

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	14/04/2018 12:15
Date Of Accident	07/04/2018 09:30
Exact Location Of Accident	EXIT WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4355K
Insured/Policyholder	
Name Of Registered Owner	DESMOND HOON SIO HWEE
NRIC No	S7617836D
Email Address	ADELINE.CHAN42@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98364728
Alternative Phone No	OTHERS-96348986

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	MEETING FRIEND
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	SI18V02762/VPE/R00
Cover Note Number	

Driver

Name of Driver	ADELINE CHAN KIN LENG
NRIC No	S7602851F
Date Of Birth	04/02/1976
Occupation	INDOOR
Date Of Driving Pass	12/07/2001
Driving Experience	16 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98364728
Fax Number	
Contact Number	OTHERS-96348986
Email Address	ADELINE.CHAN42@YAHOO.COM.SG

Address	BLK 420 CLEMENTI AVENUE 1 #35-213
Postcode	120420
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	SIDE SWIPE
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?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , 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 T/20180407/2114

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	20563MID
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	KASYFIL AZIZ BIN KAMARULZAMAN
NRIC/Passport Number	S9504716E
Contact Number	84536783
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 13/04/2018

1530 HR


Driver's Signature

(If driver is not the policyholder)
Date & Time: 13/04/2018

1530 HR

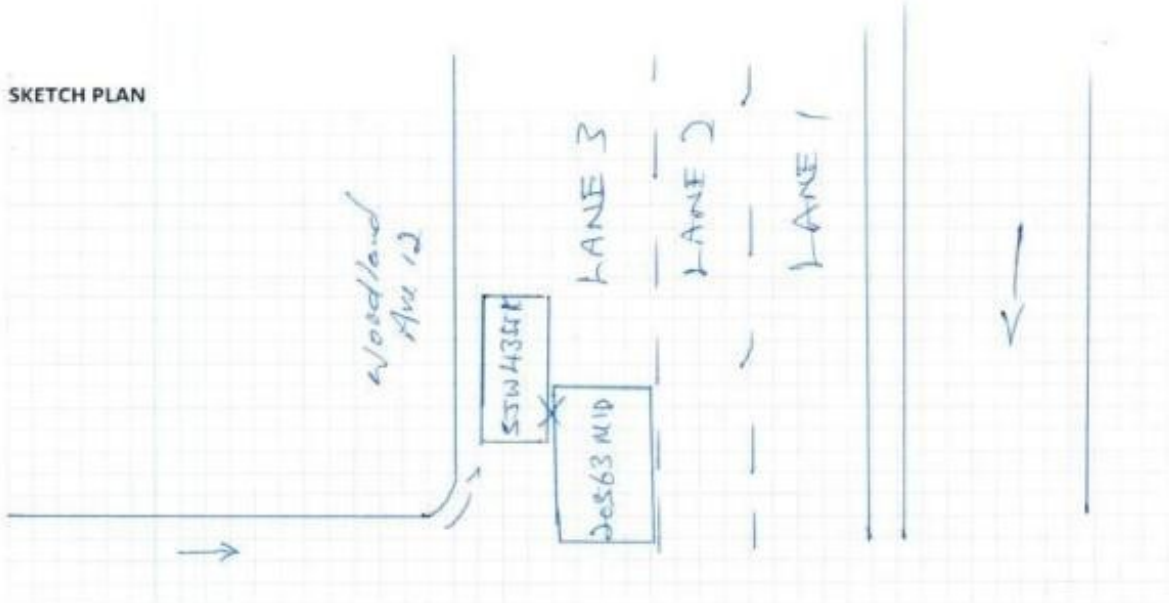

Reporting Centre Personnel's Signature

Name: Rosal HATHORS

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/04/2018 at about 0930hrs, I was driving vehicle registration Number SJW 435K along Woodlands Ave 12. As I was driving along the road, I took a glance at the right side of the side mirror and saw orange colour signal light flashing from a MINDEF lorry bearing registration number JO563 MID traveling by my side.

Upon realizing it, the said driver was filtering into my lane and he collided into my right side rear bumper.

After the accident, we move our vehicle to the side of the road and came down from the vehicle to take a look at the accident.

I then obtained his particulars from him and I gave my particulars to him.

I wish to state that there was ~~no~~ one injured during the point of accident and I have the images of the damages on the vehicle.

