

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 20/03/2023 15:35 (SGT)
Reported by Driver
Date of Accident 03/03/2023 08:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information 808 FRENCH ROAD MULTI-STOREY CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ3942K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ARIKI SEAFOOD PTE LTD
Company Reg No 2XXXXX579H
Email Address arikisf@singnet.com.sg
Mobile Phone No (Phone) +65-62916655
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V12499/VCV/R01

DRIVER

Name of Driver LIM TIAN TECK
NRIC No SXXXX742F
Date Of Birth 31/12/1966
Occupation Outdoor

Date Of Driving Pass	01/08/1984
Driving experience	38 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96388798
Alt. Phone Number	-
Email Address	arikisf@singnet.com.sg
Address	APT BLK 819 YISHUN STREET 81
Address complement	# 02-668
Postcode	760819
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	No Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

SKETCH PLAN

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4. The ~~issuance~~ issuance acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any ~~report~~ reporting may be referred to the Traffic Police Department for investigation.
6. This report ~~will~~ 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 ~~issuance~~ issuance 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~~ being made available aforesaid.
8. Consent ~~under~~ under the Personal Data Protection Act (PDPA)
I understand ~~and~~ and acknowledge, agree and consent that:
(a) My insurer/s and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process any 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 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/are disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including the Insurers' lawyers/law firms, which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

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

Sketch Plan

808 French Road Multi-Storey Carpark

A - G8J 3942K
B - SGV 8199J

No sketch as there was no collision involved for this vehicle

Describe Circumstances of the Accident

I Received a letter from the Insurance stating that my vehicle GBJ 3942K Involved in an accident with SGV 8199J. But As far as I know, my vehicle did not Involved in any accidents. I am making this report for my safety purpose.

Declaration
We declare that the above particulars are true in every respect.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
Name as in (RCA/2 card)

3022















TOYOTA MOTOR CORPORATION JAPAN

MODEL KDY231R-TLMKY

ENGINE 1KD-ETV

FRAME No. JTFAT35Y40K21 2982 mL

COLOR

TRIM

PLANT

OPTION

8P0 EA13 P11

TRANS./AXLE

R451 A06B

360

0.5

XJ 74567-25041



**Liberty
Insurance**

Liberty Insurance Pte Ltd
51 Club Street
#03-00 Liberty House
Singapore 069428
Tel: (65) 6221 8611

Date :	13 MAR 2023	Liberty Ref :	IVS23/0528
Your Vehicle :	GBJ3942K	Policy No :	SI22V12499
Third Party Veh :	SGV8199J	Accident Date :	03 MAR 2023
Accident Location :	BLK 808 FRENCH ROAD MSCP		
To Insured :	ARIKI SEAFOOD PTE. LTD. 213 RANGOON ROAD SINGAPORE 218455		
Agent/Broker :	VIRTUAL INSURANCE AGENCIES PTE LTD		

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We acknowledge receipt of your accident report

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Please file an accident report at any of our Preferred Workshops or Reporting Centres urgently. Kindly ignore this letter if you have already submitted the report.

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We have received Third Party claim(s) against your policy.

If you have any additional information (photos/videos/witness) which would assist us in the handling of the claim, please revert within the next 5 working days. Should we not hear from you, we will proceed to handle the claim accordingly.

In the meantime, please forward any letters or court documents from third parties to our office. Kindly note that your No Claims Discount (NCD) may be affected as a result of this claim.

Please provide us with the following information where applicable

If you are submitting a claim against the third party insurer

If any of your passenger(s) has made a claim against the third party insurer

Traffic Police Investigation Report and any action taken against you or any other party including the final outcome.

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Section II / All Claims excess is payable _____

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Others Remarks:

Kindly provide driver of GBJ3942K's authorisation to drive at the time of accident.

Claims Handler	: YONG WENG HONG PATRICK	Email	: yong.patrick@libertyinsurance.com.sg
Contact No	: 1800 5423 789		