

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 19/01/2023 17:46 (SGT)
Reported by Driver
Date of Accident 18/01/2023 13:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information KIM KEAT ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKJ288D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG LAY CHOO
NRIC No SXXXX232J
Email Address venus.yap38@gmail.com
Mobile Phone No (Phone) +65-96206011
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model Gla200
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 1595

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V04524/VPC/R00

DRIVER

Name of Driver VENUS YAP YU YING
NRIC No SXXXX456C
Date Of Birth 29/03/1995
Occupation Indoor

Date Of Driving Pass	26/05/2014
Driving experience	8 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97777235
Alt. Phone Number	-
Email Address	venus.yap38@gmail.com
Address	5 JALAN AMPAS
Address complement	# 10-01
Postcode	329506
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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

PLEASE REFER TO THE ATTACHED STATEMENT.

PICTURES WERE TAKEN BY DRIVER. BECAUSE AT FIRST THE OTHER PARTY SAID WON'T BE REPORTING SINCE NO SEVERE DAMAGE BUT END UP THE OTHER PARTY REPORTED SO IT WAS SEND FOR POLISHING BEFORE REPORTING.

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	SHC2295S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver -
Contact Number -
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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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.

on behalf

 17 Jan 2023

Policyholder's Signature / Date & Time

 17 Jan 2023

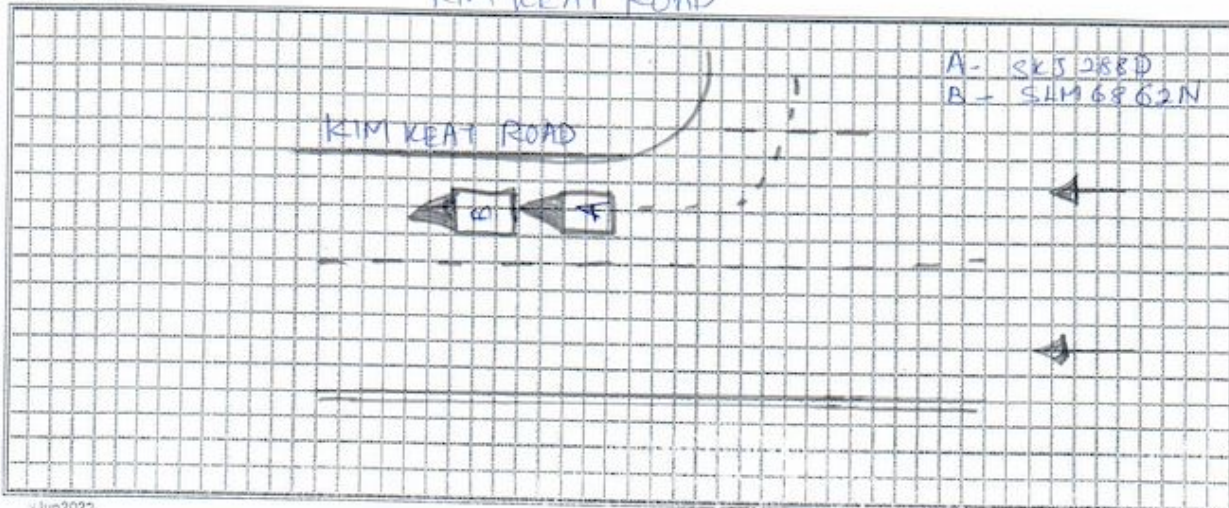
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 19/1/23

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

Sketch Plan

KIM KEAT ROAD



Describe Circumstance of the Accident

~~I was at Kim Keat Road~~ I was at Lorong Ampas driving out to Kim Keat Road. The traffic was a little heavy. Vehicle B was in front of me, and I was waiting for the traffic light to turn green. When the traffic turns green vehicle B moves a little and I follow suit but end up hitting his rear portion of the vehicle. I came out of my car and see that the damages was very minor on both car. Vehicle B owner says nothing after seeing the damages. He only took photo of my vehicle and said its for his Company. In case need to do settlement. He also told me that he will be not reporting since there's no severe damage but end up reporting. I am just making ~~my~~ this report for my safety purpose and also for my Insurance.

Declaration

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

Du behalf

[Signature] 19 Jan 2023

Policyholder's Signature / Date & Time

[Signature] 19 Jan 2023

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

[Signature] 19/1/23

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









