

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	01/10/2018 18:30
Date Of Accident	27/12/2017 02:00
Exact Location Of Accident	ALONG ENG NEO AVENUE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBT60Y
Insured/Policyholder	
Name Of Registered Owner	TAN WAH ANN @ TAN ROBERT
Co Reg No	-
Email Address	KUKIMONZTER@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82809823
Alternative Phone No	OFFICE-82809823

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	28905810 SMA
Cover Note Number	

Driver

Name of Driver	LEOW HUA LIANG (LIAO HUALIANG)
NRIC No	S7828214B
Date Of Birth	06/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2002
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82809823
Fax Number	
Contact Number	OTHERS-82809823
Email Address	KUKIMONZTER@GMAIL.COM

Address	9 ZEHNDER ROAD
Postcode	117691
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SON IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : NG CHIN BOON JUSTIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG NPP
Police Station Address	ROAD: 158 YUNG LOH ROAD #01-58 , POSTCODE: 610158 , 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/20180108/2076 (DRIVER NOT SURE OF THE ACCIDENT AND CAR WAS SCRAPE AFTER THE ACCIDENT)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF INJURED PERSON 1

Name	LEOW HUA LIANG (LIAO HUALIANG)
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	SBT60Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	

Postcode

DETAILS OF INJURED PERSON 2

Name NG CHIN BOON JUSTIN

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? SBT60Y

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

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

Not started
Surge water happen

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS Refer to Police Report
7/20/86/08/2076

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.:

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POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
810158
Tel No: 1800-2659999



Report No: T20180106/0076

CONTINUATION OF REPORT

Driver Name	LEOW HUA LIANG	ID No.	B70202140
Related Vehicle	SBT60Y (Car)	Contact No.	82609823
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class 3 Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	20	Degree of Injury	Serious
Passenger Name	NG CHIN BOON JUSTIN	ID No.	S7423335Z
Related Vehicle	SBT60Y (Car)	Contact No.	90354854
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/12/2017	Date Discharge	NIL
No. of Days granted Medical Leave	20	Degree of Injury	Serious

Brief Details.

ON 27/12/2017 at about 0200hrs, I was driving my vehicle V1) SBT60Y along Eng Neo Avenue towards Tuas. I was driving on the 2nd lane. As I approached a bend on the left, my vehicle made a 360 degrees swerve and subsequently collided onto a railing on the right hand side of the road. A police vehicle had then attended to us. I and my passenger was then conveyed to Ng Teng Fong general hospital. My passenger was granted outpatient sick leave from 27-30/12/2017 and my passenger was also granted hospitalization leave from 30/12/2017 to 15/01/2018. I was given hospitalization leave from 27/12/2017 to 08/01/2018.

V1 is seriously damaged.

POLICE REPORT



SINGAPORE
POLICE FORCE



Police Station Of Origin:
Jurong NPP
158 Yung Lok Road #01-58 SINGAPORE
610158
Tel No: 1800-2859999

S.M.S.
Report No: TTS/8798/2018

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:

Sgt 2 ARVIN PILLAI S/O MANI RAJAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2018 14:11

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No: 65476430

Classification Of Case:



Authentication Stamp

Signature: _____

Singapore Police Force

LETTER



SINGAPORE
POLICE FORCE

Traffic Police
10 Lbl Avenue 2
Singapore 408608
Tel: +65 6747 1330
Fax: +65 654 76250
www.police.gov.sg

Ref
Date

TP/P/68281/2017
10 January 2018

IG CHIN BOON JUSTIN
LK 450B SENGKANG WEST WAY
08 347
SINGAPORE 792450

Dear Sir/Madam:

ACCIDENT INVOLVING SBT60Y ON 27.12.2017 AT 0310 HRS, ALONG PAN ISLAND
EXPRESSWAY 24.8KM

I refer to the above accident.

Please be informed that we have completed our investigations which shows that the
driver of SBT60Y has committed an offence of Driving without due care and attention under Section
5(a) Road Traffic Act, Chapter 276. Action has been initiated against the driver for the said
offence.

If you have any queries, please contact the Investigation Officer, Rashidah Azman
telephone number 6547 6216

Yours faithfully

SITI AFIQAH
FOR HEAD INVESTIGATION
TRAFFIC POLICE
SINGAPORE POLICE FORCE

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7828214B



Name
LEOW HUA LIANG
(LIAO HUALIANG)
廖华亮

Race
CHINESE

Date of birth
06-10-1978

Sex
M

Country of birth
SINGAPORE

4283407

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7828214B

Name
LEOW HUA LIANG
(LIAO HUALIANG)

Birth Date 06 Oct 1978

Valid Date 29 Mar 2004

0011807987

4283407



Licence No S7828214B

Date of issue
16-10-2008

Address
9 ZEHNDER ROAD
SINGAPORE 117691

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

CLASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms 01 Oct 2000

NP428A

Licence No: S7828214B