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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	06/12/2017 16:00
Date Of Accident	15/11/2017 19:10
Exact Location Of Accident	OUTRAM ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS2689U
Insured/Policyholder	
Name Of Registered Owner	CHEW MIN HOE
NRIC No	S7730323E
Email Address	USTWO@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-97569839
Alternative Phone No	OTHERS-97569839
Vehicle Particulars	
Manufacturer	BMW
Model	428I AT D/AB SR HID NAV M SPORT
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
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V09375/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	CHEW MIN HOE
NRIC No	S7730323E

 Name of Driver
 CHEW MIN HO

 NRIC No
 \$7730323E

 Date Of Birth
 11/11/1977

 Occupation
 INDOOR

 Date Of Driving Pass
 28/05/1998

Driving Experience 19 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97569839

Fax Number

Contact Number OTHERS-97569839

EMail Address USTWO@SINGNET.COM.SG

Address 2 MARTIN PLACE

#05-03 237988

M 1: 1 (II) NO NO

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-7359999 - FAX NO: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20171205/2104

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 SHB6163T

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver SEOW BOON HUAT

NRIC/Passport Number S7106783A

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number Email Address

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- 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.
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 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)
 - 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:
 - 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 #2

SKETCH PLAN		
00	tran Road	
	2 /2 _	- @ sxs28+94
		- D SHB 6163 T.
	-5 † <u> </u>	D 348 8183 1.
	-D B	
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
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	60/	12
	to the	2021
	- Day DO	,
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/		
DECLARATION		
We declare the foregoing pa	orticulars are true in every respect.	V 6/12/201
olicyholder's Signature Date & Time:	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

OWNER

Description of Days granted Medical Leave NIL Degree of Figure NIL Degre		97509639 'Cipes 3	oreact No.	Co	A CONTRACTOR OF THE PARTY OF TH	-
Holated Vehicle NIL Contact No. 97509838 Hospital/Clanc NIL Class of Driving Lewice & Expry NIL Enjoy Date of Expry NIL Date Treatment NIL Date Discharge NIL		97509639 'Cipes 3	oreact No.	Co	A CONTRACTOR OF THE PARTY OF TH	Military of the last
Hospital/Canc NIL Class of Owing Date of Expry NIL Core & Expry Oate Date Treatment NIL Oate Oscharge NIL	ry HEL	Class 3	ass of		NE	
Date of Expry NIL Date Treatment NIL Date Decharge NIL	ry HEL		mwng	Cle		lalated Vehicle
Date Treatment NIL Date Decharge NIL			cence &	Dre	_	tospia/Cane
No of Days granted Medical Leave NL Degree of Injury NL	No. of Lot				NIL	Sate Treatment
		1/12/20			d Medical Leave N	to of Days grant
med who drove by during the incident. I do not have any in-built camera in my vehicle. I am not sure here is any CCTV along the vicinity.	NO. BODY II	The second second			COLUMN TO THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE	
No who drove by during the incident. I do not have any in-built camera in my vehicle. I am not sure here is any CCTV along the vicinity.						
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no are drove by our ty the income. I do not have any in-built camera in my vehicle. I am not bure let's it any CCTV along the vicinity.						
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Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Båtok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999





