

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	04/10/2022 17:49 (SGT)
Reported by	Both
Date of Accident	03/10/2022 14:33 (SGT)
Exact Location of Accident	Dunearn Rd, Singapore
Additional Location Information	TRAFFIC LIGHT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM17R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LOH CHEE SIONG
NRIC No	SXXXX445I
Email Address	winson_tingwei@hotmail.com
Mobile Phone No	(Phone) +65-90178000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Porsche
Model	Cayenne
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	2967

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI21V13326/VPS/R02

DRIVER

Name of Driver	TAN MING LI, CONSTANCE
NRIC No	SXXXX742H
Date Of Birth	09/11/1986
Occupation	Indoor

Date Of Driving Pass	07/08/2021
Driving experience	1 YEAR AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91000800
Alt. Phone Number	-
Email Address	winson_tingwei@hotmail.com
Address	5 JALAN SENI
Address complement	-
Postcode	299007
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX4606H
Vehicle Manufacturer	Subaru
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	HO KHEE WOON (HE QI YUAN)

NRIC No	SXXXX572J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN MING LI, CONSTANCE
Gender	Female
Phone No	(Phone) +65-91000800
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJM17R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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/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: Loh
 Driver's Signature (if driver is not the policyholder) / Date & Time: Cm
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 04/10/2022

Sketch Plan

HOUGH DUNEARN ROAD TRAFFIC LIGHT

Vehicle A SJM 17R

Vehicle B SLX 4606H

Describe Circumstance of the Accident

On 03/10/2022 about 14:33pm. My vehicle was stationary stopped at Dunfermline Road traffic light waiting for green light. Traffic turn green and I start to move on, suddenly vehicle B "SLX 4606H" collided from my rear car portion with impact very heavy and my car was pushed forward. After left the scene accident I felt my back body unwell and pain and I went to consult doctor and I still 2 days MC.

Declaration

We declare the foregoing particulars are true in every respect.

bach

Policyholder's Signature / Date & Time

C

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

[Signature] 04/10/2022
Witnessed by Reporting Centre Personnel
(Name as in NRBC ID card)















