

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	07/06/2023 11:50 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLOCK 505 TAMPINES CENTRAL 1 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU9807C
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	PHUA MEI YUN (PAN MEIYUN)
NRIC No	SXXXX599A
Email Address	victorloh7@gmail.com
Mobile Phone No	(Phone) +65-96185901
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
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	1797

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V14982/VPC/R05

DRIVER

Name of Driver	LOH KOK WEE (LUO GUOWEI)
NRIC No	SXXXX127Z
Date Of Birth	17/10/1986
Occupation	Indoor

Date Of Driving Pass	23/08/2005
Driving experience	17 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88884794
Alt. Phone Number	-
Email Address	victorloh7@gmail.com
Address	APT BLK 518C TAMPINES CENTRAL 7
Address complement	# 06-60
Postcode	523518
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	Collided into Parked Vehicle
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	GBC8234A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	FRANCIS SOOSAIRAJ
Passport No/FIN	GXXXX635U

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

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 Authorised 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. The 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.
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;




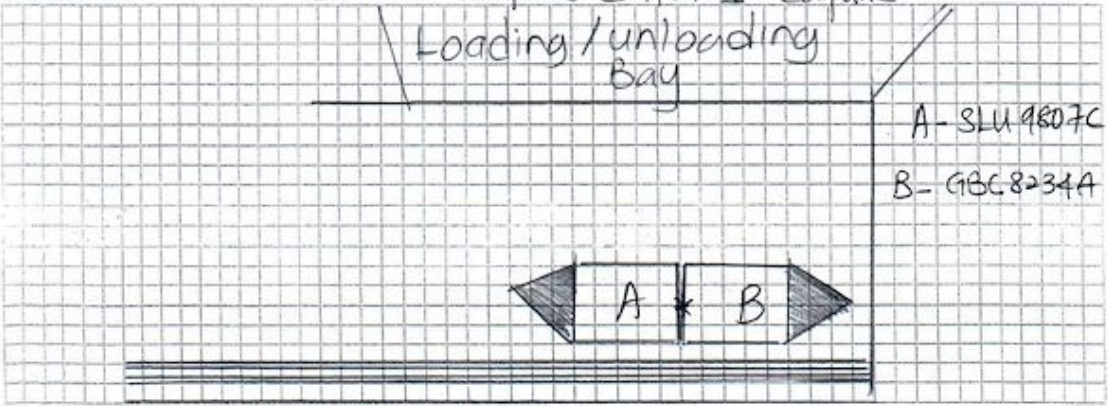
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.

<p>on behalf  6 June 23, 1655</p> <p>Policyholder's Signature / Date & Time</p>	<p>  6 June 23, 1655 hrs</p> <p>Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>  7/6/2023</p> <p>Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> <p>Blk 505 Tampines Central 1 Carpark</p> <p>Loading/unloading Bay</p>  <p>A- SLU 9807C B- GBC 8234A</p>		



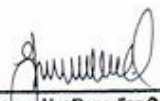
Describe Circumstance of the Accident

On 6 June 2023 at approximately 3pm, I was driving within BLK S45.
 Tampines Ctrl 1 Carpark, near loading/unloading bay. ^{After} I attempted to
 make a 3-point turn in front of the loading bay, I was about to
 move off towards the carpark gantry and felt a ^{sudden} impact from
 the rear of my vehicle. After which, I proceeded to check on the
 situation & realised that the vehicle (GBC 8234A) had reversed
 & bumped onto my vehicle's boot area. At the point of time,
 the vehicle had already moved forward from the collision (impact
 point). The driver particulars are:

1) Francis Soosairaj
 License no: G7648635A

Declaration

We declare the foregoing particulars are true in every respect.

