

## 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 ..... 03/01/2023 20:29 (SGT)  
Reported by ..... Both  
Date of Accident ..... 25/12/2022 11:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS CHANGI  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SCQ1010P

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIA QWEE KHENG  
NRIC No ..... S1198759A  
Email Address ..... Patrick\_chiaqk@hotmail.com  
Mobile Phone No ..... (Phone) +65-98280900  
Alternative Phone No ..... -

#### VEHICLE PARTICULARS

Manufacturer ..... Porsche  
Model ..... CAYENNE COUPE 2+1 (9YA)  
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 - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 0

#### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Policy Number / Cover Note Number ..... SDV01639

#### DRIVER

Name of Driver ..... CHIA QWEE KHENG  
NRIC No ..... S1198759A  
Date Of Birth ..... 05/03/1956  
Occupation ..... Indoor

Date Of Driving Pass .....	30/10/1979
Driving experience .....	43 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98280900
Alt. Phone Number .....	-
Email Address .....	Patrick_chiaqk@hotmail.com
Address .....	Burgundy Hill,
Address complement .....	6 Burgundy Rise
Postcode .....	658857
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 .....	No Collision
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) .....	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 .....	Leo Eng Kee
Gender .....	Female

#### 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

TRAVELLING ALONG PIE/CHANGI, WAS ON THE 2ND LANE GOING STRAIGHT. SAW FRONT VEHICLE SLOWED DOWN AND STOPPED. HENCE I APPLIED BRAKE AND STOPPED IN TIME. ME AND MY PASSENGER NEVER FELT ANY IMPACT. SUDDENLY THE DRIVER OF THE FRONT VEHICLE CAME OUT. HE CLAIMED THAT MY VEHICLE HAS MADE CONTACT WITH HIS VEHICLE. I INSPECTED MY VEHICLE AND THERE WAS NO VISIBLE DAMAGED ON MY VEHICLE FRONT PORTION. I DID ASKED THE DRIVER ABOUT THE INJURY FOR BOTH OF THEM. HE JUST SHOOKED HIS HEAD AS TELLING ME AS THERE WAS NOBODY WAS INJURED. FEW MINUTES LATER, THERE WAS A GUY CAME AND APPROCHED US. BUT THE POLICE ARRIVED THE GUY QUICKLY MOVE OFF. THE POLICE ASKED US, IS THERE ANYONE INJURED. HENCE THERE WAS NOBODY WAS INJURED, THE POLICE TOLD TO SETTLE AMONG OURSELF OR GO THROUGH INSURANCE. BEFORE WE BOTH MOVE OFF, I TOLD THE DRIVER TO CALL ME IF HE FILLING THE REPORT. WHEN I LOOKED BACK AT MY VIDEO FOOTAGE. THERE WAS NO IMPACT DUE TO I MANAGED TO STOP IN TIME. AND I SAW THE SAID VEHICLE HAS ALREADY VISIBLE DAMAGED. DUE TO I NEVER FELT ANY IMPACT HENCE I NEVER REPORT TO MY INSURANCE COMPANY. SUDDENLY I RECEIVED A LETTER FROM MY INSURANCE COMPANY SAYING THAT THE OTHER PARTY TRYING TO CLAIM AGAINST ME. REFER TO VIDEO FOOTAGE.

#### 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 inside the thumb drive

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLZ2908P  
Vehicle Manufacturer ..... Honda  
Vehicle Model ..... VEZEL 1.5S CVT  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private car  
Name of Driver ..... ALARENCE ANG  
Contact Number ..... (Phone) +65-98894929  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... 2

#### PASSENGER 1

Name ..... Passenger 1  
Gender ..... Female

**SKETCH PLAN****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 Authorised 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. The 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.
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

