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 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	13/06/2018 12:24
Date Of Accident	12/06/2018 16:40
Exact Location Of Accident	ALONG PETIR RD BESIDE BUS STOP:44389
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY5999K
Insured/Policyholder	
Name Of Registered Owner	KOK CHEE WENG DANIEL
NRIC No	S7529638Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93874736
Alternative Phone No	OFFICE-93874736
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	TIGUAN 1.4 TSI AT BMT 5N22QY
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	SI17V16942/VPC/R01
Cover Note Number	

Driver

Name of Driver TAN SIEW LENG (CHEN XIULING)

NRIC No S7628739B
Date Of Birth 13/09/1976
Occupation INDOOR
Date Of Driving Pass 14/03/2002

Driving Experience 16 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96997570

Fax Number

Contact Number OFFICE-96997570

EMail Address NOEMAIL

BLK 87 COMMONWEALTH CLOSE Address

#03-21

Postcode 140087

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

COLLIDED INTO PEDESTRIAN Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1 Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : KOK SHUEN REESE

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes.Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

NO

NO

2

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE Police Station Address

Police Station Contact TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180612/2179.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for Investigation.
- 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.
- 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:
 - 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.:

Accident Sketch Plan

Bus K	Petic Rd	A:SJY SGAOK
CRIBE CIRCUMSTANCES OF THE ACCIDENT		
lefer to police report- 7/2018	9612/226	
ette to police report. 1/2010	017/7149.	
/		
1		
ARATION	e con	
eclare the foregoing particulars are true in every respect		1
nolder's Signature Driver's Signature Time: (If driver is not the police)	Rep yholder) Nan	ortir Tentre - rsonnel's Striature

Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999 1 of 4 Report No. T/20180612/2179

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 12/06/2018 22:57		Vide Report No.: J/20180612/0125	Station Diary No.: 202		
Informan	t's Partic	ulars		ATTENDED TO THE PARTY OF THE PA		
Name of TAN SIEV	Informant: W LENG		Address: APT BLK 87 COMMON 140087	WEALTH CLOSE #03-21 SINGAPORE		
ID Type / ID No.: NRIC NO / S7628739B		Contact No.: Home/Office:	Mobile: 96997570			
Nationality: SINGAPORE CITIZEN		Email:				
Sex: Age: Date of Birth: Female 41 13/09/1976		Type of Informant: Driver				
Race: Chinese			Language:	Institution / School Name:		
Occupation: Housewife		Driving Licence Information: Class: 3 Date of Expiry:				

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time of Accident: 12/06/2018 16:40	Type of Location Straight Road
Location: Along Road 1 PETIR ROAD Along Petir Ro Road	oad, towards Upper Bukit T	imah Road, at th	ne bus stop (B44389), op	pposite Blk 201 Petir
Weather:		Road Surface:		
Clear		Dry	,	Road Speed Limit:
Clear Traffic Flow: Two Way			1	raffic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SJY5999K	Car				Slightly Damaged	1

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





2 of 4

Report No. T/20180612/2179

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738

APODE 677729

Tel No: 1800-8929999

CONTINUATION OF REPORT

Driver	NAME OF TAXABLE PARTY.	AND PERSONAL PROPERTY.		Table 15	Z-1-10	
Name	TAN SIEW LENG			ID No).	S7628739B
Related Vehicle	SJY5999K (Car)			Conta	act No.	96997570
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di			harge	NIL	
No. of Days gran	ted Medical Leave	Degree of				
Passenger			STATE OF THE REAL PROPERTY.	ALC: UNIVERSITY	CO JUNE	
Name	Kok Shuen Reese			ID No.		T0927014G
Related Vehicle	SJY5999K (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			harge	NIL	
No. of Days gran	ted Medical Leave	No. of Days granted Medical Leave NIL			Degree of Injury NIL	

Brief Details.

On 12th June 2018 at about 1640hrs, I was travelling along Petir Road in my vehicle (SJY5999K) heading towards Cashew Road. I was on the way to send my daughter, Reese to school for some make up lesson. I was approaching the bus stop (B44389) which is opposite Blk 201 Petir Road, there was a stationary double decker bus at this bus stop, when one Chinese boy just dashed out from in front of the said bus. I tried to swerve to the right to avoid him, but I could not and eventually collided with the boy whom dashed out. The boy flipped to the side and fell to the ground.

I immediately came out of the vehicle and approached the boy. The boy was still conscious and kept complaining of pain. I noticed that there were scratches and bruises on his left cheek, right forehead and he also complained of having neck pain. I also called for the Ambulance at the same time. While waiting for Ambulance to arrive, I managed to contact the boy's family members which was provided by the boy. Shortly, the boy's grandmother and auntie came down. The Ambulance also arrived and attended to the boy. The boy was name "Lucas".

The Traffic Police then came about 05 minutes after the arrival of the Ambulance. The Ambulance subsequently conveyed the boy to KK hospital for medical assessment there. There is in car camera in my vehicle and it has captured the whole accident. I have handed my SD card to the Traffic Police as well. There was one witness "Mr Jeremy HP: 94508110", came and told me that he was standing in front of Blk 201 Petir Road when he saw the boy dashing across the traffic from opposite, he wanted to shout at the boy to not dash but it was too late.

I wish to state that I was not travelling fast as there was a hump up ahead on the road which I was travelling on.

Police Report





Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

3 of 4 Report No. T/20180612/2179

CONTINUATION OF REPORT

TP IO Khairi Tel: 65476131. Report number: J/20180612/0125

Police Report





Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

4 of 4 Report No. T/20180612/2179

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: J / Sgt 2 LUCAS KOH PEI SONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2018 22:57
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp Palice Force	





















