

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 07/11/2022 10:33 (SGT)
Reported by Both
Date of Accident 06/11/2022 11:20 (SGT)
Exact Location of Accident Near 297 Lor 6 Toa Payoh, Singapore 319389
Additional Location Information PIE ~ TUAS (NEAR TOA PAYOH)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJZ8555H

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIN HELONG, AARON
NRIC No S8728534J
Email Address EMAILAARONNOW@GMAIL.COM
Mobile Phone No (Phone) +65-88588488
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Stepwagon
Variant SPADA 8-SEATER 1.5 CVT
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 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI21V16446/VPC/R02

DRIVER

Name of Driver LIN HELONG, AARON
NRIC No S8728534J
Date Of Birth 13/09/1987
Occupation Indoor

Date Of Driving Pass	08/11/2006
Driving experience	16 YEARS
Gender	Male
Mobile Number	(Phone) +65-88588488
Alt. Phone Number	-
Email Address	EMAILAARONNOW@GMAIL.COM
Address	BLK 236 LORONG 1 TOA PAYOH #04-68
Address complement	-
Postcode	S310236
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	Collision - Head to Rear
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)	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

REFER TO SKETCH PLAN & ACCIDENT REPORT ATTACHED

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	Video Footage with Harmony Motor (AMK) Pte Ltd

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV6546M
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SIVA KUMAR S/O AVADIAR

NRIC No	S7470455G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstance of the Accident


** NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(✓) Claim OD (TP) at other workshop Harmony Motor (AMK) Pte Ltd.

Sketch Plan



PIE towards TUAL (Near Toa Payoh)

On 6 Nov around 11:20am going toward Jurong.
I was driving along PIE alone. Around Toa payoh exit.
It was slow moving traffic. My car was about to stop
and suddenly the car behind bang me. The dent
damage my boot door and car plate. My boot door
is not closing and opening well now.

Declaration

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

[Signature]

Policyholder's Signature / Date & Time

7/11/22

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



[Signature]

ARY CHUA

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

07 NOV 2022 @ 10:10am
2

SKETCH PLAN

VEH NO: SJZ8555H
 INSURER: Liberty Insurance
 DATE OF ACC: 06 NOV 2022

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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/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.

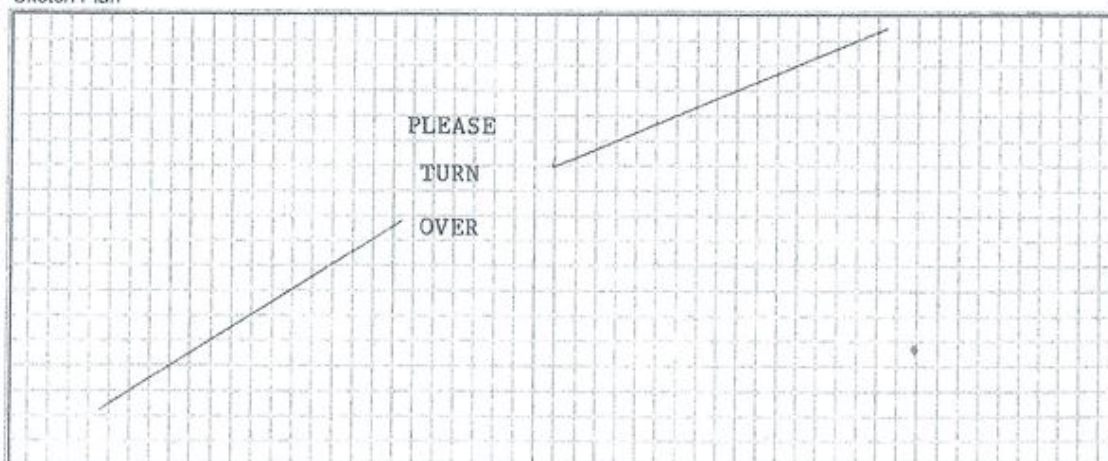
Policyholder's Signature / Date & Time

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

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

ARY CHUA 07 NOV 2022 @ 10:10am

Sketch Plan



































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SO0322B70001 Vehicle Registration No: SJZ8555H
 Name (as shown in NRIC): Lim He Long Aaron NRIC/FIN/Passport No: SXXXX534J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: BLK 236 Lorong 1 Toa Payoh #04-68 Singapore (310236)
 Contact (Tel): 8858 8488 Mobile No.: 8858 8488
 Email Address: EMAILAARONNOW@GMAIL.COM
 Date of Accident: 06 NOV 2022 Time of Accident: 11:20 AM
 Place of Accident: PIE towards TUAS (Near Toa Payoh)
 Insurance Company: Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

I would like to correct the email, it's should be
"EMAILAARONNOW@GMAIL.COM".

Policyholder / Actual Driver's Signature
Date: 07/11/2022



ARY CHUA

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: 07 NOV 2022 @ 16:31