# **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 witholding 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.

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   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 19/09/2022 16:56 (SGT) Reported by Date of Accident 18/09/2022 15:36 (SGT) Exact Location of Accident Bideford Rd, Singapore Additional Location Information Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Lexus

Vehicle Registration Number **SCA7888T** 

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LEE GUAN HOCK NRIC No SXXXX987F Email Address Chuajoanne73@gmail.com Mobile Phone No (Phone) +65-96712368 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Model Es250 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 2494

### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SI22V01215/VPC/R02

#### DRIVER

Name of Driver LEE GUAN HOCK NRIC No SXXXX987F Date Of Birth 14/05/1954 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address 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	22/08/1977 45 YEARS AND 1 MONTH Male (Phone) +65-96712368 - Chuajoanne73@gmail.com 929 BUKIT TIMAH ROAD #07-21 - 589642 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?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement  PASSENGER 1  Name  Gender	No 2 No - Yes 2 No
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
PLEASE REFER TO SKETCH PLAN	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes WITH OWNER
DETAILS OF OTHER	VEHICLE PROPERTY 1

SLB2145A

Vehicle Registration Number
Vehicle Manufacturer
Vehicle Model

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MUHAMMAD HAIQAL BIN REDUAN
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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- 5. Any false reporting may be referred to the Traffic Police Department for investigation.
- This report will be forwarded by the incurers 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.
- 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 aforecald.
- 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) My insurer, my workship and the General Insurance Association of Singapore ("GIA") maybbe permitted to collect, use, disclose auditor process my personal detailersorial information act out in this [form] and any other personal information provided by me or postessed by my insurer (notestively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this socident (all insurer(s) who have insured vehicle(s) involved in this socident shall be collectively referred to as the Tinsurers"), the Insurers' lawyershaw firms, the Monetary Authority of Singapore and any relevant government agencylauthority (such as the police), for the purpose(s) of:
- processing, handing und/or dealing with my claims including the settlement of the dalms and any necessary investigations retained to the claims:
- (ii) investigating the assident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- [iv] administrating my claims (jurisding the mailing of correspondence, statements; involves, reports or notices to me, which could involve disclassine of certain personal data about me to being about delivery of the same as well as on the external cover of envelopes/mail packages, and/or
- (v) complying with applicable few in administering, processing, hundling with the "Purposes".
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/raw times, may/are permitted to collect, use, disclose and/or process my Personal Information for one of more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers ann/or GIA to their third-party service providers or agents (Epcluding their lawyers/law firms), which may be alled dutaide of Siegapore, for one or more of the above Purposes.

VAMMO

Poteyholder's Signature / Date A. Hose

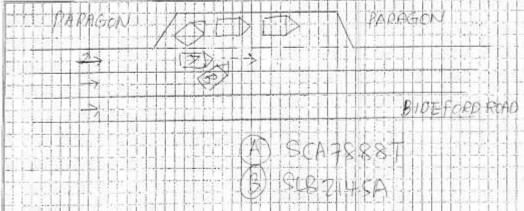
Driver's Signature (if driver is not the policyholder) / Date

& Time

Witnessed by Fuqueting Centur Personnel

(Name as in NHIC/ID card)

Sketch Plan



scrit	be Circumstance of the Accident
A-	t the above date and time
I	was travelling along Bideford Road toward
-	renelling straight. We highe B out into my land from the right side and hit onto the grant right portion of my car.
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stă In c	aration tedare the lovegoing particulars are true in §very respect.