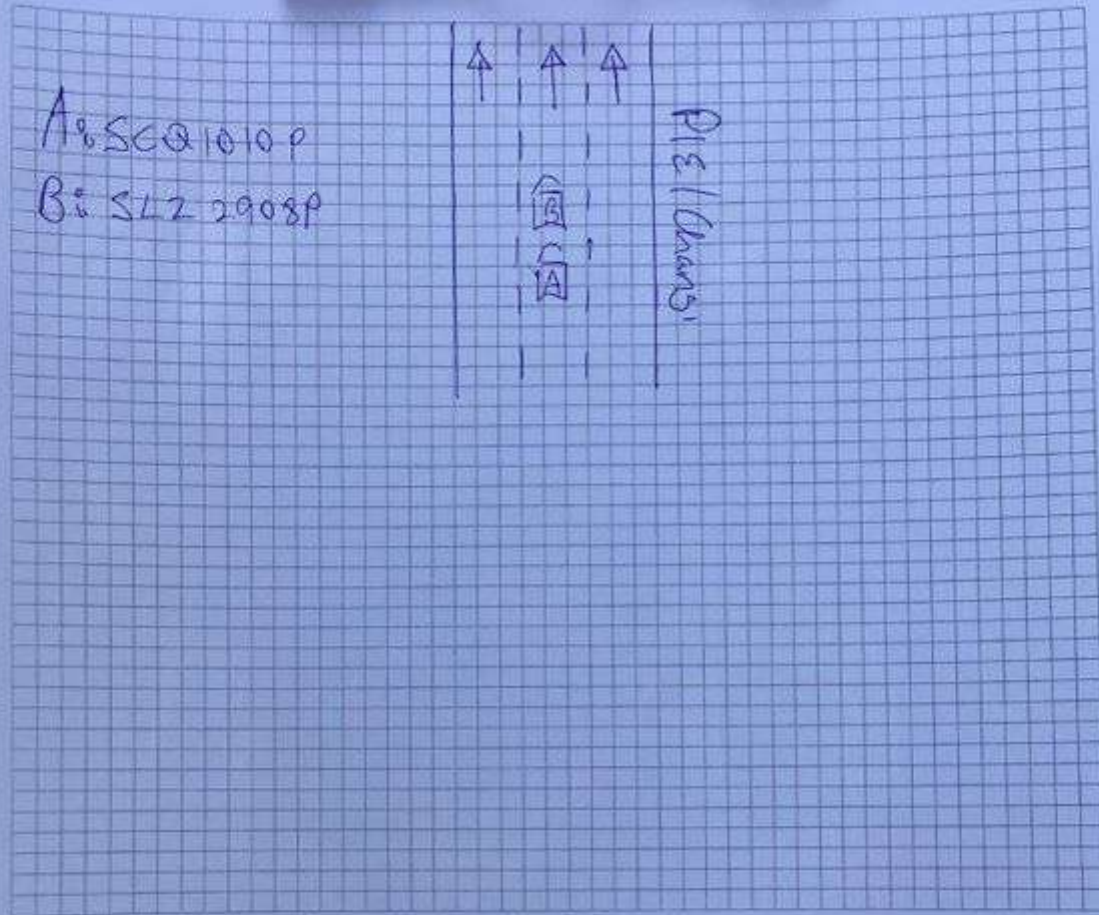
 Witnessed By Reporting Officer  
Aizam Bin Atan

 Witnessed by Reporting Centre  
Personnel
**Sketch Plan**

REFER TO ATTACHED ACCIDENT DIAGRAM

ACCIDENT DIAGRAM

Ver. Jun2022



Policyholder's Signature / Date & Time

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

Witnessed By Reporting Officer  
Aizam Bin Alan

Witnessed by Reporting Centre  
Personnel

AIA X MARSPTE LTD

**Describe Circumstances of the Accident**

TRAVELLING ALONG PIE/CHANGI, WAS ON THE 2ND LANE GOING STRAIGHT. SAW FRONT VEHICLE SLOWED DOWN AND STOPPED. HENCE I APPLIED BRAKE AND STOPPED IN TIME. ME AND MY PASSENGER NEVER FELT ANY IMPACT. SUDDENLY THE DRIVER OF THE FRONT VEHICLE CAME OUT. HE CLAIMED THAT MY VEHICLE HAS MADE CONTACT WITH HIS VEHICLE. I INSPECTED MY VEHICLE AND THERE WAS NO VISIBLE DAMAGED ON MY VEHICLE FRONT PORTION. I DID ASKED THE DRIVER ABOUT THE INJURY FOR BOTH OF THEM. HE JUST SHOOKED HIS HEAD AS TELLING ME AS THERE WAS NOBODY WAS INJURED. FEW MINUTES LATER, THERE WAS A GUY CAME AND APPROCHED US. BUT THE POLICE ARRIVED THE GUY QUICKLY MOVE OFF. THE POLICE ASKED US, IS THERE ANYONE INJURED. HENCE THERE WAS NOBODY WAS INJURED, THE POLICE TOLD TO SETTLE AMONG OURSELF OR GO THROUGH INSURANCE. BEFORE WE BOTH MOVE OFF, I TOLD THE DRIVER TO CALL ME IF HE FILLING THE REPORT. WHEN I LOOKED BACK AT MY VIDEO FOOTAGE. THERE WAS NO IMPACT DUE TO I MANAGED TO STOP IN TIME. AND I SAW THE SAID VEHICLE HAS ALREADY VISIBLE DAMAGED. DUE TO I NEVER FELT ANY IMPACT HENCE I NEVER REPORT TO MY INSURANCE COMPANY. SUDDENLY I RECEIVED A LETTER FROM MY INSURANCE COMPANY SAYING THAT THE OTHER PARTY TRYING TO CLAIM AGAINST ME. REFER TO VIDEO FOOTAGE.

**Declaration**

We declare the foregoing particulars are true in every respect.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed By Reporting Officer  
Aizam Bin Atan

\_\_\_\_\_  
Witnessed by Reporting Centre  
Personnel































