

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 16:35 (SGT)
Reported by Driver
Date of Accident 18/01/2023 16:05 (SGT)
Exact Location of Accident Still Rd S & Marine Parade Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBA7557K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner OCL BUILDING SERVICES PTE LTD
Company Reg No 200306919H
Email Address roland.tiong01@gmail.com
Mobile Phone No (Phone) +65-90293474
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Commercial vehicle
Transmission Manual
CC 3000

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SD22V16610/VCV/R00

DRIVER

Name of Driver CHOCKKIAH SENTHILKUMAR
Passport No/FIN G7387728N
Date Of Birth 26/05/1982
Occupation Indoor

Date Of Driving Pass	17/09/2008
Driving experience	14 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90293474
Alt. Phone Number	-
Email Address	roland.tiong01@gmail.com
Address	3018 BEDOK NORTH STREET 5
Address complement	#01-03
Postcode	486132
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 SKETCH PLAN ATTACHED

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	SMX2063A
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

IMPORTANT NOTICE

1. This form is to be completed by the Policyholder and/or the Actual Driver.
2. The insurer's presence must be as full and complete as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to repudiate policy liability.
3. The insurer's acceptance of this form by its insurer's company is not an admission of policy liability on the part of the insurer's company.
4. **Any false reporting may be referred to the Traffic Police Department for investigation.**
5. This report will be forwarded by the insurer to 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.
6. By the acceptance of this report to the insurer, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
7. **Consent under the Personal Data Protection Act (PDPA)**
 - (i) I, the undersigned, acknowledge, agree and consent that (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may/are permitted to collect, store, disseminate, 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:
 - (a) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (b) investigating the accident and/or my claims;
 - (c) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (d) administering my claims (including the making 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
 - (e) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 (collectively the "Purposes")
 - (ii) 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
 - (iii) My Personal Information may 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.

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C. S. K. K.

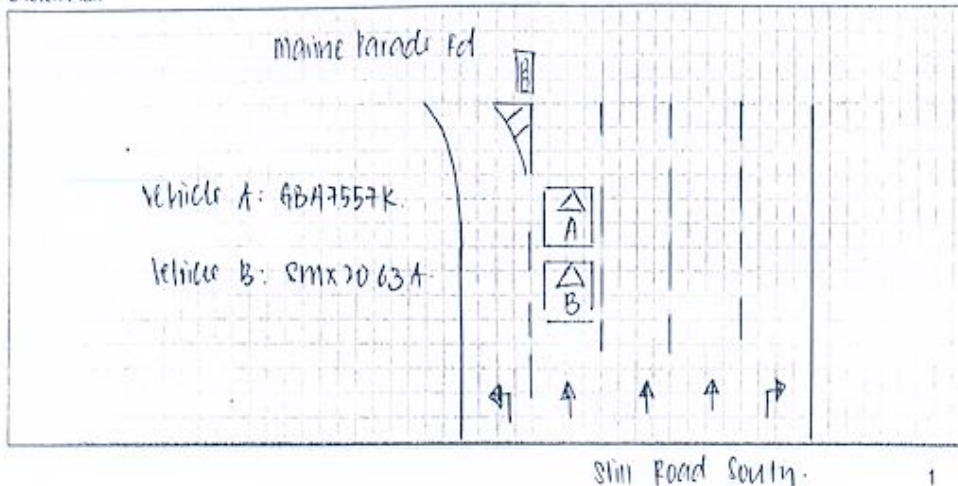


Policyholder's Signature / Date & Time

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

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

Sketch Plan



Describe Circumstance of the Accident

On the stated date & time, I, vehicle 'A',
GBA7557 K, was stationary along the stated venue
due to red light. About 10 seconds later, I felt
an impact on my vehicle's rear portion.

Declaration

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

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Policyholder's Signature / Date & Time

C. S. I. F. 2

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



Witnessed by Reporting Centre Personnel
(Name as in NPIS/IO card)

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