

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 First Submission	26/07/2023 09:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	25/07/2023 10:12 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FROM PIE GOING TO KPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK647Y

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIN YONG (CAI JINRONG)
NRIC No	SXXXX628B
Email Address	elsonxchua@gmail.com
Mobile Phone No	(Phone) +65-84181618
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1591

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V03326/VPE/R02

DRIVER

Name of Driver	CHUA CHIN YONG (CAI JINRONG)
NRIC No	SXXXX628B
Date Of Birth	14/03/1976
Occupation	Indoor

Date Of Driving Pass	06/08/1996
Driving experience	26 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-84181618
Alt. Phone Number	-
Email Address	elsonxchua@gmail.com
Address	490A CHOA CHU KANG AVENUE 5
Address complement	# 11-253
Postcode	681490
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	Chain 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	3
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?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE6637E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN YUAN JIN
NRIC No	SXXXX078C

Contact Number	(Phone) +65-93393375
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ2945S
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

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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 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.

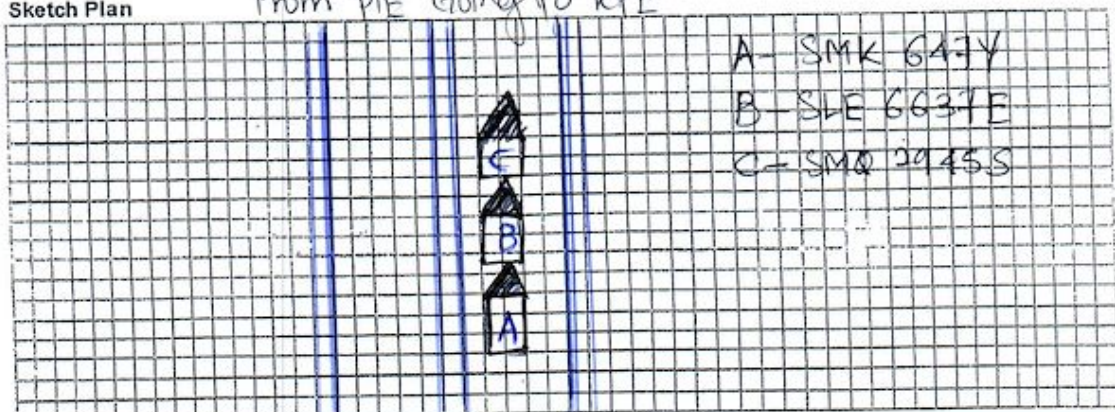
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan


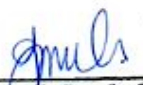
From PIE Going to KPE



Describe the Circumstance of the Accident

On the above stated date and time, I was from
 PIE going to KPE. I was on the first lane.
 Vehicle C put on a firm brake and vehicle B
 couldn't stop on time and hit vehicle C and I was
 behind vehicle B, and I couldn't stop on time upon
 seeing his firm brake and I bang onto the rear
 portion of vehicle B. It was a three car chain
 collision.

Declaration
 We declare the foregoing particulars are true in every respect.

 Policyholder's Signature / Date & Time	25-07-23 Actual Driver's Signature (if driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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WJA2022

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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: SN09237Q0001 Vehicle Registration No: SMK 647Y
 Name (as shown in NRIC): Chua chin yong NRIC/FIN/Passport No: S7610628B
 (~~Vehicle Driver/Policyholder~~) (*) Please delete as appropriate
 Address: 490A Choa Chu Keng Avenue 5 # 11-253 Singapore (681490)
 Contact (Tel): _____ Mobile No.: 8418 1618
 Email Address: elsohxchua@gmail.com
 Date of Accident: 25/07/2023 Time of Accident: 10:12
 Place of Accident: from PIE going to KPE
 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 add vehicle property 2- SMQ 294SS

Policyholder / Actual Driver's Signature
 Date:

Amul 27/7/2023
 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: