

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	16/09/2024 18:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/09/2024 09:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Tampines Walk
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME1109J
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Sharon Koh Kai Ling
NRIC No	SXXXX236J
Email Address	
Mobile Phone No	
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	IX1 EDRIVE20 ALED
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	0
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	SD24V11070/VPC/R00/E00

DRIVER

Name of Driver	Sharon Koh Kai Ling
NRIC No	SXXXX236J
Date Of Birth	
Occupation	Outdoor
Driving Pass Date	23/09/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	16 YEARS
Gender	Female
Mobile Number	
Alt. Phone Number	-
Email Address	
Address	
Address complement	-
Postcode	-
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	Side Swipe
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
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?	Yes
Reasons for not uploading a video of the accident	File with owner

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD6260K
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)	-

IMPORTANT NOTICE

SKETCH PLAN

1. Please provide accurately the details of the accident to speed up the claims process.
2. This Form will be submitted by the Policyholder and/or the Insured Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or a false statement may constitute an offence under the Insurance Act.
4. The accuracy and correctness of this Form by insurance companies is not an admission of policy liability on the part of the insurer.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
 - (a) This report will be forwarded by the Insurers to 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 time be made available upon application by interested parties.
 - (b) By the submission of this report to the insurers, you hereby consent to the archiving of this report at the centre and to make it available to interested parties.
6. **Consent under the Personal Data Protection Act (PDPA)**
 - (a) I, the Insured, do hereby acknowledge, agree and consent that:
 - (i) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, store, process my personal data/personal information set out in this form and any other personal information provided by me or by any other person(s) involved in this accident (all insurer(s) with have insured vehicle(s) involved in the accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any related government agency/authority (such as the police) for the purposes of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigation relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out further dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the making of correspondence, statements, reports or notices to me, which correspond to the completion of certain personal data about me to bring about delivery of the same as well as on the external cover of correspondence 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 be permitted to collect, use, store and/or process my Personal Information for one or more of the above Purposes, and
 - (c) any Personal Information may be disclosed by any of the insurers and/or GIA to their third-party service providers or agents, including their associated firms, which may be situated outside of Singapore, for one or more of the above Purposes.

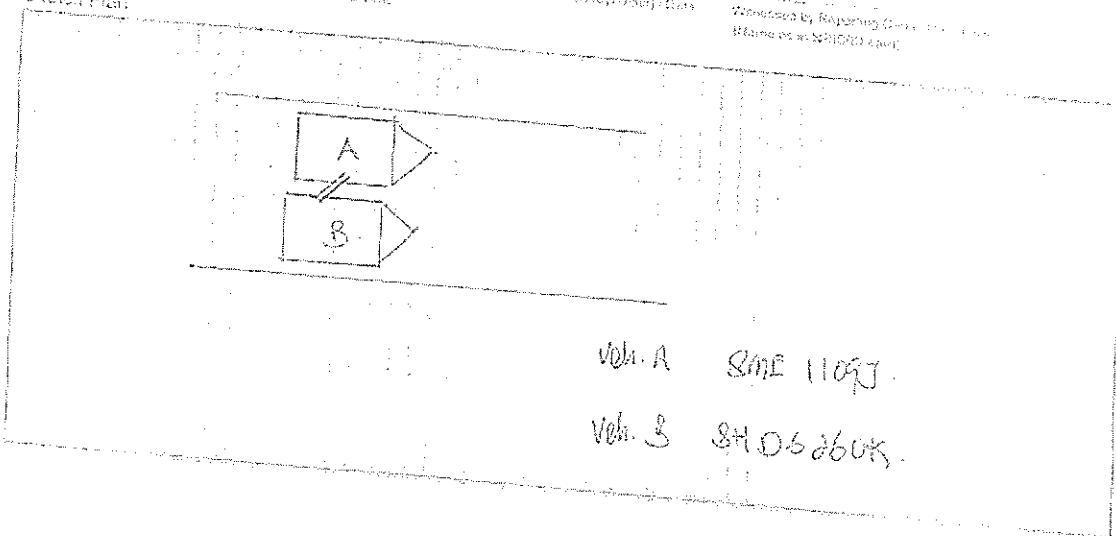
1600hrs
16/4/2009

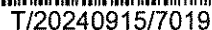
Signature of Insured Driver & Time

Signature of Insured Driver & Time

Witnessed by: *Raymond Chua*
Name of witness: *RAYMOND CHUA*

Sketch Plan:





1 of 3

Report No. T/20240915/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/09/2024 11:14	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

Informant's Particulars

Name of Informant: Sharon Koh Kai Ling			Address:	
ID Type / ID No.: NRIC NO /			Contact No.: Home/Office:	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age:	Date of Birth:	Type of Informant: Driver	
Race: Chinese			Language: English	
Occupation: Real estate agent			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/09/2024 09:15	Type of Location: Straight Road
Location: TAMPINES WALK				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD6260K	Motor car	TOYOTA	PRIUS	Maroon	Slightly Damaged	1
SME1109J	Motor car	BMW	IX1 EDRIVE20 ALED	White		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SME1109J	LIBERTY INSURANCE PTE LTD	SD24V11070	25/06/2024	24/06/2025



**SINGAPORE
POLICE FORCE**



T/20240915/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20240915/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SHARON KOH KAI LING	ID No.	
Related Vehicle	SME1109J (Motor car)	Contact No.	
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

Subject: Reckless Passenger Incident at 1 Tampines Walk on 15 September (Video Footage Available)

Dear Sir/Madam,

I am writing to report an incident involving a reckless passenger alighting from a taxi, which resulted in damage to my vehicle. The incident took place on 15 September at 9:14 AM at 1 Tampines Walk, Tampines Hub.

A taxi had stopped to drop off a passenger, who opened the right-side door without checking for oncoming traffic. The door collided with my vehicle, a new BMW, causing scratches and damage. I have video footage of the incident, which I am prepared to provide as evidence.

I would like to file a formal report and seek advice on the next steps.

Thank you for your assistance. Please let me know if further information or the video footage is required.

Kind regards,
Sharon Koh
Contact: 92991220
SME1109J



**SINGAPORE
POLICE FORCE**



T/20240915/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20240915/7019

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / HRT / KASMAWATI BTE SAMIAN Contact No.: 65476368

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 15/09/2024 11:14
Classification Of Case:

NP168