Police Report T/20180407/2114

DECLARATION

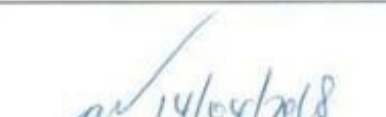
I/We declare the foregoing particulars are true in every respect.


Desmond Moon

Policyholder's Signature
Date & Time:

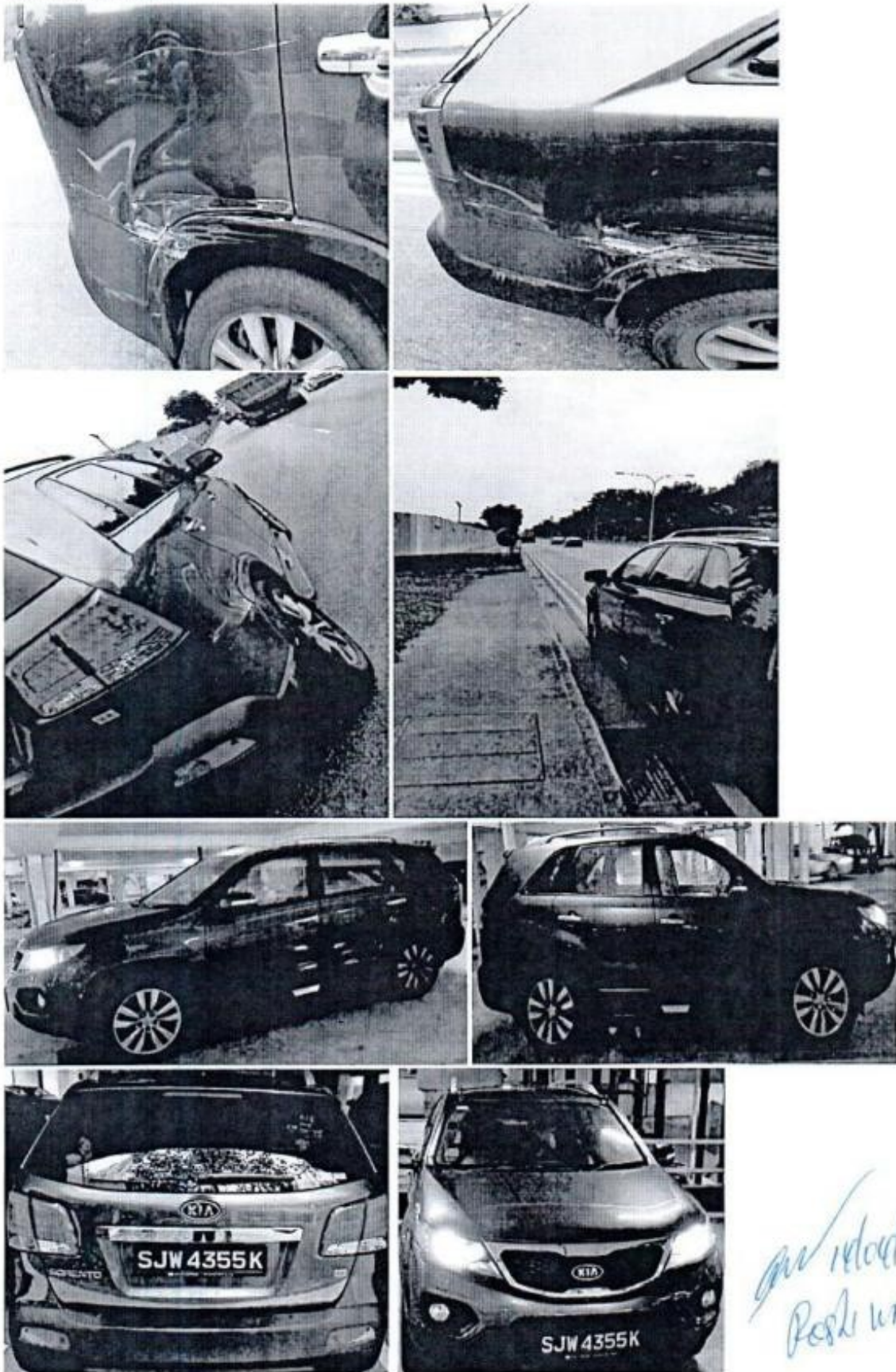

Adeline Chan

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13/4/2018
15:40 hrs.


