

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 08/09/2022 10:39 (SGT)
Reported by Driver
Date of Accident 05/09/2022 20:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information LIM CHU KANG LANE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF6140J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JIANA BUILDERS PTE LTD
Company Reg No 2XXXXX490W
Email Address ktmotorwerk@hotmail.com
Mobile Phone No (Phone) +65-82245740
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
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 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V00516/VCH/R01

DRIVER

Name of Driver ABEDIN MD JOYNAL
Passport No/FIN GXXXX132T
Date Of Birth 05/07/1988
Occupation Outdoor

Date Of Driving Pass	23/01/2022
Driving experience	8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88591490
Alt. Phone Number	-
Email Address	ktmotorwerk@hotmail.com
Address	2 GUILLEMARD CRESCENT
Address complement	-
Postcode	399903
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	SUPPLY
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	Side Swipe
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?	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	PASSENGER
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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMZ9497A
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.



Policyholder's Signature / Date & Time

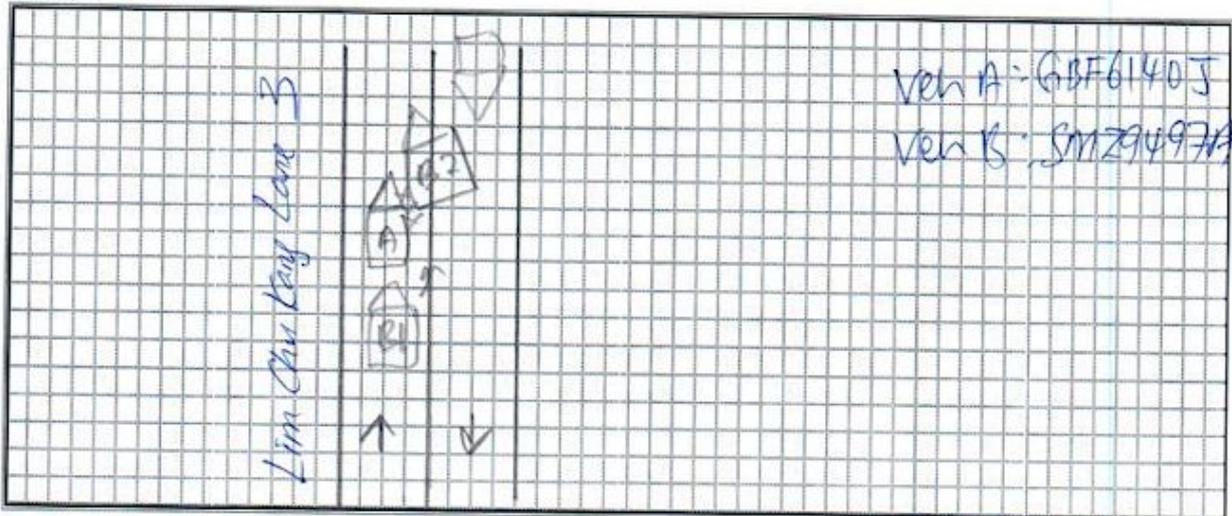
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Joseph

shym 08/09/22

Sketch Plan



Describe Circumstance of the Accident

On the state date and time, I was travelling in my lane on Lim Chu Kang Lane 3. Suddenly Veh B (SM29497A) which was at the rear of my vehicle suddenly overtake from the right and cut into my lane due to oncoming vehicle on the right side as it was a two way road. He hit the front right portion of my vehicle when he cut into my lane. He admitted his mistake and agree to claim insurance.

Declaration

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



Policyholder's Signature / Date & Time

7.1.2012

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

Slym 08/09/12

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





















タイヤ空気圧 (kPa/kg/cm²)

タイヤサイズ

前輪	後輪
175/75R15 103/101L LT	145R13-8PRLT
550 {5.50}	450 {4.50}
175/75R15 103/101L LT	165R13-6PRLT
550 {5.50}	350 {3.50}

25261 YV

TOYOTA MOTOR CORPORATION JAPAN
MODEL ODE-KDY231-1LMGY
ENGINE 1KD-FE TV
FRAME No. KDY231-8026164 2982 mL
COLOR 199 FB13 P11
TRIM AO1B
TRANS./M/E R451
362