<p>On behalf  6 June 23, 1655hrs</p>	<p> 6 June 23, 1655hrs</p>	<p> 7/6/2023</p>
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/ID card)













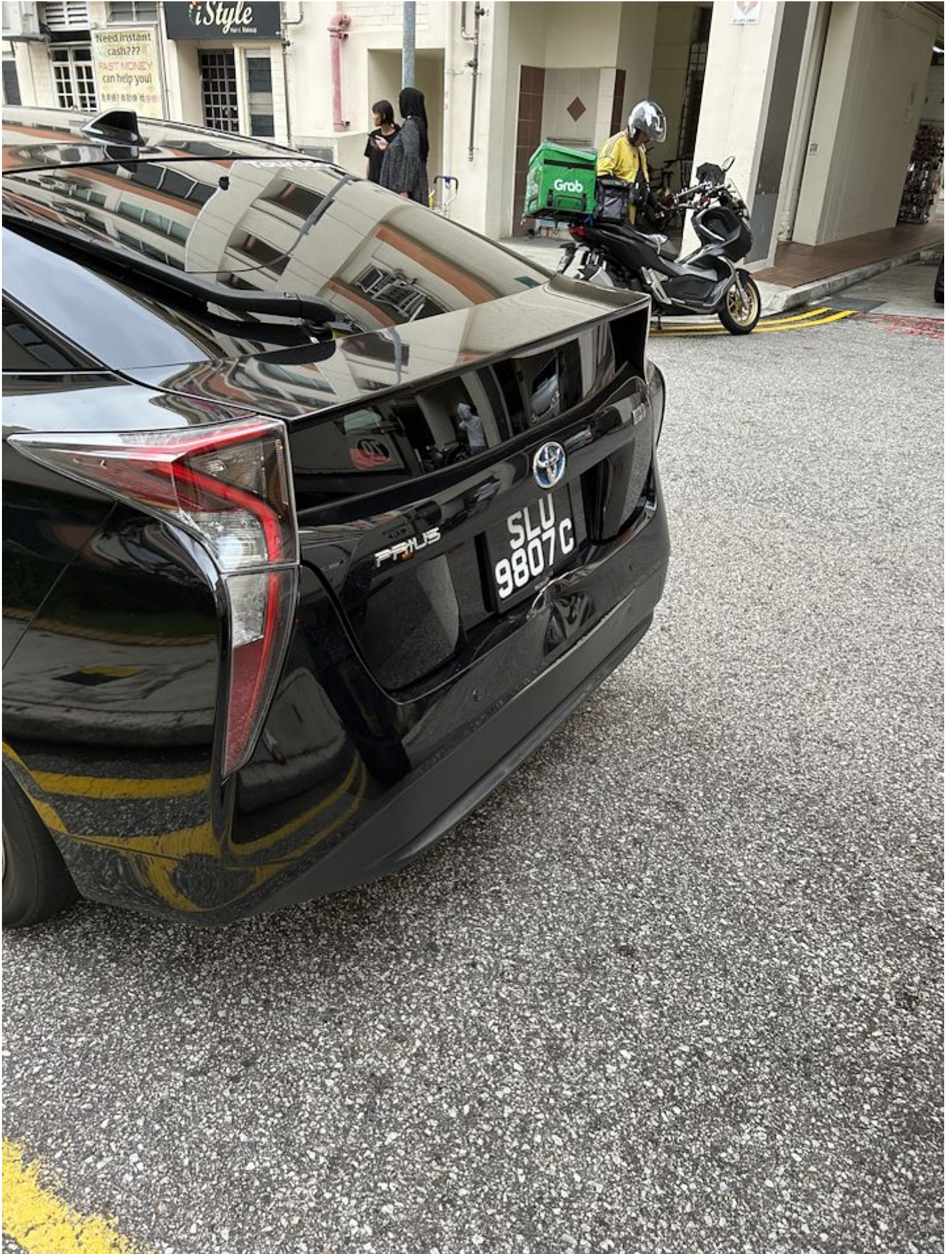


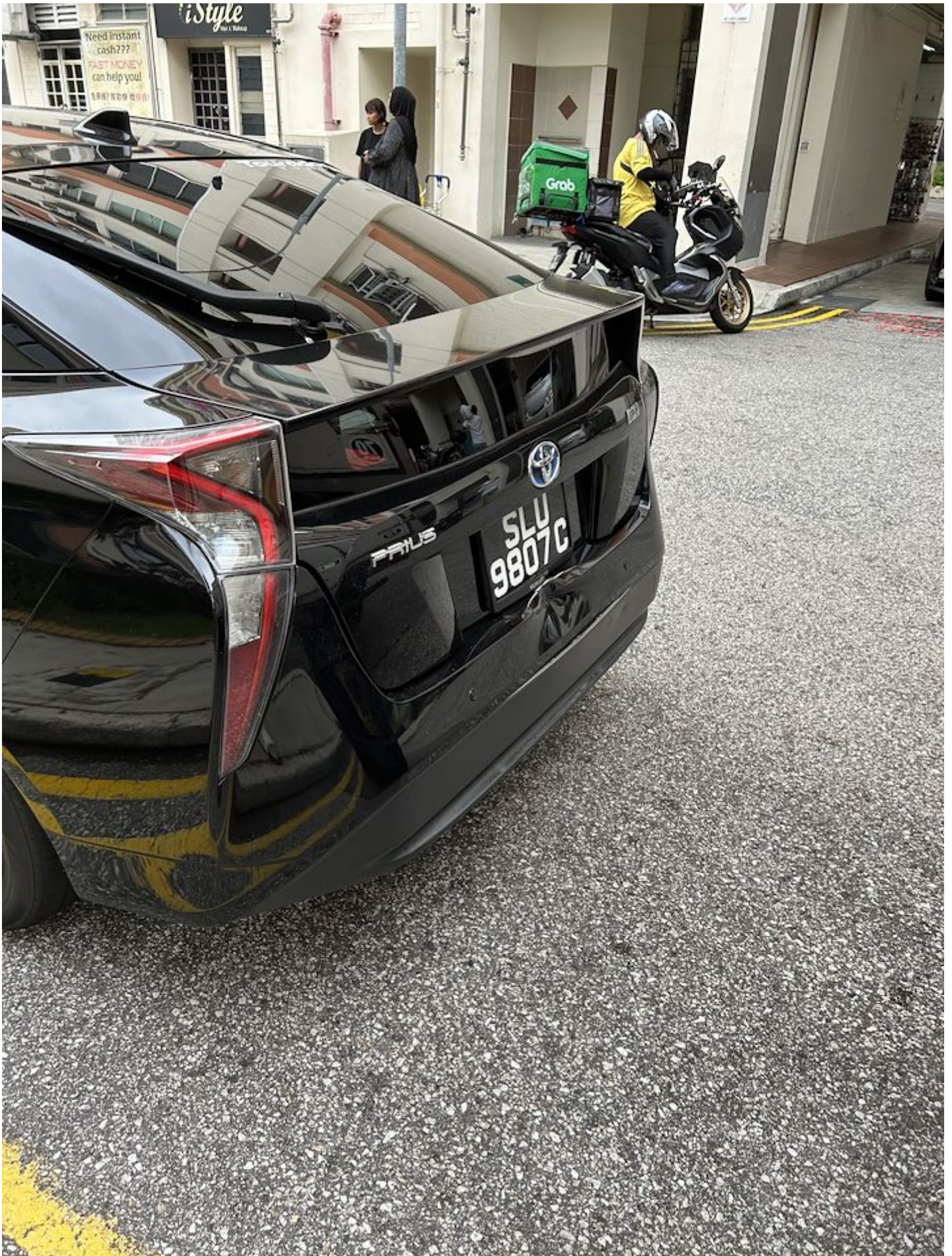
























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN0923670004 Vehicle Registration No: SLU 9807C
 Name (as shown in NRIC): loh kok wee (Luo guowei) NRIC/FIN/Passport No: 886301272
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: Apt Blk 518C Tampines Central 7 #06-60 Singapore (S23518)
 Contact (Tel): _____ Mobile No.: _____
 Email Address: victorloh7@gmail.com
 Date of Accident: 06/06/2023 Time of Accident: 15:00
 Place of Accident: Block 505 Tampines Central 1 Carpark
 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 upload accident scene photos

Policyholder / Actual Driver's Signature
Date:

Amend 7/6/23
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: