

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 22/12/2022 17:20 (SGT)
Reported by Both
Date of Accident 22/12/2022 08:35 (SGT)
Exact Location of Accident Singapore
Additional Location Information LOYANG AVENUE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU5357K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WANG HUA
NRIC No SXXXX559G
Email Address wanghuasen@gmail.com
Mobile Phone No (Phone) +65-97217908
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V15350/VPC/R05

DRIVER

Name of Driver WANG HUA
NRIC No SXXXX559G
Date Of Birth 21/08/1979
Occupation Indoor

Date Of Driving Pass	03/07/2006
Driving experience	16 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97217908
Alt. Phone Number	-
Email Address	wanghuasen@gmail.com
Address	APT BLK 8 MEYAPPA CHETTIAR ROAD
Address complement	# 13-15
Postcode	S358455
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 - Change/cross lane
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

PLEASE REFER TO THE ATTACHED STATEMENT

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 AND COULDN'T RETRIEVE DUE TO EXCEEDED MB

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW4428K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	CHUA JIYU JOSUA
NRIC No	SXXXX247J
Contact Number	(Phone) +65-84186685
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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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.

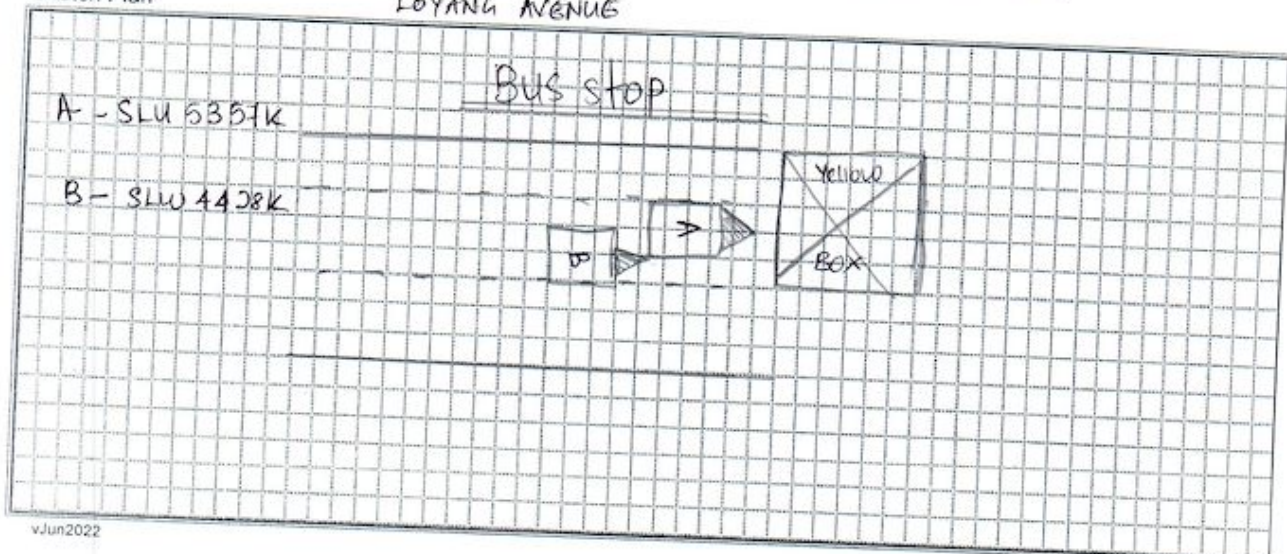
 22/12/2022
Policyholder's Signature / Date & Time

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

 22/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

LOYANG AVENUE



vJun2022

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Describe Circumstance of the Accident

I was driving at layang avenue road and I was on the second lane. there was a yellow Box Infront of me so I stopped as on my left side there was a bus and I gave way to the bus to exit in order for me to proceed to move further. while the bus exit, I was stopping in front of the yellow box and Vehicle B was behind my vehicle, he suddenly switch lane and hit my Right rear portion of my vehicle. I stood out of my Car and took photos of the damages and we exchanged our details.

