

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	28/08/2018 13:52
Date Of Accident	27/08/2018 17:30
Exact Location Of Accident	MCE TUNNEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ7098R
Insured/Policyholder	
Name Of Registered Owner	LAU YING MIN
NRIC No	S7419212B
Email Address	ANDREWLAUYM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96909109
Alternative Phone No	OFFICE-98718090

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE-2.5 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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTPV01010897
Cover Note Number	

Driver

Name of Driver	LIAO HUIZHU
NRIC No	S8237194Z
Date Of Birth	02/11/1982
Occupation	INDOOR
Date Of Driving Pass	12/02/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98718090
Fax Number	
Contact Number	OFFICE-96909109
EEmail Address	YAHOEHA@HOTMAIL.COM

Address	81 ELITE PARK AVENUE
Postcode	458900
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	CHAIN COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

While I travelling along MCE Tunnel vehicle in front of me jammed brake to complete stop. I followed. However vehicle B behind me could not stop in time hit onto my rear and my car move forward and hit onto vehicle C.

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	SHD9K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SDE9742J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLA2217G
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHA4406L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 LIAO HUIZHU
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLQ7098R
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan

SKETCH PLAN

Veh A: SLG 7098R

VehB: SHD 9K

VehC: SDE 9742J

VehD: SLH 2217 G

VehE: SHA 4406 L


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: 28/8/18
12:30 PM

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

Sketch Plan #2

SKETCH PLAN

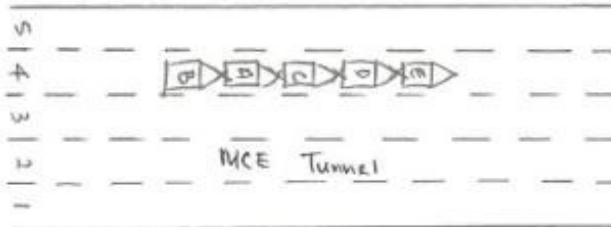
Veh A: SLG 70 98 R

VchB: SHD 9K

Vch C: SDE 9742J

Veh ID: SLA 2017 G1

Vehicle: SHA 4406 L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While i traveling along MCE Tunnel Vehicle in front of me jammed brake to complete stop. i followed. However veh B behind me could not stop in time hit onto my rear and my car move forward and hit onto veh C.

DECLARATION

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

Andru

Policyholder's Signature

Date & Time:

are true in every respect.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/8/21



12:30 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7419212B




Name
LAU YING MIN
(LIU YINGMIN)
刘 莹 珉

Race
CHINESE



Date of Birth
26-06-1974

Sex
M

Country of Birth
SINGAPORE



2671443




NRIC No. **S7419212B**

Blood Group
A+

Date of issue
27-07-1995

Address
81 ELITE PARK AVENUE
SINGAPORE 1545



Driver NRIC & Driving Licence Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S8237194Z**

Name: **LIAO HUIZHU**

Birth Date: **02 Nov 1982**

Issue Date: **12 Feb 2004**

001115374J




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8237194Z**

Name: **LIAO HUIZHU**

廖慧珠

Race: **CHINESE**

Date of birth: **02-11-1982**

Country of birth: **SINGAPORE**

Sex: **F**

S8237194Z




YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE

12 Feb 2004

NP 428A

Licence No: **S8237194Z**



4941532

NRIC No: **S8237194Z**

Date of issue: **25-02-2013**

81 ELITE PARK AVENUE
SINGAPORE 458900

NRIC No: **S8237194Z**

Date: **14/04/2016**






**SINGAPORE
POLICE FORCE**



A/20180828/7001

1 of 2

POLICE REPORT (NP299)

Report No. A/20180828/7001

Police Station Of Origin
Central Police Divisional HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 28/08/2018 00:40	Vide Report No.	Station Diary No.
Name Of Informant LIAO HUIZHU	Address 81 ELITE PARK AVENUE SINGAPORE 458900	
ID Type / ID No. NRIC NO / S8237194Z	Contact No. Home/Office:	Mobile: 98718090
Nationality SINGAPORE CITIZEN	Email Address yahoheha@hotmail.com	
Occupation Sales and marketing manager	Sex Female	Age 35
Institution/School Name	Date of Birth 02/11/1982	Race Chinese
Date/Time Of Incident 27/08/2018 17:30 - 27/08/2018 17:30	Location Of Incident MARINA COASTAL EXPRESSWAY	

Brief details.

Refer to Report A12018082710102
IO Ken Lee 65476138
NP168

I am Driver of SLQ7098R. Liao HuiZhu S8237194Z. Went for medical examination after accident. Three x ray taken, 5 days MC.
Slight injury to head and neck and fingernail bleeding.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2018 00:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



A/20180828/7001

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20180828/7001

Subjects Involved			
Victim			
Person Name	LIAO HUIZHU		
ID Type	NRIC NO	ID No	S8237194Z
Gender	Female	Age	35
Race	Chinese	Language	English
Occupation	Sales and marketing manager	Address Type	
Address	81 ELITE PARK AVENUE SINGAPORE 458900	Mobile No	98718090
Is Informant A Victim?	Yes		
Person Name	LIAO HUIZHU (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 28/08/2018 00:40
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

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



Accident Photo



Accident Photo



Accident Photo

