

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	26/01/2023 08:12 (SGT)
Reported by	Both
Date of Accident	20/01/2023 18:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KEPPEL ROAD HEADING TO WEST COAST HIGHWAY (NEAR LAMPOST 30)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP226M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHRIS VOO HONG PING
NRIC No	SXXXX225J
Email Address	voochris@yahoo.com.sg
Mobile Phone No	(Phone) +65-96665392
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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	2356

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V11099/VPC/R00

DRIVER

Name of Driver	CHRIS VOO HONG PING
NRIC No	SXXXX225J
Date Of Birth	06/10/1974

Occupation	Indoor
Date Of Driving Pass	24/01/1994
Driving experience	29 YEARS
Gender	Male
Mobile Number	(Phone) +65-96665392
Alt. Phone Number	-
Email Address	voochris@yahoo.com.sg
Address	68 WEST COAST ROAD
Address complement	# 05-92
Postcode	126830
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	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?	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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF635M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	AHMAD FAHEEN BIN MOHAMED RAZALI
NRIC No	SXXXX554A
Contact Number	(Phone) +65-93710692
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.

[Signature]
Policyholder's Signature / Date & Time

25/1/2023 @ 1200 hr

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

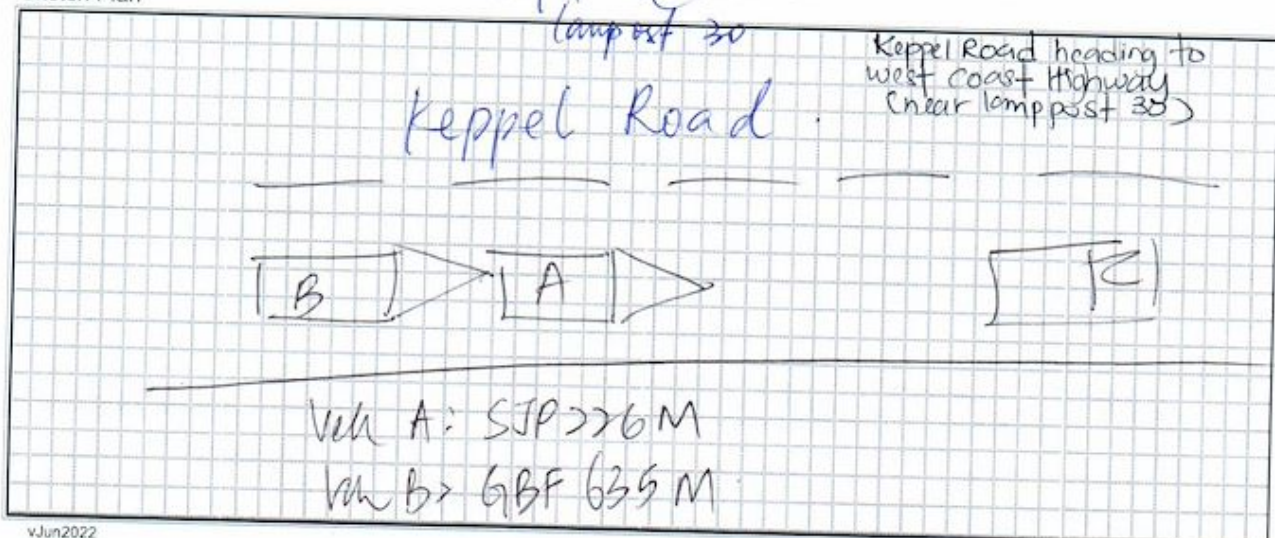
25/1/2023 @ 1200 hr

[Signature]

26/01/2023

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

Sketch Plan



vJun2022

1

Describe Circumstance of the Accident

On 20/1/2023 at about 7.50pm, I was driving along Keppel Road & heading towards West Coast Highway (near Keppel Drivepark). Then red car in front of me I braked and flicked left and I saw that a vehicle had stopped in front. As I braked to slow down, a van bearing vehicle number 98F635M hit me from behind.

my vehicle (S: SJP 226 M) damaged on its rear portion.

After the accident, we left the scene. The next day, I felt discomfort so I monitor but still feel pain on my body, numbness left fingers, headache and dizziness. I went to Gleneagles Hospital and was referred to Orthopedic. waiting for clinic to open.

Declaration

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


Policyholder's Signature / Date & Time


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

 26/01/2023
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













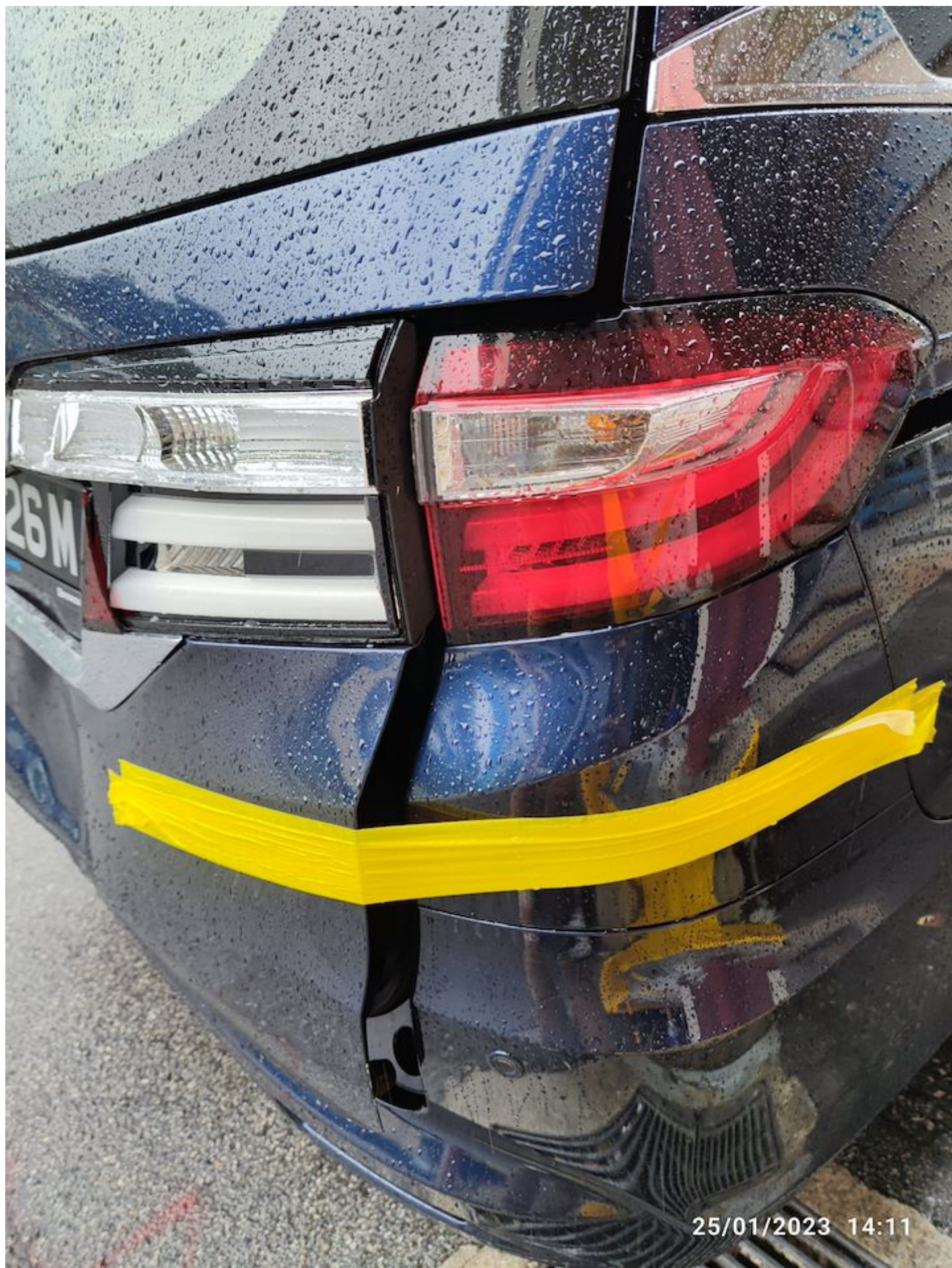




















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

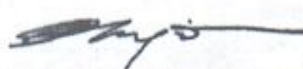
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

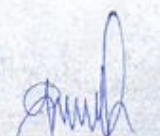
Original Report No: SN09231Q0001 Vehicle Registration No: SJP226M
 Name (as shown in NRIC): Chris Voo Hong Ping NRIC/FIN/Passport No: S7433225J
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 68 WEST COAST ROAD #05-92 Singapore (126830)
 Contact (Tel): - Mobile No.: 96665392
 Email Address: Voochris@yahoo.com.sg
 Date of Accident: 20/1/2023 Time of Accident: 6.50pm
 Place of Accident: Keppel Road heading towards West Coast Highway
 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:

The time of accident should be around 6.50pm, and not 7.50pm.


 Policyholder / Actual Driver's Signature
 Date:

 27/1/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: