

# 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 .....	25/10/2024 20:36 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	25/10/2024 08:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ROCHOR ROAD FU LU SHOU COMPLEX
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLD8621S
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GWENDOLINE TEO
NRIC No .....	SXXXX411G
Email Address .....	GWENTO@YAHOO.COM
Mobile Phone No .....	(Phone) +65-96372541
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mazda
Model .....	5
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	-
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
Vehicle Fuel .....	-
First Registration Date .....	-
Chassis no .....	-
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	-

### DRIVER

Name of Driver .....	SIN JOO SIONG
NRIC No .....	SXXXX648H
Date Of Birth .....	22/06/1972
Occupation .....	Indoor
Driving Pass Date .....	05/12/1997
Driving License Pass Class .....	3
Driving License Validity .....	Valid
Driving experience .....	26 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97566861
Alt. Phone Number .....	-
Email Address .....	MARCUSSIN@YAHOO.COM
Address .....	521 YIO CHU KANG ROAD
Address complement .....	-
Postcode .....	-
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 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
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 .....	GWENDOLINE TEO
Gender .....	Female

#### PASSENGER 2

Name .....	ESTELLE SIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

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 ..... SHD8806Z  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... -

**INJURED PERSONS DETAILS**

INJURED 1

Name of injured person ..... -  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... -  
 Injured person in which vehicle? ..... SLD8621S  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.

*[Handwritten Signature]* 25/10/24

Policyholder's Signature / Date & Time

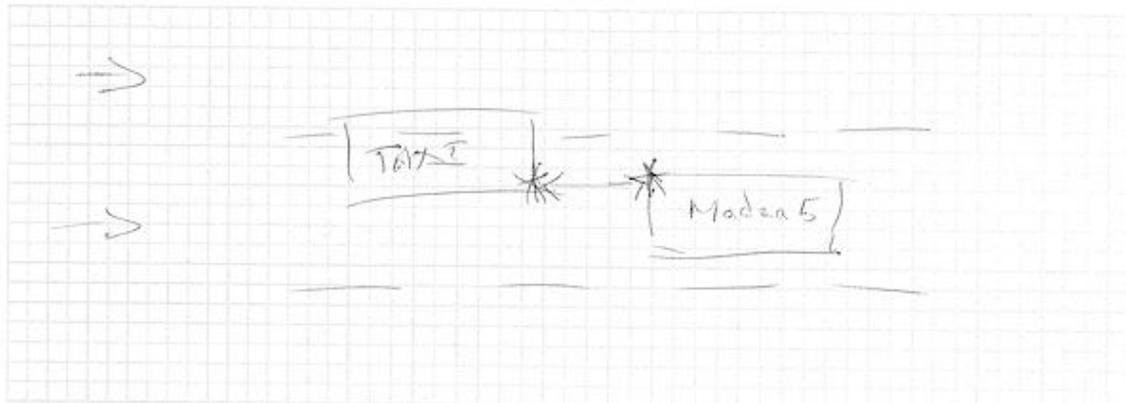
*[Handwritten Signature]* 25/10/24

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

*[Handwritten Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

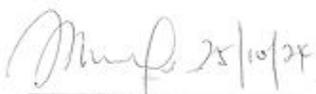
On 25/10/24 at about 8am while driving along Rother Road (passing by Fuku Shen complex), there was intermittent stopping and moving of cars on the lane I was driving.

Even though the traffic was relatively clear, there was a point of time when the lane I was driving along slowed down to a stop.

After my car had stopped, about 5 seconds later my car was hit by a taxi on the rear left hand impact.