2 of 4 Report No. T/20171116/2106

CONTINUATION OF REPORT

assenger	EN 1000 0 47 11 1000 2 10 2 V 2 10 10 10 10 10 10 10 10 10 10 10 10 10	10	D No.		NIL
lame	CHEN JIN YUN	1"	D INO.	- 1	1116
Related Vehicle	SHB6163T (Car)	(Contac	t No.	90215200
Hospital/Clinic	NIL	1	Class of Driving Licence Expiry	e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discha	arge	NIL	
No of Doug grant	ed Medical Leave NIL	Degree of I	njury	NIL	
	ed Wedicar Louve	A THE PARTY.		PARTY.	MASS BULLY STATE
Driver Name	SEOW BOON HUAT		ID No.	el.	S7106783A
Related Vehicle	SHB6163T (Car)		Contact No.		90222056
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	L	Class Drivin Licen Expir	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/11/2017	Date Disch			
Date Treatment	nted Medical Leave 03	Degree of		Sligh	nt
	Hed Medical Foats	10.75 (0.75)	111.0110	(Falle)	STATE OF STREET
Driver Name	CHEW MIN HOE		ID No).	S7730323E
Related Vehicle	SKS2689U (Car)		Cont	act No	. 97569839
Hospital/Clinic	NIL		100000		Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	charge	NIL	
	inted Medical Leave NIL	Degree o	injun	INL	

On 15/11/2017 at about 1900hrs, I was driving my Comfort taxi, SHB6163T, along Tiong Bahru Road towards the roundabout to Outram Road on a single one-way lane with my passanger, A1) CHEN JIN YUN

HP: 90215200

as I was about to enter Outram Road (five lanes), I checked my left side for and in-coming vehicle and the was a lorry, on lane 4, which gave way to me. I saw that there was a car coming but as the traffic was congested, I slowly inched forward into the second yellow box. As I was in the yellow box inching forward I felt an impact from the rear. I then went out to make a check and saw that one blue BMW car, SKS2689U, had hit onto my left rear. The driver also came out of his car and made a check, he was not with any passenger. I checked with my passenger and she was not injured, just had slight headache. Nobody was injured at that time and no police was called. We then exchanged particulars.

Sketch Plan #5



Tel No: 1800-6659999

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE



3 of 4

Report No. T/20171116/2106

CONTINUATION OF REPORT

My taxi obtained some scratches and dents on the left rear door, left rear side bumper and the left rear tyre rim. The BMW obtained some dents and scratches to its front right bumper. I have an in-built camera in my taxi and had the incident recorded.