14/04/2018
Reporting Centre Personnel's Signature
Name: Keshi Nathan
NRIC/FIN No.:

ACCIDENT PHOTO

Photos of SJW4355X



ACCIDENT PHOTO

Other Party:



*Car 14/04/2018
Resli untrns*

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180407/2114

1 of 3

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20180407/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 17:59	Vide Report No.:	Station Diary No.: 126
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Informant's Particulars

Name of Informant: ADELINE CHAN KIN LENG			Address: APT BLK 420 CLEMENTI AVENUE 1 #35-213 SINGAPORE 120420	
ID Type / ID No.: NRIC NO / S7602851F			Contact No.:	Mobile: 96348986
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 42	Date of Birth: 04/02/1976	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: CUSTOMER SERVICE ADMIN			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 07/04/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12				
Exit of Woodlands Avenue 12				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
20563MID	Lorry				No Damage	0
SJW4355K	Car				Seriously Damaged	0

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180407/2114

2 of 3

Report No: T/20180407/2114

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

CONTINUATION OF REPORT

Brief Details.

On 07/04/2018 at about 0930hrs, I was driving vehicle bearing registration number: SJW4355K along Woodlands Avenue 12. As I was driving along the road, I took a glance at the right side of the side mirror and saw orange color signal light flashing from a MINDEF lorry bearing registration number: 20563MID travelling by my side.

Upon realizing it, the said driver was filtering into my lane and he collided into my right side rear bumper. After the accident, we move our vehicle to the side of the road and came down from the vehicle to take a look at the accident.

I then obtained his particulars from him and I gave my particulars to him.

I wish to state that there was no one injured during the point of accident and I have the images of the damages on the vehicle.

The purpose of lodging this report is for insurance claims.

The particulars of the person as follows:
Name: Kasyfil Aziz Bin Kamarulzaman
NRIC: S9504716E
Add: Blk 422 Clementi Ave 1 #04-333

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180407/2114

3 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

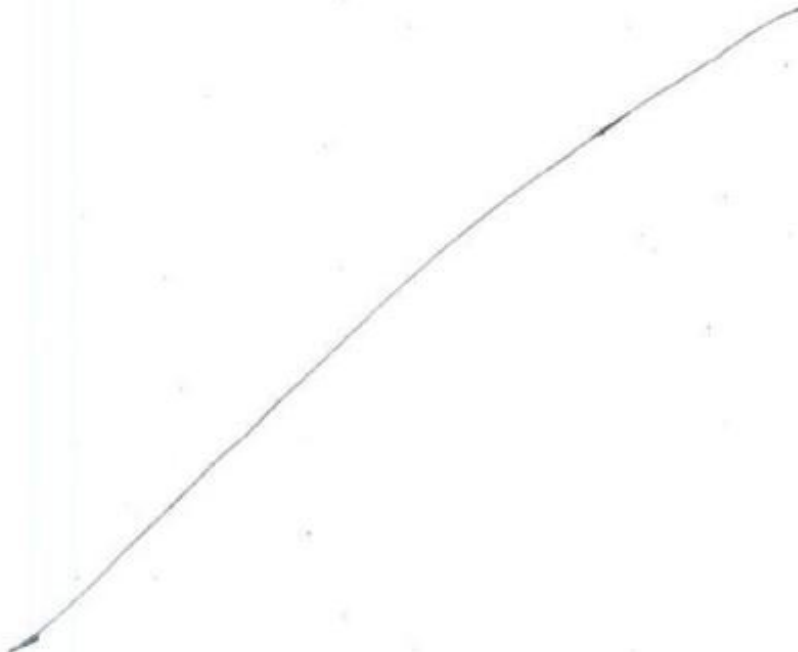
Tel No: 1800-8729999

Report No. T/20180407/2114

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:

D /

Sgt 1 WONG JUN LI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

07/04/2018 17:59

Classification Of Case:

Authentication Stamp

NP188

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



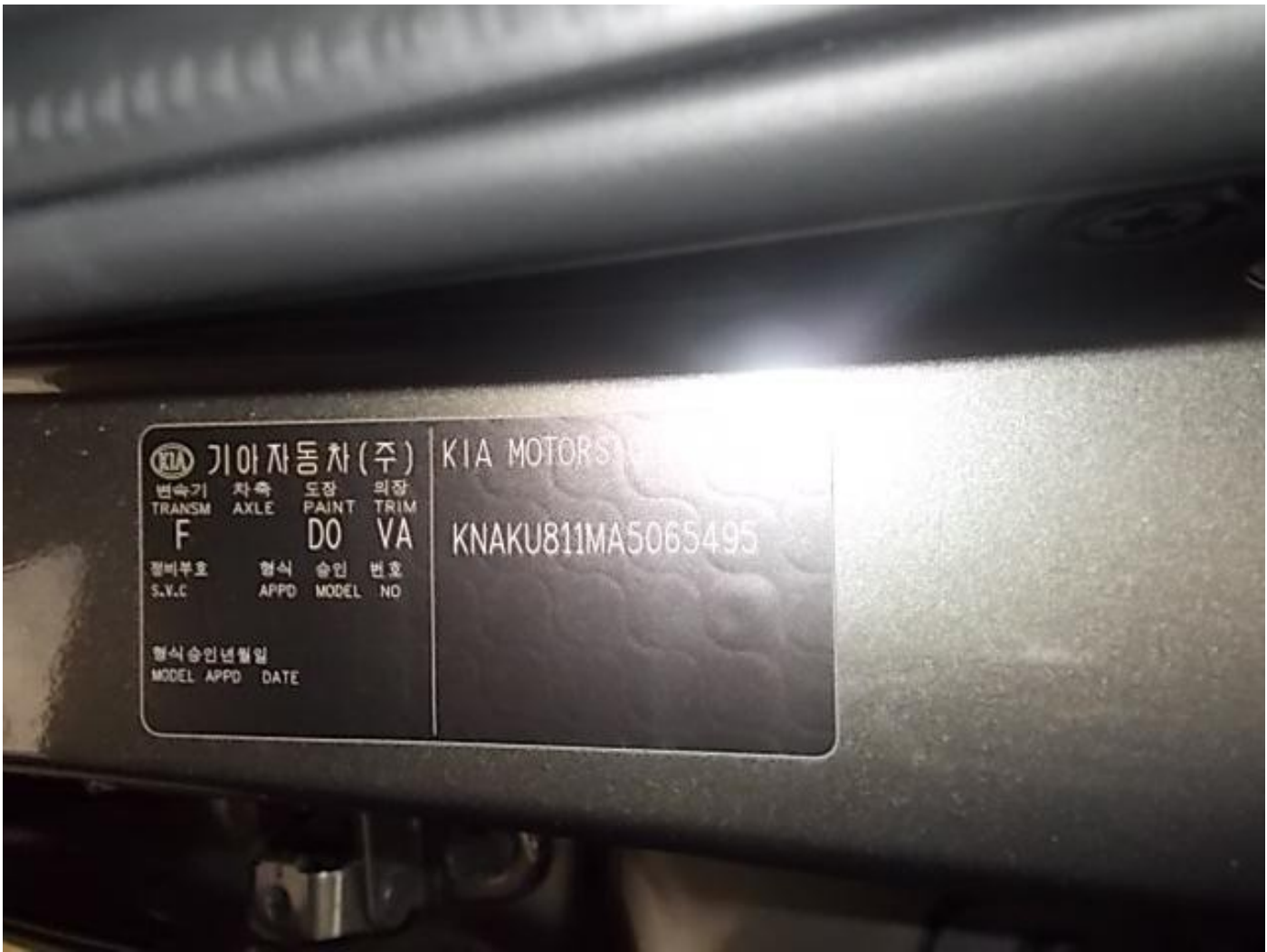
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MM118049582 Vehicle Registration No : SJW435TK
Name (as shown in NRIC) : ADELINE CHAN KIM CHAI NRIC/FIN/Passport No : S7602857F
(☒ Vehicle Driver / ☐ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 98364728
Email Address : _____
Date of Accident : 02/04/2018 Time of Accident : 09:30
Place of Accident : EXIT WOODLANDS AVK 12
Insurance Company : LIBERTY

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To retract from Report to Third Party Claim

Policyholder / Driver's Signature
Date: 18/04/2018

Reporting Centre Personnel's Signature
Name: Kohli Winters
NRIC/FIN No.: _____
Date: 18/04/2018