

## 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	11/07/2024 15:02 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/07/2024 12:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	towards city after Moulmein
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG9854C
-----------------------------	----------

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	E-Rental
Company Reg No	5329868W
Email Address	emrental2024@gmail.com
Mobile Phone No	(Phone) +65-84960913
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1600

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V00036/VPZ/R05

#### DRIVER

Name of Driver	Phan Kien Hong
NRIC No	S6928717D
Date Of Birth	23/08/1969
Occupation	Outdoor

Driving Pass Date	24/07/2006
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-84960913
Alt. Phone Number	-
Email Address	emrental2024@gmail.com
Address	Blk 271B Punggol Walk #04-517
Address complement	-
Postcode	822271
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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)	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	Unknown
Gender	Female

#### 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

Please refer to the 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	SMR5265X
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Liu Zhuoshi
NRIC No	S8978724F
Contact Number	(Phone) +65-97525601
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	Phan Kien Hong
Gender	Male
Phone No	(Phone) +65-84960913
Address	Blk 271B Punggol Walk #04-517
Address Complement	-
Post Code	822271
Approximate Age Years Old	54
Injuries Sustained	-
Injured person in which vehicle?	SMG9854C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No



**SKETCH PLAN**

**IMPORTANT NOTICE**

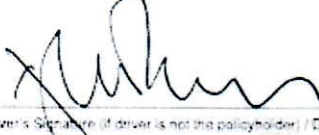
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.**
6. 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 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:

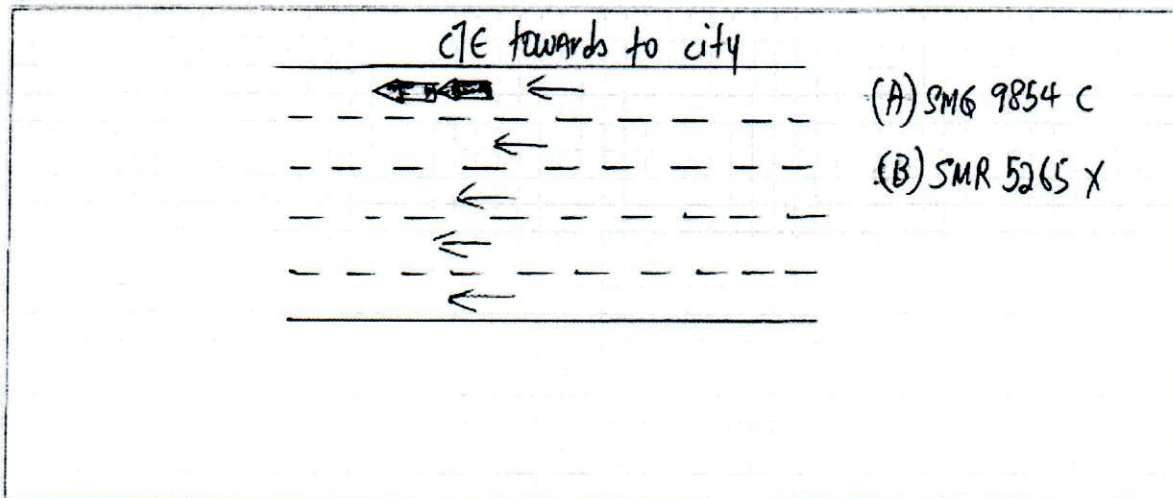
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Signature / Date  
  
 11 JUL 2024

Driver's Signature (if driver is not the policyholder) / Date & Time  
  
 11 JUL 2024

Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card)  
  
 Jenny Lim

Sketch Plan



Describe Circumstance of the Accident

\* REFER TO police report ATTACHED \*

Report / NO: T/20240710/7089


Remark: 3RD party claim at: -


**EM SOLUTION PTE LTD**  
 160 Sin Ming Drive  
 #03-18/19 Sin Ming Autocity  
 Singapore 575722  
 Tel: 6456 0226 Fax: 6458 4500  
 Email: emautosolution@singnet.com.sg

Declaration

(We declare the foregoing particulars are true in every respect.)

  
 11 JUL 2024

  
 11 JUL 2024

  
 Witnessed by Reporting Centre Personnel  
 Name (as in NRIC/ID Card) Jenny Lim




**SINGAPORE  
POLICE FORCE**


T/20240710/7089

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

1 of 3

Report No. T/20240710/7089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2024 17:50	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: Phan Kien Hong			Address: 271B PUNGGOL WALK #04-517 PUNGGOL RESIDENCES SINGAPORE 822271		
ID Type / ID No.: NRIC NO / S6928717D			Contact No.: Home/Office: Mobile: 84960913		
Nationality: SINGAPORE CITIZEN			Email: allenphan69@gmail.com		
Sex: Male	Age: 54	Date of Birth: 23/08/1969	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident: Injury Others	Drink Drive: No	Date/Time of Accident: 10/07/2024 12:15	Type of Location: Flyover
Location:  CTE toward city after moulmein exit			
Weather: Sunny		Road Surface: Dry	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMG9854C	Motor car	KIA		Blue	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No.	Effective Date	Expiry Date
SMG9854C		SD23v15815/VPZ/R0 6	16/01/2024	15/01/2025



**SINGAPORE  
POLICE FORCE**



T/20240710/7089

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

2 of 3

Report No. T/20240710/7089

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	WANG	ID No.	NIL
Related Vehicle	SMG9854C (Motor car)	Contact No.	NIL
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
<b>Driver</b>			
Name	PHAN KIEN HONG	ID No.	S6928717D
Related Vehicle	SMG9854C (Motor car)	Contact No.	84960913
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	10/07/2024	Date Discharge	10/07/2024
No. of Days granted Medical Leave (MC)	05	Degree of Injury	Slight

**Brief Details.**

When I driving along cte toward city at lane one , a taxi driving in front of me sudden brake and i slow down in a safe distance , suddenly a white car plate nos. SMR5265X hit my right back of my car plate nos. SMG9854C. The lampost number is 443F.

**SINGAPORE  
POLICE FORCE**

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



T/20240710/7089

3 of 3

Report No: T/20240710/7089

## CONTINUATION OF REPORT

Signature Of Officer Recording The Report  
Not applicable

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case

Signature Of Informant  
The identity of the person making this report has been  
authenticated by Singpass. No signature is required.

Date/Time  
10/07/2024 17:50

Classification Of Case

This report is lodged at Rochor NPC Kiosk 1  
NP168