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 witholding 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.

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 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 27/02/2023 18:10 (SGT) Reported by Date of Accident 27/02/2023 12:06 (SGT) Exact Location of Accident Singapore Additional Location Information PIE HEADING TO CHANGI AIRPORT Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBK8066B

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner KUND SENG CHOON SERVICES Company Reg No 5XXXX160A Email Address jasonwong@kscservices.com.sg Mobile Phone No (Phone) +65-94887218 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

No - Reporting only your vehicle? Vehicle Category Commercial vehicle Transmission Manual CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SI22V15786/VCH/R01

DRIVER

Name of Driver **CHUA AIK PHUE** NRIC No SXXXX149A Date Of Birth 05/04/1963 Occupation Outdoor

Date Of Driving Pass 03/03/1988 Driving experience 34 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-94887218 Alt. Phone Number Email Address jasonwong@kscservices.com.sg Address APT BLK 53 SIMS PLACE Address complement # 03-150 Postcode 380053 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 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) 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? Nο 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 FILE TOO BIG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ8424G
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Motorcycle
Name of Driver	-

Contact Number	(Phone) +65-91116310
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YP1053K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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- 5. Any bise reporting may be referred to the Traffic Police Department for investigation.
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- 7. By the Adgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the
- B. Con sem funder the Personal Data Protection Act (PDPA)

Lundersta Inc. acknowledge, agree and consent that:

- (a) My Ins (JF#, 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 inferred 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 retailing to
- (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) administrating my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of tetain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail
- (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/ere permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (o) my Parsonal information mayican be disclosed by any of the insurers and/or GIA to their third-party service providers or agents (including the li lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

olloyholder's Signature / Date & Time

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

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

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