

## 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	22/02/2018 17:16
Date Of Accident	21/02/2018 19:50
Exact Location Of Accident	YISHUN CENTRAL BESIDE BLK 202 YISHUN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ5792U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN SIEW CHOO
NRIC No	S1440786C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97266445
Alternative Phone No	OTHERS-97266445

### Vehicle Particulars

Manufacturer	HONDA
Model	CITY-1.5 SV CVT (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	NO
Policy Number	SD17V00088/VPC2/R00
Cover Note Number	16/12/2016 TO 15/12/2018

### Driver

Name of Driver	LESLIE ANG DEYANG
NRIC No	S9310510I
Date Of Birth	17/03/1993
Occupation	INDOOR
Date Of Driving Pass	11/12/2012
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98320805
Fax Number	
Contact Number	
EEmail Address	LESLIEANGDY@GMAIL.COM

Address	APT BLK 406C FERNVALE ROAD #15-53 (S) 793406
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	3
Passenger 1	NAME: : ZI HUI GENDER: : MALE
Passenger 2	NAME: : TIONG ANN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

refer with police report T/20180221/2183

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKEN BY TRAFFIC POLICE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBD4017G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	

NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOTOR RIDER
Approximate Age	
Injuries Sustain	HOSPITAL
Injured person in which vehicle?	FBD4017G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan Pg. 1

### SKETCH PLAN

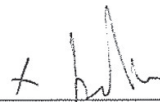
#### IMPORTANT NOTICE


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 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 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. The 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 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.:

# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A: SLJ 57924  
B: FBD 40176

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE refer to police report.

Insurance Co. Liberty Insurance p/L  
Vehicle No. SLJ57924 Date of Accident 21/2/2018  
☐ Reporting Only  
☐ Own Damage Claim  
☒ Third Party Claim  
☒ Other Workshop  
2in Auto

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre / General's Signature  
Name:  
NRIC/FIN No.: 22/2/2018



**SINGAPORE  
POLICE FORCE**



T/20180221/2183

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20180221/2183

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 21/02/2018 21:28		Vide Report No.: F/20180221/0222		Station Diary No.: 146	
<b>Informant's Particulars</b>					
Name of Informant: LESLIE ANG DEYANG			Address: APT BLK 406C FERNVALE ROAD #15-53 SINGAPORE 793406		
ID Type / ID No.: NRIC NO / S9310510I			Contact No.: Home/Office: Mobile: 98320805		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 17/03/1993	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name: NUS	
Occupation: STUDENT			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/02/2018 19:50	Type of Location: Straight Road
Location: Along Road 1 YISHUN CENTRAL  Beside Blk 202 Yishun				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBD4017G	Motorcycle					0
SLJ5792U	Car				Slightly Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20180221/2183

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

2 of 3  
Report No. T/20180221/2183

CONTINUATION OF REPORT

<b>Driver</b>			
Name	LESLIE ANG DEYANG		ID No. S9310510I
Related Vehicle	SLJ5792U (Car)		Contact No. 98320805
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/02/2018 at about 1950hrs, I was driving vehicle bearing registration number SLJ5792U. At along Yishun Central, infront of Blk 202 Yishun, I switched on my vehicle's hazard light and stopped my vehicle on the left lane to drop off a friend. When I was about to move off my vehicle, I felt an impact from the rear of my vehicle and realized that a motorcycle bearing registration number FBD4017G had collided with me.

I alighted to render assistance. Traffic police and ambulance came to attend to the accident scene. The rider of the bike was subsequently conveyed to hospital by ambulance. There is a camera in my car. I handed over the memory card to the traffic police officer.

I am not injured.



**SINGAPORE  
POLICE FORCE**



T/20180221/2183

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

3 of 3

Report No. T/20180221/2183

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: F / Staff Sgt LIM JUN HE	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 21/02/2018 21:28
Officer In Charge Of Case: TP / GIT / SI TAN LEE HWANG DAWN Contact No.: 65476215	Classification Of Case: SN 085
Authentication Stamp NP168 	Signature: 

Singapore Police Force