

# 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 .....	14/12/2022 16:03 (SGT)
Reported by .....	Driver
Date of Accident .....	13/12/2022 20:30 (SGT)
Exact Location of Accident .....	AYE, Singapore
Additional Location Information .....	LOWER KENT RISDE ROAD TOWARDS AYE EXPRESSWAY TOWARDS TUAS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLH8184R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIEW FOOK SENG
NRIC No .....	SXXXX943D
Email Address .....	SMILEZHF@HOTMAIL.COM
Mobile Phone No .....	(Phone) +65-97327022
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	Elantra
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 .....	1600

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5130746650

### DRIVER

Name of Driver .....	LIEW HUI FEN
NRIC No .....	SXXXX817D
Date Of Birth .....	12/11/1982

Occupation .....	Indoor
Date Of Driving Pass .....	21/06/2008
Driving experience .....	14 YEARS AND 6 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91785140
Alt. Phone Number .....	-
Email Address .....	SMILEZHF@HOTMAIL.COM
Address .....	BLK. 471 JURONG WEST ST. 41
Address complement .....	#14-507
Postcode .....	640471
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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 .....	LIEW FOOK SENG
Gender .....	Male

#### 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

ON 13/12/2022 ABOUT 20.30PM, I WAS DRIVING ALONG LOWER KENT RISDE ROAD TOWARDS AYE EXPRESSWAY TOWARDS TUAS FILTER LANE AND I SLOW DOWN AND STOP TO LOOK OUT FOR CLEARANCE ONCOMING VEHICLES. SUDDENLY VEHICLE B "SHA3855E" COLLIDED ONTO MY REAR CAR PORTION WITH IMPACT VERY HEAVY AND BADLY. THE NEXT SAY MY DAD LIEW FOOK SENG WAS FELT NECK PAIN AND WENT TO CONSULT DOCTOR. GIVEN 2 DAYS MC.

#### 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 .....	SHA3855E
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	Sonata
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	CHAN SHEE WENG
NRIC No .....	SXXXX876C
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LIEW FOOK SENG
Gender .....	Male
Phone No .....	(Phone) +65-97327022
Address .....	BLK. 472 JURONG WEST ST. 41
Address Complement .....	#08-419
Post Code .....	640472
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH8184R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**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.

Liew  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**

Vehicle A SLH 8184R

Vehicle B SHA 3855E

Describe Circumstance of the Accident

On 13/12/2022 about 20-30pm. I was driving along lower Kent Ridge Road towards AYE Expressway towards the Filter lane and I slow down and stop to look out for clearance incoming vehicles. Suddenly vehicle B "SHA 3855E" collided onto my rear car portion with impact very heavy and badly. The next day my dad Liew Fook Seng was felt neck pain and went to consult doctor given 2 days mc.

Declaration

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

Liew

Policyholder's Signature / Date & Time

*[Signature]*

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



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





























