captured by Car Camera? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ8251H  
Vehicle Manufacturer -  
Vehicle Model -  
Vehicle Variant -

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-



## IMPORTANT NOTICE

## SKETCH PLAN

1. Please report (correctly) the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

### 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 be 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 be 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 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.

ASUS CHINA CAPITAL ASIA PACIFIC PTE LTD  
Automotive Workshop  
8 Fourth Lok Yang Road  
Singapore 629705  
Tel: (65) 6466 3022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) May

### Sketch Plan

A = 6186711045	
B = 92005111	

10/1/2022

Back  
Enquire PA  
Vehicle Own  
Owner ID T  
Owner  
Vet

Describe Circumstance of the Accident

After the traffic lights turned green, I proceed to move forward within my lane. Out of sudden, CAR B change into my lane and collided onto my vehicle.

Declaration

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

*[Signature]*

*[Signature]*

ITSUBISHI HC CAPITAL ASIA PACIFIC PTE LTD  
Automotive Workshop  
8 Fourth Loo Yang Road  
Singapore 629705  
Tel: (65) 6466 3022

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)