

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	19/03/2018 13:41
Date Of Accident	18/03/2018 00:40
Exact Location Of Accident	JOHOR BAHRU CUSTOMS TWDS SINGAPORE
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGC406P
Insured/Policyholder	
Name Of Registered Owner	CHO SAT YEE
NRIC No	S8583448G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82017664
Alternative Phone No	OFFICE-82017664

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	QBE INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	8-V0014382-MVA-R001
Cover Note Number	-

Driver

Name of Driver	LIEW WAN SENG (LIU WANCHENG)
NRIC No	S7530020D
Date Of Birth	04/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	20/09/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82017664
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105 JALAN BUKIT MERAH #12-1940
Postcode	160105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	3
Passenger 1	NAME: : CHO SAT YEE GENDER: : FEMALE
Passenger 2	NAME: : DARREN LIEW GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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	SFK103H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TERENCE WONG
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name DARREN LIEW

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SGC406P

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.

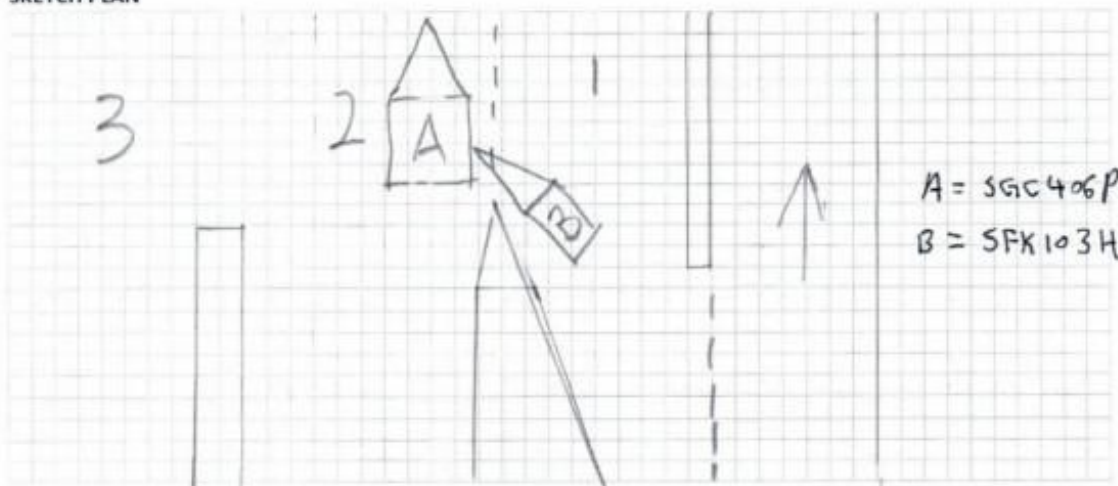
Policyholder's Signature
Date & Time:

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

Please Refer to Police Report

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20180319/2026

1 of 2

POLICE REPORT (NP299)

Report No. D/20180319/2026

Police Station Of Origin
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Date/Time Report Made 19/03/2018 12:15	Vide Report No.	Station Diary No. 22
Name Of Informant LIEW WAN SENG	Address APT BLK 105 JALAN BUKIT MERAH #12-1940 SINGAPORE 160105	
ID Type / ID No. NRIC NO / S7530020D	Contact No. Home/Office	Mobile 82017664
Nationality SINGAPORE CITIZEN	Email Address	
Occupation TOW TRUCK DRIVER	Sex Male	Age 42
Institution/School Name	Date of Birth 04/09/1975	Race Chinese
Date/Time Of Incident 18/03/2018 00:40 - 18/03/2018 00:45	Location Of Incident Johor Bahru Customs towards Singapore MALAYSIA	

Brief details.

On 18/03/2018 at about 0144hrs, I was driving my car , Toyota wish, SGC406P , along Johor Bahru Customs towards Singapore. There are 3 lanes and I was driving along the middle lane. While I was driving, a Lexus, SFK103H, which was driving along the right most lane collided into the rear right of my vehicle. He had hit my car twice around the same area. I felt the impact and my car inched forward twice as well. I then moved forward a bit and stopped to check for injuries and damages. The other party stopped behind me. After checking, there was no one injured but my car suffered scratches and dents at

Signature Of Officer Recording The Report: D / Staff Sgt MUHAMMAD VALENTOVA BIN SAMSUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/03/2018 12:15
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Sr Staff Sgt LIM CHEW BOON Contact No.: 67740000	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20180319/2026

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20180319/2026

the right rear part of my car including my bumper. The right rear passenger door also suffered some scratches. I wish to state that the traffic was very heavy at that time. My wife and my 5 year old son was seated behind, at the rear right passenger seat.

I did exchanged particulars with him and he informed me that he has in car camera footage of the incident. I do have a in car camera as well located at the front. I am making this report for record purpose for my insurance claim.

Signature Of Officer Recording The Report:

D / Staff Sgt MUHAMMAD VALENTOVA BIN
SAMSUDIN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
D / Clementi Police Divisional Investigation Branch /
Sr Staff Sgt LIM CHEW BOON
Contact No.: 67740000

Authentication Stamp

Signature Of Informant:

Date/Time:
19/03/2018 12:15

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo