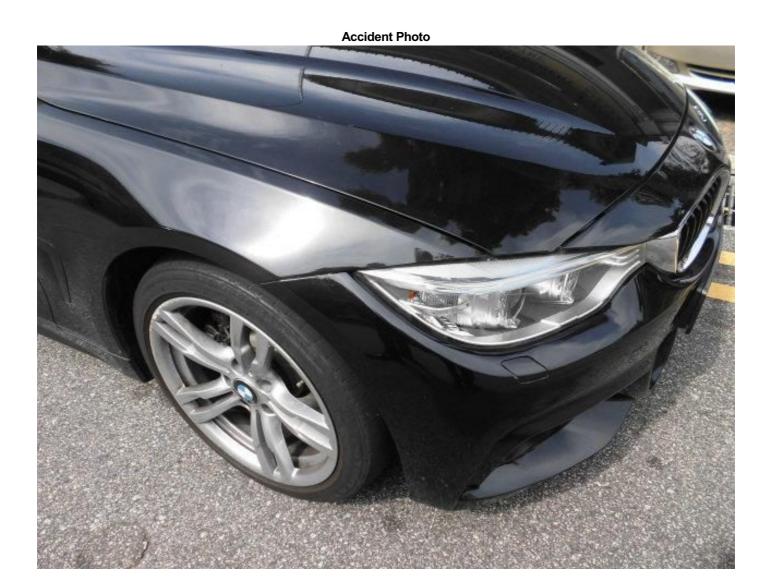


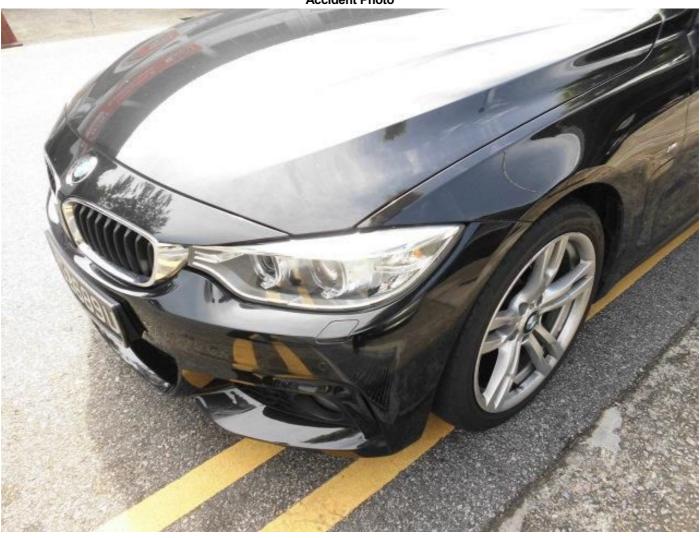








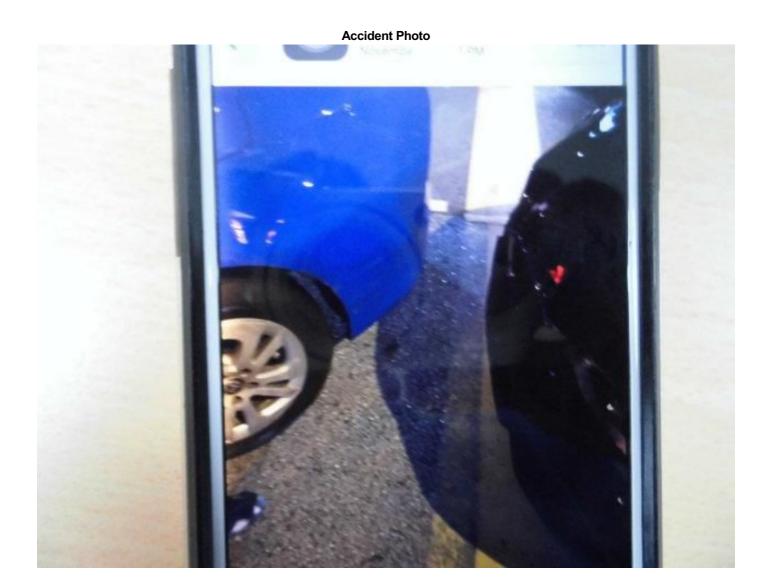


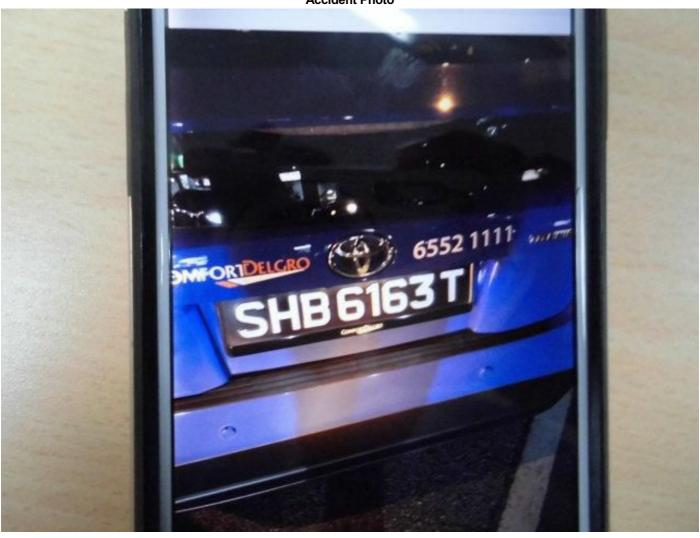


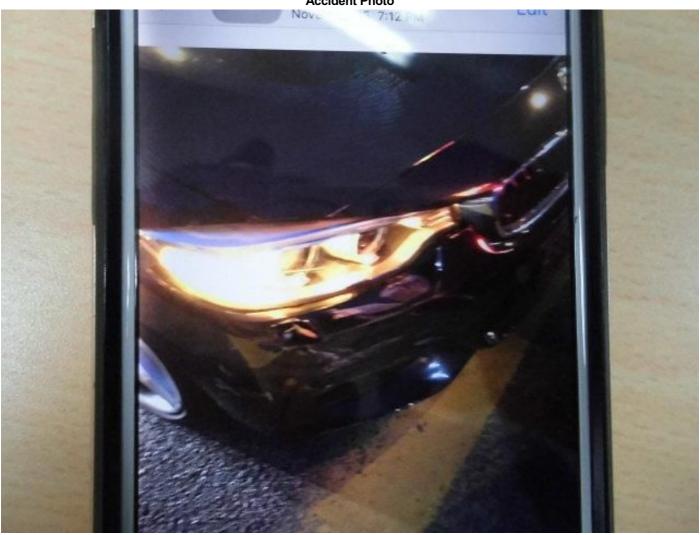


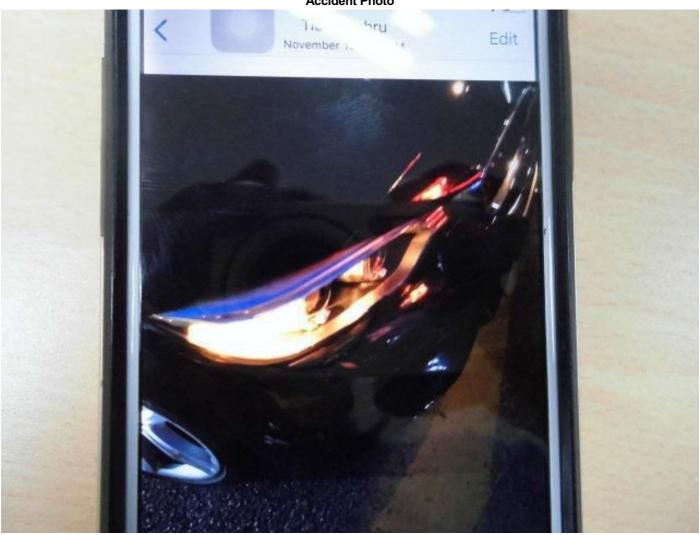


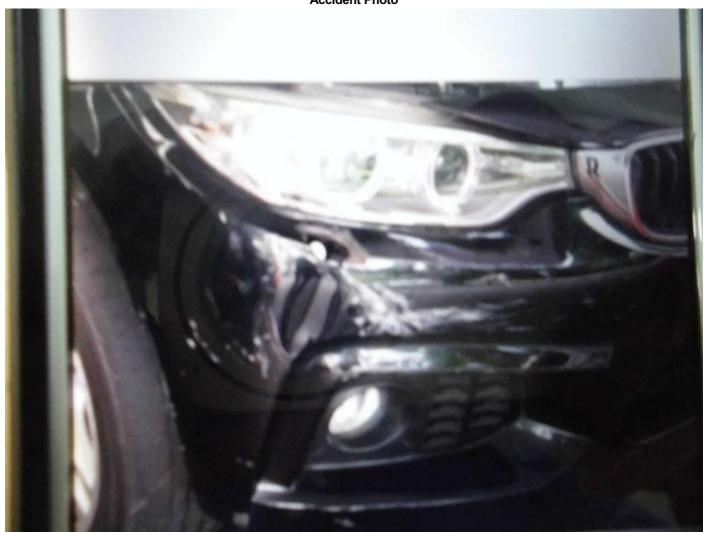




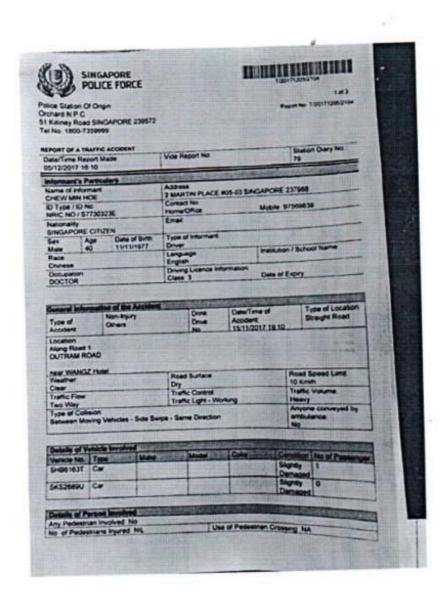






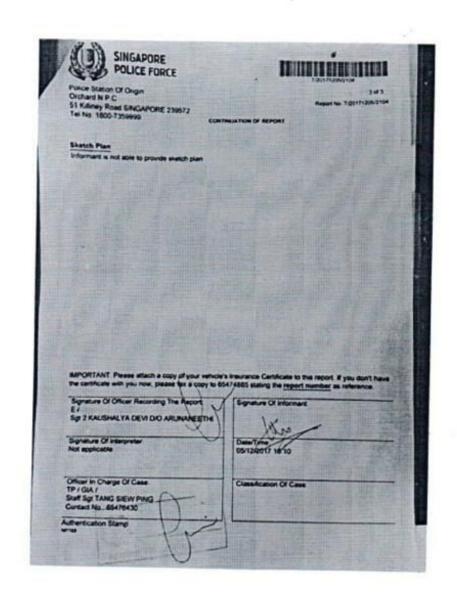






ONNER

Driver	CHEWMINHOE	Service Co.	ID No	57730323E
Related Vehicle	NIL		Contact No	97569639
HospitalCanc	ML		Class of Driving Licence & Every Date	Class 3 Date of Expery MIL
Date Treatment	NEL read Medical Leave NEL	Date Dec	narge NIL	
notel and moved was too feet that Chmits I immedi to check if there woods pictures of the look pictures of look pictures of the look pictures of look pictu	was driving SKS2889U along Ox ood when one blue conflort tax is straight with the third tame. He co- my front right bumper hit onto his lately stopped my vehicle and co- mes any vacious injuries. If however he incident, Subsequently we left sould contact me to decide but I it to refute any alleged injuries by	ored6163T appresent out quickly is rear left burns sine