

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	08/02/2023 16:30 (SGT)
Reported by	Driver
Date of Accident	07/02/2023 23:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TAMPINES AVENUE 9 & TAMPINES AVENUE 10 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH10Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LI SHI
NRIC No	SXXXX953C
Email Address	clementbr88@gmail.com
Mobile Phone No	(Phone) +65-91002377
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Amg
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	3982

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V15421/VPC/R00

DRIVER

Name of Driver	CLEMENT TAN HAO FENG
NRIC No	SXXXX196C
Date Of Birth	28/03/1995
Occupation	Indoor

Date Of Driving Pass	20/10/2014
Driving experience	8 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84364781
Alt. Phone Number	-
Email Address	clementbr88@gmail.com
Address	52 HIGHGATE CRESCENT
Address complement	-
Postcode	598833
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Side Swipe
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?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE5280A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHENG RUI
Passport No/FIN	GXXXXX637L

Contact Number	(Phone) +65-98606644
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

IMPORTANT NOTICE

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers 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.
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.
- (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

[Signature] 8/2/2023
Policyholder's Signature / Date & Time

[Signature] 8/2/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

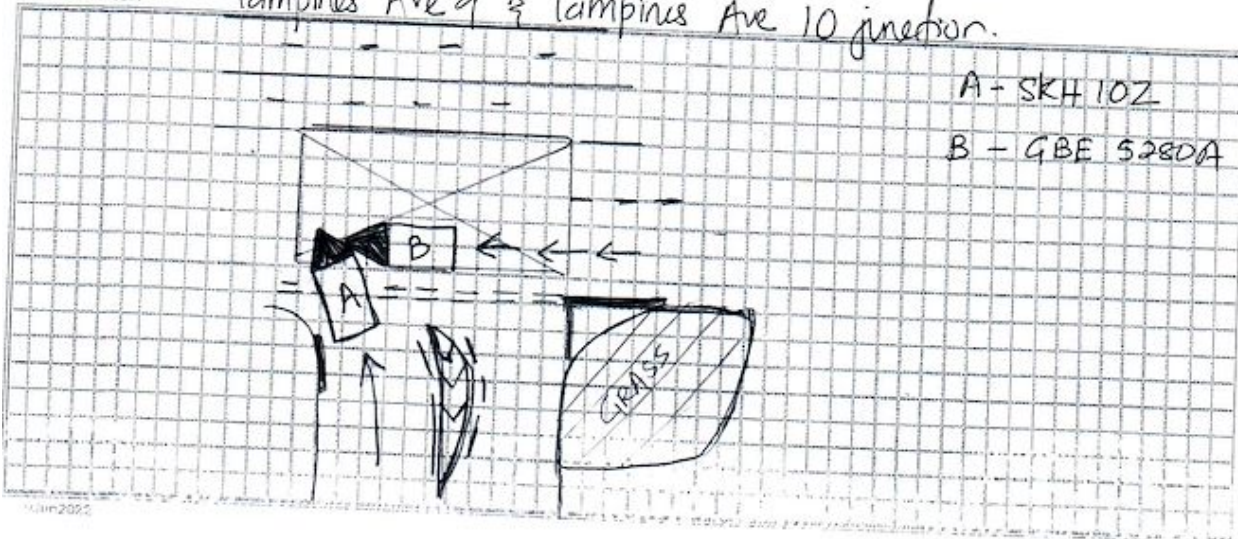
[Signature] 8/2/2023
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan

Tampines Ave 9 & Tampines Ave 10 junction.

A - SKH 102

B - GBE 5280A



Describe Circumstance of the Accident

I was heading towards the filter lane when I saw a van travelling at high speed, the next moment the van hit my vehicle right rear door.

Declaration

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

on behalf

 8/2/2023
Policyholder's Signature / Date & Time

 8/2/2023
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

 8/2/2023
Witnessed by Reporting Centre (Name as in NRIC/IC 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: SN092328 0006 Vehicle Registration No: SKH 102
 Name (as shown in NRIC): Clement Tan Hao Feng NRIC/FIN/Passport No: S9511196C
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: 52 Highgate Crescent Singapore (598833)
 Contact (Tel): _____ Mobile No.: _____
 Email Address: clementbr88@gmail.com
 Date of Accident: 07/02/2023 Time of Accident: 23:30
 Place of Accident: Tampines Avenue 9 & Tampines Avenue 10 junction
 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 to own damage claim

[Signature] 23/2/2023
 Policyholder / Actual Driver's Signature
 Date:

[Signature] 23/2/23
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

