

## 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	20/08/2018 17:01
Date Of Accident	20/08/2018 13:10
Exact Location Of Accident	ALONG CTE (CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG434C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	OH CHENG HWA (HU QINGHUA)
NRIC No	S7703341F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96531370
Alternative Phone No	OFFICE-96531370

### Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.5 TURBO VTIS SR
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	SD16V12707/VPC2/R00
Cover Note Number	

### Driver

Name of Driver	OH CHENG HWA (HU QINGHUA)
NRIC No	S7703341F
Date Of Birth	31/01/1977
Occupation	INDOOR
Date Of Driving Pass	24/07/2004
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96531370
Fax Number	
Contact Number	OFFICE-96531370
Email Address	NOEMAIL

Address	BLK 318B ANCHORVALE LINK #12-251
Postcode	542318
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?	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	PAYA LEBAR NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 114 HOUGANG AVENUE 1 #01-1270 , <b>POSTCODE:</b> 530114 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2899999 - <b>FAX NO:</b> 62815961
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180820/2096.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBL8598C
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)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan

### 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:

20/8/18

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

20/8/18

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

20/8/18

## Accident Sketch Plan

### SKETCH PLAN

CTE

A hand-drawn diagram of a house with a chimney and a tree. The house is a simple rectangle with a triangular roof. A chimney is attached to the right side of the house. A tree is drawn to the right of the house. The diagram is drawn on a grid of vertical lines.

DUA: 20/8/18

A SLG 434C

B : FBL 8598c

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

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

Policyholder's Signature

Date &amp; 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**



T/20180820/2096

1 of 4

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

Report No. T/20180820/2096

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 15:38	Vide Report No.:	Station Diary No.: 23
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: OH CHENG HWA		Address: APT BLK 318B ANCHORVALE LINK #12-251 SINGAPORE 542318	
ID Type / ID No.: NRIC NO / S7703341F		Contact No.:	Mobile: 96531370
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 31/01/1977	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Engineer		Driving Licence Information: Class: 3 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/08/2018 13:10	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY (CITY) BEFORE EXIT TO PIE (CHANGI) BESIDE BRADDELL FLYOVER				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Dual Carriage Way	Traffic Control:	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
FBL8598C	Motorcycle	HONDA	CB190R	Yellow	Slightly Damaged	1
SLG434C	Car	HONDA	CIVIC 1.5	Red	Slightly Damaged	0

**Details of Person Involved**  
Any Pedestrian Involved: No  
Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20180820/2096

2 of 4

Report No. T/20180820/2096

## CONTINUATION OF REPORT

<b>Pillion</b>			
Name	Unknown Pillion	ID No.	NIL
Related Vehicle	FBL8598C (Motorcycle)	Contact No.	NIL
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	Slight
<b>Rider</b>			
Name	HUSAIN BIN JUMARI	ID No.	S9733151J
Related Vehicle	FBL8598C (Motorcycle)	Contact No.	83821589
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
<b>Driver</b>			
Name	OH CHENG HWA	ID No.	S7703341F
Related Vehicle	SLG434C (Car)	Contact No.	96531370
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


### Brief Details.

On 20/08/2018 at around 1307hrs, I was driving, SLG434C, along CTE (City) before exit to PIE (Changi) beside Braddell Flyover on the fourth lane when a lorry that is in front of me jammed brake without apparent reason. I immediately jammed brake too but a motorcycle, FBL8598C, that was behind of me unable to brake on time and hit onto the rear of my vehicle.


Ambulance and Traffic Police attended to us. The pillion of the motorcycle was conveyed to Hospital by Ambulance.

Police Report

INVESTIGATION BRANCH  
POLICE  
CASE CARD  
176

 **SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

  
T/20180820/2096

3 of 4  
Report No. T/20180820/2096

114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999

CONTINUATION OF REPORT

Sketch Plan  
Information is not able to provide sketch plan

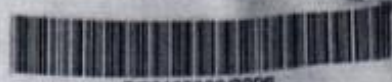


Police Report



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Paya Lebar NPP  
114 Hougang Avenue 1 #01-1270  
SINGAPORE 530114  
Tel No: 1800-2899999



T/20180820/2096

4 of 4

Report No. T/20180820/2096

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 /  
Sr Staff Sgt MOHAMED AZMI BIN MOHAMED  
RIDUAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
20/08/2018 15:38

Classification Of Case:

SN 085



Signature:

Singapore Police Force

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



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 0010  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UTN: S66550206 / 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 : MHA118107862 Vehicle Registration No: SLA434C  
Name(as shown in NRIC) : Oh Cheng Hwee (Heng Heng) NRIC/FIN/Passport No : 57203341F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : Blk 318B Anchorvale Link #12-251 Singapore(540318)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96531370  
Email Address : \_\_\_\_\_  
Date of Accident : 20/5/18 Time of Accident : 13:10  
Place of Accident : Along OTE (City)  
Insurance Company: Liberty Insurance

#### (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:

1. Amend time of accident (13:10)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

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