Declaration

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

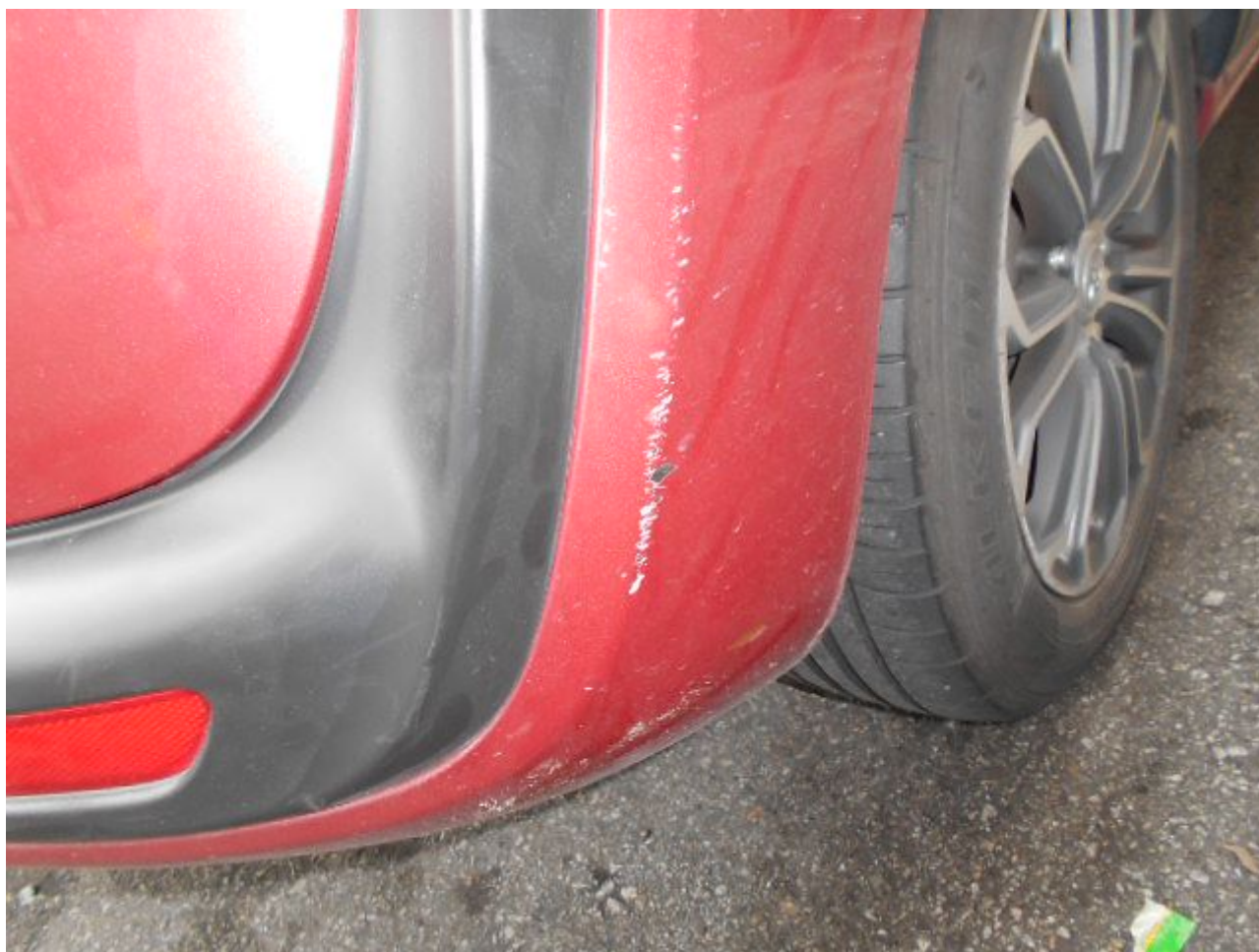
 22/12/2022
Policyholder's Signature / Date & Time

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

 22/12/2022
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



















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: SN0922CM0004 Vehicle Registration No: SLU 5357K
 Name (as shown in NRIC): Wang Hua NRIC/FIN/Passport No: S7976559G
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: APT BLK 8 MEYAPPA CHETTIAR ROAD #13-15 Singapore (358455)
 Contact (Tel): 9721 7908 Mobile No.: _____
 Email Address: wanghuase@meil.com
 Date of Accident: 22/12/2022 Time of Accident: 08:35
 Place of Accident: Joyang Avenue
 Insurance Company: LIBERTY

(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:

Amend policy Number - S122V15350/VPC/R05

Policyholder / Actual Driver's Signature
Date:

gaurish 30/12/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: