

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 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	13/02/2018 17:28
Date Of Accident	13/02/2018 11:00
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP9929D
Insured/Policyholder	
Name Of Registered Owner	TANG SEE CHANG
NRIC No	S2117778D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91057816
Alternative Phone No	OFFICE-62581815

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250A
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V14958/VPO/R03
Cover Note Number	-

Driver

Name of Driver	TANG SEE CHANG
NRIC No	S2117778D
Date Of Birth	08/08/1943
Occupation	INDOOR
Date Of Driving Pass	15/05/1963
Driving Experience	54 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91057816
Fax Number	
Contact Number	OFFICE-62581815
E Mail Address	NOEMAIL

Address	5G JLN BERJAYA
Postcode	578599
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : TAN SIEW ENG GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	GY3954M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BEN FOO
NRIC/Passport Number	
Contact Number	91777059
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAN SIEW ENG

Approximate Age

Injuries Sustain HEAD

Injured person in which vehicle? SBP9929D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

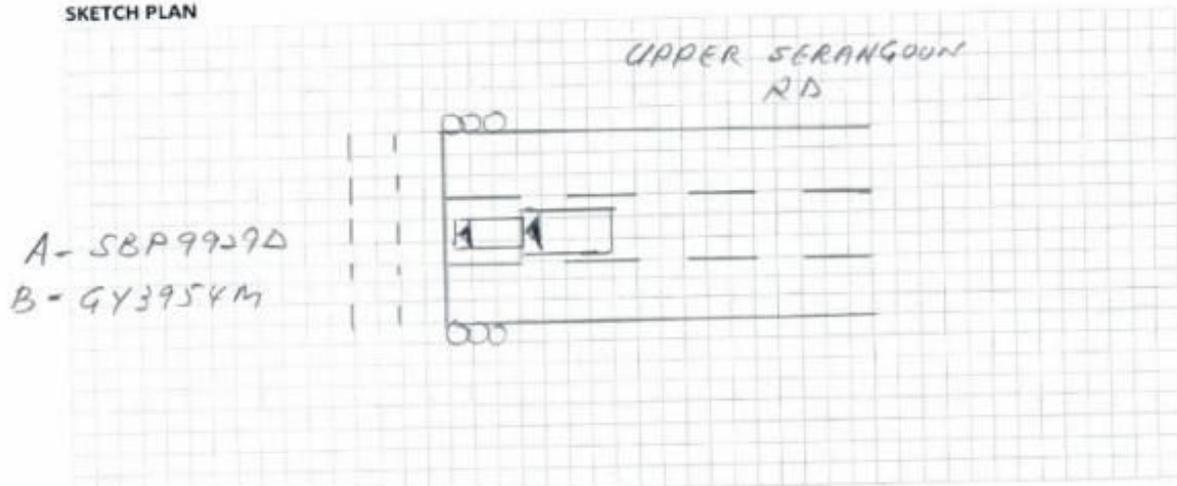

Policyholder's Signature
Date & Time:
13/FEB 2018

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the attached statement.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:
13/02/2018

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

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

Accident Sketch Plan

MY VEH WAS STATIONARY AT THE RED TRAFFIC LIGHT JUNCTION AT UPPER SERANGOON RD ON THE 2ND LANE OF A-3 LANES RD.SUDDENLY VEH(B)BEARING REG NO GY3954M CAME FROM BEHIND AND HIT ONTO MY REAR PORTION OF MY VEH.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180213/2113

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 4
Report No. T/20180213/2113

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2018 16:06	Vide Report No.:	Station Diary No.: 128
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Informant's Particulars			
Name of Informant: TANG SEE CHANG		Address: 5G JALAN BERJAYA SINGAPORE 578599	
ID Type / ID No.: NRIC NO / S2117778D		Contact No.: Home/Office: Mobile: 91057816	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 74	Date of Birth: 08/08/1943	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: RETIRED		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/02/2018 11:00	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD Along Upper Serangoon Road towards CTE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage 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	Condition	No of Passenger
GY3954M	Lorry	NISSAN	URVAN 5DR	Silver	Slightly Damaged	0
SBP9929D	Car	MERCEDES BENZ	E250 A	Silver	Slightly Damaged	1

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

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180213/2113

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Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180213/2113

CONTINUATION OF REPORT

Driver			
Name	BEN FOO	ID No.	NIL
Related Vehicle	GY3954M (Lorry)	Contact No.	91777259
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
Driver			
Name	TANG SEE CHANG	ID No.	S2117778D
Related Vehicle	SBP9929D (Car)	Contact No.	91057816
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Passenger			
Name	TAN SIEW ENG	ID No.	S0651695E
Related Vehicle	SBP9929D (Car)	Contact No.	NIL
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2018	Date Discharge	13/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was driving my car (SBP9929D) along Upper Serangoon Road towards CTE when the traffic light turned red. As such, I slowed down and came to a stop. Suddenly, I felt an impact from the rear of my vehicle. I alighted my vehicle and realized that a vehicle (GY3954M) had collided onto the rear of my vehicle. We both then took a few photos of the accident, however when I asked for his particulars, he refused to give and only gave me his name and handphone number. After which, we then went our separate ways.

I wish to state that my passenger felt pain on her head and went to Mount Alvernia. She was given 3 days of medical certificate.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180213/2113

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CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180213/2113

4 of 4

Police Station Of Origin:
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20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180213/2113

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 / Sgt 2 MOHAMAD FAIZAL BIN HASHIM TOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2018 16:06
Officer In Charge Of Case: TP / AEIT / SI DZUL HAIRIE BIN RAMLI Contact No.: 65476220	Classification Of Case:
 SINGAPORE POLICE FORCE NP168 SN 061	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo




Mercedes-Benz
775
TYP: 212
PZ: 0
1,0 %
Made in Germany
A 007 817 14 20

DAIMLER AG
e1*2001/116*0501
WDD2120362A843758
2245 kg
4245 kg
1- 1055 kg
2- 1210 kg

Mercedes-Benz R
00800 17
or +44 207 9
Daimler AG, Mercedes

Accident Photo