out of the viribles wasn't a live different directions of the processed a law of the driver. I want to	eared from II y even Incurg per The spe vehicle to ch and we eache ections after yer letter reg ould like to s	he right junction from Warrigt in traffic was moving and a ed of my vehicle was 10- ed. I checked with the driver inged particulars and also taking pictures. The driver airling the accident thus I am take that I have a witness.
Hotel and moved was too fast that Climits. I emmedi to check if there we now pictures of the old me that he wo oldging this report also who drove by	oad when one blue comfort last it streight into the find lane. He ci my front right bumper hit onto hi lately stopped my vehicle and ci was any vactor myures. However, he incident, Subsequently we tell sould contact me to decuse but I sould contact me to decuse but I	ored6163T appresent out quickly is rear left burns sine out of the viribles wasn't a live different directions of the processed a law of the driver. I want to	eared from II y even Incurg per The spe vehicle to ch and we eache ections after yer letter reg ould like to s	he right junction from Warrigt in traffic was moving and a ed of my vehicle was 10- ed. I checked with the driver inged particulars and also taking pictures. The driver airling the accident thus I am take that I have a witness.
Hotel and moved was too fast that Climits. I emmedi to check if there we now pictures of the old me that he wo oldging this report also who drove by	sed when one blue conflort tax it is traight into the Brid lains. He can my front right bumper hit onto his lately stopped my vehicle and consider any vestile injuries. However he incident. Subsequently we left would contact me to discuss but if to refute any alleged myunes by yo during the incident. I do not he	ored6163T appresent out quickly is rear left burns sine out of the viribles wasn't a live different directions of the processed a law of the driver. I want to	eared from II y even Incurg per The spe vehicle to ch and we eache ections after yer letter reg ould like to s	he right junction from Warrigt in traffic was moving and a ed of my vehicle was 10- ed. I checked with the driver inged particulars and also taking pictures. The driver airling the accident thus I am take that I have a witness.





POLICE FORCE

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

Tel No: 1800-6659999





1 of 4

Report No. T/20171116/2106

REPORT	OF A TRAFFIC	CACCIDENT			
	ne Report N 017 15:41	Made:	Vide Report No.:	Station Diary No. 66	
Informa	nt's Partic	ulars			
	Informant: BOON HUA		Address: APT BLK 248 BUKIT BATOK SINGAPORE 650248	EAST AVENUE 5 #10-68	
	/ ID No.: D / S710678	83A	Contact No.: Home/Office: Mobile: 90222056		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 46	Date of Birth: 24/02/1971	Type of Informant: Driver		
Race: Chinese			Language; English	Institution / School Name:	
Occupat Taxi driv			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2017 19:00	Type of Location Roundabout
TIONG BAHF OUTRAM RO	AD	and Outram Road, roun Road Surface: Dry		el load Speed Limit:
		Traffic Control:	T	
Traffic Flow: One Way		Not Controlled	1193	raffic Volume: leavy

Details of V	ehicle Invo	lved	A STREET, SQUARE	of general and	THE PERSON	THE RESERVE OF THE PARTY OF THE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SHB6163T	Car				Slightly Damaged	1
SKS2689U	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



Police Station Of Origin:
Bukit Batok N.P.C .
21 Bukit Batok East Avenue 4 SINGAPORE
659840

Tel No: 1800-6659999





2 of 4

Report No. T/20171116/2106

CONTINUATION OF REPORT

assenger	THE REPORT OF THE PARTY OF THE			ID No.	1	NIL
lame	CHEN JIN YUN					
	SHB6163T (Car)			Contact	No.	90215200
Related Vehicle	SHB01001 (Our)				_	Ci NIII
Hospital/Clinic	NIL			Class of Driving Licence Expiry	e & Date	Class: NIL Date of Expiry: NIL
	NIL		Date Disch	1441 30 10	NIL	
Date Treatment	tod Medical Leave NI	L	Degree of	Injury	NIL	
	ted Medical Leave NI	Tame.		1	object Sill	THE PERSON NAMED IN POST OF TH
Driver Name	SEOW BOON HUAT			ID No.		S7106783A
	CUDC163T (Car)			Contact No. 9		90222056
Related Vehicle	SHB6163T (Car)					
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A,3 Date of Expiry: NIL
	100110017		Date Dis	charge	NIL	
Date Treatment	16/11/2017	03	Degree o	of Injury Slight		
No. of Days gra	nted Medical Leave	The state of			世界学育	
Driver Name	CHEW MIN HOE			ID No	0.	S7730323E
	autonosou I (Car)			Cont	act No	97569839
Related Vehicle	SKS2689U (Car)			1000000		- NIII
Hospital/Clinic	NIL			- mar or -		Class: NIL Date of Expiry: NIL
Data Transferor	nt NIL			scharge		
Date Treatmen	anted Medical Leave	NIL	Degree	of injur	y Nii	

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Tel No: 1800-6659999

Police Station Of Origin: Bukit Batok N.P.C 21 Bukit Batok East Avenue 4 SINGAPORE 659840

TP



3 of 4

Report No. T/20171116/2106

CONTINUATION OF REPORT

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I have an in-built camera in my taxi and had the incident recorded.



Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840



4 of 4

Report No. T/20171116/2106

CONTINUATION OF REPORT

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Tel No: 1800-6659999

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: J / Sgt 2 NUR' FAIZZAHASHIKIN BINTE SUBTU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2017 15:41
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325	Classification Of Case:
Authentication Stamp NP168	