**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

  
 Witnessed by Reporting Centre Personnel

















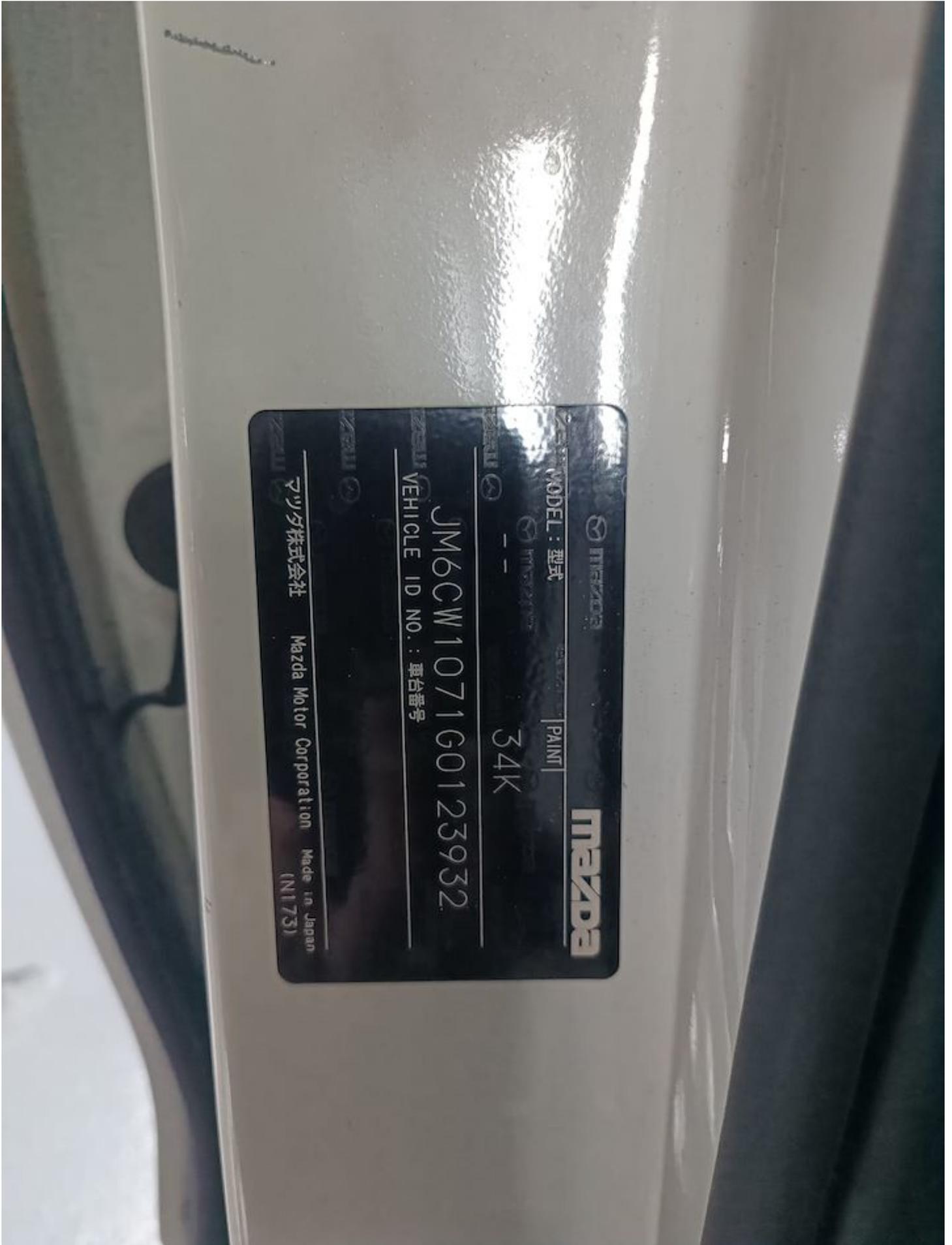
















**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4

Report No. T/20241025/2023

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/10/2024 09:38	Vide Report No.:	Station Diary No.: 30
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**Informant's Particulars**

Name of Informant: SIN JOO SIONG			Address: 521 YIO CHU KANG ROAD #04-86 SINGAPORE 787086		
ID Type / ID No.: NRIC NO / S7222648H			Contact No.: Home/Office: Mobile: 97566861		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 22/06/1972	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: BUSINESS OWNER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/10/2024 08:00	Type of Location: Straight Road
Location: ROCHOR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SHD8806Z	Motor car	MERCEDES BENZ	V220D LONG AT	White		0
SLD8621S	Motor car	MAZDA	MAZDA5 5- DOOR WAGON 2.0L SP.6EAT	White	Seriously Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

2 of 4

Report No. T/20241025/2023

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD8621S	LIBERTY INSURANCE PTE LTD	SI24V08346/VPE/R 01/E00	29/06/2024	28/06/2025

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Driver				
Name	ROHAIZAT	ID No.	NIL	
Related Vehicle	SHD8806Z (Motor car)	Contact No.	97900958	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of	NIL	
Passenger				
Name	ESTELLE SIN	ID No.	NIL	
Related Vehicle	SLD8621S (Motor car)	Contact No.	NIL	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	
Driver				
Name	SIN JOO SIONG	ID No.	S7222648H	
Related Vehicle	SLD8621S (Motor car)	Contact No.	97566861	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of	Slight	



**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
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3 of 4

Report No. T/20241025/2023

**CONTINUATION OF REPORT**

Passenger				
Name	GWENDOLINE TEO		ID No.	NIL
Related Vehicle	SLD8621S (Motor car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of	Serious

**Brief Details.**

On 25/10/2024 at about 0800 hrs, while driving along Rochor Road, there was intermittent stopping and moving off of cars on the lane I was driving on.

Even though the traffic was relatively clear, there was a point of time when the lane I was driving along slowed down to a stop.

After my car had stopped, about 5 seconds later my car was hit by a taxi on the rear left side quite hard.

I got down, took pictures, and exchanged particulars.

As such, I am lodging this traffic accident report.



**SINGAPORE  
POLICE FORCE**



T/20241025/2023

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

4 of 4

Report No. T/20241025/2023

**CONTINUATION OF REPORT**

Signature of Officer Recording The A / SGT 3 AL-IMRAN SHAH BIN HASNI	
Signature Of Interpreter: Not applicable	
Officer In Charge Of Case: TP / AEIT / INSP (2) LOW MENG FATT Contact No.: 97577566	

NP168

Signature Of Informant:	
Date/Time: 25/10/2024 09:38	
Classification Of Case:	