

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 21/04/2023 15:31 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 20/04/2023 17:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information NORTH BRIDGE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMG8977M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM KIAN KEONG (SHEN JIANQIANG)
NRIC No SXXXX675Z
Email Address jerrysim11@gmail.com
Mobile Phone No (Phone) +65-96817484
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V16682/VPC/R04

DRIVER

Name of Driver SIM KIAN KEONG (SHEN JIANQIANG)
NRIC No SXXXX675Z
Date Of Birth 03/04/1979
Occupation Indoor

Date Of Driving Pass	03/01/2009
Driving experience	14 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96817484
Alt. Phone Number	-
Email Address	jerrysim11@gmail.com
Address	BLK 70 PHOENIX ROAD
Address complement	# 19-19
Postcode	667973
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	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	SNE9444B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number (Phone) +65-86132872
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SIM KIAN KEONG (SHEN JIANQIANG)
Gender Male
Phone No (Phone) +65-96817484
Address BLK 70 PHOENIX ROAD
Address Complement # 19-19
Post Code 667973
Approximate Age Years Old -
Injuries Sustained NECK AND SHOULDER PAIN
Injured person in which vehicle? SMG8977M
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

I hereby authorise your goodself to send my accident report to my workshop via email :
Email : huameng@live.com.sg

Signature : Yan X

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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.

X

Policyholder's Signature / Date & Time

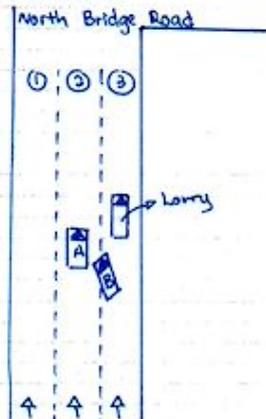
X

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

Witnessed by Reporting Centre Personnel

21/4/23

Sketch Plan



A : SM 8 8977 M

B : SNE 9444 B

















