

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 26/05/2023 13:40 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 25/05/2023 13:56 (SGT)
Exact Location of Accident Singapore
Additional Location Information SERANGOON ROAD UNDER WOODSVILLE FLY OVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF7849L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HONG WENLIN
NRIC No S8413580A
Email Address HONG.WENLIN84@GMAIL.COM
Mobile Phone No (Phone) +65-98513687
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Elantra
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 0

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V16932/VPE/R00

DRIVER

Name of Driver HONG WENLIN
NRIC No S8413580A
Date Of Birth 21/05/1984
Occupation Indoor

Date Of Driving Pass	03/11/2006
Driving experience	16 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98513687
Alt. Phone Number	-
Email Address	HONG.WENLIN84@GMAIL.COM
Address	624A WOODLANDS DRIVE 52 #11-01
Address complement	-
Postcode	731624
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	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

REFER TO 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	SLL8256X
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

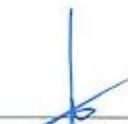
IMPORTANT NOTICE

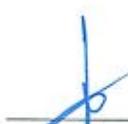
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 :

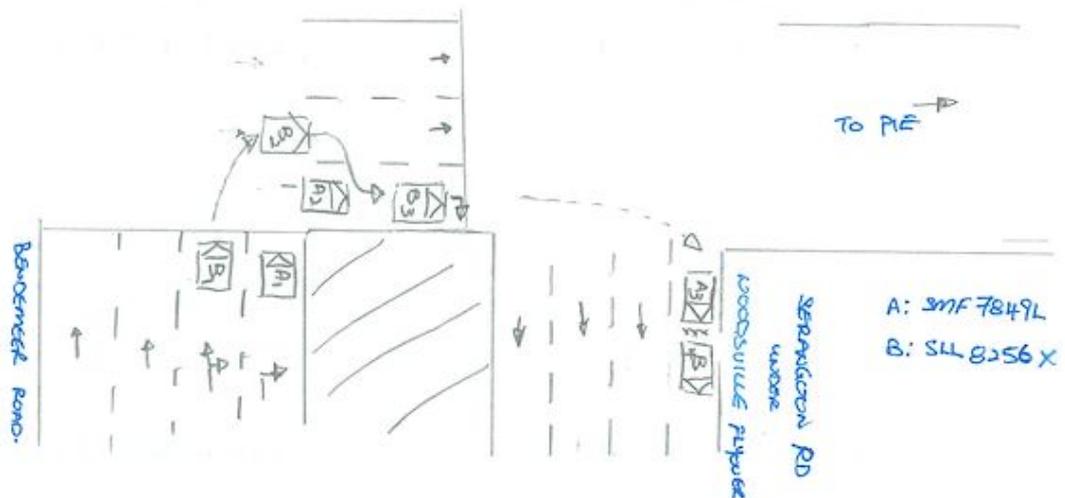
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.


 Policyholder's Signature / Date & Time


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

 Witnessed by Reporting Centre Personnel

Sketch Plan

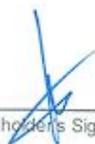


Describe Circumstances of the Accident

I WAS ON THE RIGHT MOST LANE OF 4 LANES ALONG BENDMEER ROAD, WHEN THE TRAFFIC LIGHT TURNED GREEN I PROCEEDED TO MAKE A RIGHT, WHILE TURNING RIGHT ONE M/CAR SLL 8256X SUDDENLY ENCRACHED INTO MY PATH, I APPLIED MY BRAKE AND SOUND MY HORN. THE SAID M/CAR SLL 8256X CAME INFRONT OF MY VEHICLE. WHEN THE TRAFFIC LIGHT WAS GREEN FOR SERANGOON ROAD, MY VEHICLE FOLLOWED BEHIND THE SAID M/CAR FOR MORE THAN ONE CAR LENGTH AWAY, SOMEWHERE UNDER THE WOODSVILLE FLYOVER, M/CAR SLL 8256X SUDDENLY FOR NO REASON JAMMED HIS BRAKE AND STOP, THUS RESULTING MY VEHICLE TO COLLIDED ONTO THE REAR PORTION OF M/CAR SLL 8256X. I WOULD LIKE TO STATE THAT M/CAR SLL 8256X SUDDENLY JAMMED HIS BRAKE WHEN THERE WAS NO VEHICLES IN FRONT OF HIM. SAID M/CAR SLL 8256X WAS SEEN ENCRACHING MY PATH ABRUPTLY AND THEN SUDDENLY JAMMED BRAKE TO CAUSE THE ACCIDENT.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time


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

Witnessed by Reporting Centre Personnel



















