

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	20/06/2023 15:12 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 12:55 (SGT)
Exact Location of Accident	Tampines Industrial Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW3031J
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GOH HOCK SAN
NRIC No	SXXXX961B
Email Address	ku_cecilia@hotmail.com
Mobile Phone No	(Phone) +65-97533200
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	Cx-5
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	1998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12740/VPE/R00

DRIVER

Name of Driver	KU LEE KIANG
NRIC No	SXXXX785B
Date Of Birth	09/11/1959
Occupation	Indoor

Date Of Driving Pass	05/12/1988
Driving experience	34 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98239981
Alt. Phone Number	-
Email Address	ku_cecilia@hotmail.com
Address	BLK 161 PASIR RIS STREET 13 #03-03
Address complement	-
Postcode	1851
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	Collision - Head on 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	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)	2
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	-

PASSENGER 1

Name	TRIXIE LOW
Gender	Female

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 SKETCH PLAN

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	GBL9339C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	AZHARUL BIN ROKIMIN
Contact Number	(Phone) +65-90095329
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

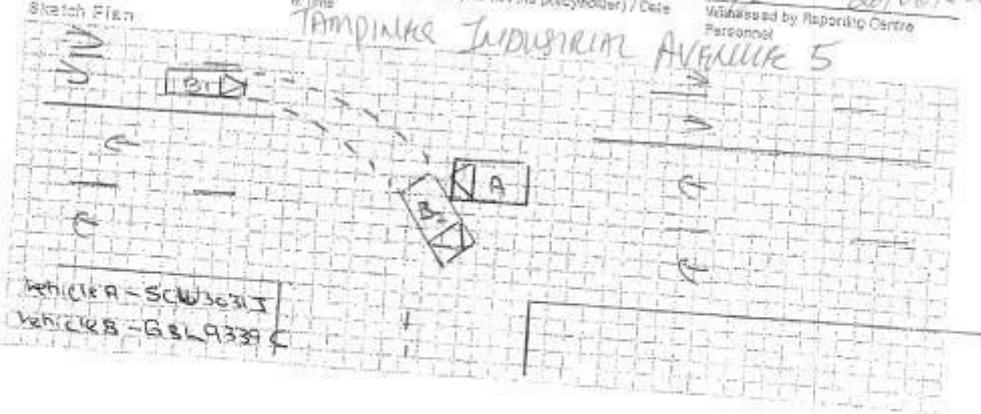
Name of injured person	KU LEE KIANG
Gender	Female
Phone No	(Phone) +65-98239981
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SCW3031J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 Insurers who have insured vehicle(s) involved in the accident (all Insurers) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers", the Insurers' law firms/firms, the Insurers' law firms, the Ministry 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/postal packages); and/or
(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' law firms/firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); 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 law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purpose(s).

Policyholder's Signature / Date & Time: [Signature]
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature]
 Witnessed by Reporting Centre Personnel: [Signature] 20/06/2023

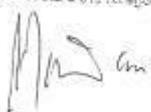


Describe Circumstances of the Accident

Traffic light was green, I was driving straight along Tampines Industrial Ave 5. Vehicle B from the ops lane turn into crescent road without stopping at the stop line and hit onto my front portion of my vehicle.

Declaration

I/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

 20/06/2023
Witnessed by Reporting Centre Personnel

















