

## 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 Authorised 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 ability.
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 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 Report	29/11/2017 16:24
Date Of Accident	28/11/2017 23:50
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC7066E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66039399

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	

### Driver

Name of Driver	RAWI B OSMAN
NRIC No	S1361098C
Date Of Birth	22/05/1959
Occupation	INDOOR
Date Of Driving Pass	13/10/1980
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82017506
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 348 TAMPINES STREET 33 #01-408
Postcode	520348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRED
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER AS POLICE REPORT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB7928Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	WONG HOI YING
NRIC/Passport Number	S2626367J
Contact Number	9161 4154
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

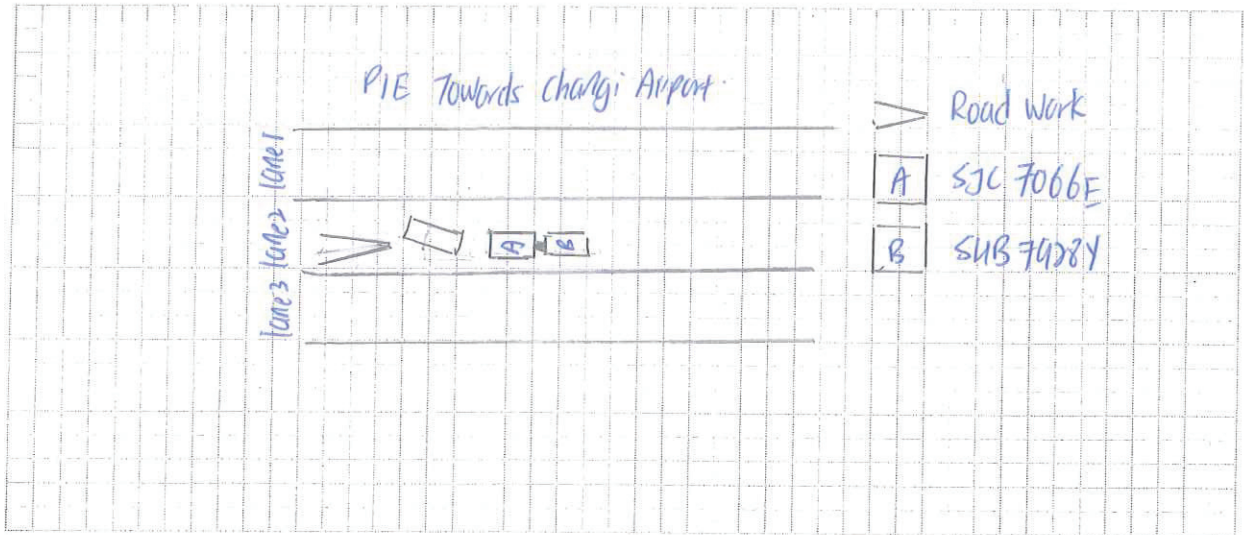
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIAR/MC SketchPlanForm\_V3 ( ) Claim Own Policy ( ) Claim Third Party ( ) Reporting Only  
( ) Claim OD/TP at other workshop ( )



**SINGAPORE  
POLICE FORCE**



T/20171129/2007

Police Station Of Origin:  
Kampong Java N.P.C  
21 Kampong Java Road SINGAPORE  
228892  
Tel No: 1800-2959999

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Report No. T/20171129/2007

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/11/2017 01:56		Vide Report No.: G/20171129/0008		Station Diary No.: 12	
<b>Informant's Particulars</b>					
Name of Informant: RAWI B OSMAN			Address: APT BLK 348 TAMPINES STREET 33 #01-408 SINGAPORE 520348		
ID Type / ID No.: NRIC NO / S1361098C			Contact No.: Home/Office: Mobile: 82017506		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 22/05/1959	Type of Informant: Driver		
Race: Boyanese			Language: English		Institution / School Name:
Occupation: MESSENGER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/11/2017 23:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE(AP) 12.5km Lamp Post Number: 531				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB7928Y	Car					1
SJC7066E	Car	TOYOTA	VIOS E AUTO	Beige		4

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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T/20171129/2007

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Tel No: 1800-2959999

Report No. T/20171129/2007

**CONTINUATION OF REPORT**

<b>Driver</b>				
Name	Wong Hoi Ying		ID No.	S2626367J
Related Vehicle	SHB7928Y (Car)		Contact No.	91614154
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	NIL		Degree of Injury	NIL
<b>Driver</b>				
Name	RAWI B OSMAN		ID No.	S1361098C
Related Vehicle	SJC7066E (Car)		Contact No.	82017506
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

**Brief Details.**

On 28/11/17 at about 2350hrs, I was driving my vehicle, registration number SJC7066E, along PIE towards Changi, near the 12.5KM mark. I was travelling on the second lane, I saw a road work in front, I then stopped my car before the road work. As I was about to move off, I felt an impact from the back. Later I realised that the taxi, registration number SHB7928H, had collided onto the rear of my car.

Later the police officer and the ambulance attended to us. Three of my passengers were conveyed by ambulance to hospital. I will also be seeking medical treatment later.

The reference police report number is G/20171129/0008.



SINGAPORE  
POLICE FORCE



T/20171129/2007

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Report No. T/20171129/2007

CONTINUATION OF REPORT

**Sketch Plan**

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Staff Sgt SEOW HONG DE, XAVIER

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Signature Of Informant:

Date/Time:

29/11/2017 01:56

Classification Of Case:

Authentication Stamp

SN 167

NP168

Signature:

Singapore Police Force