

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 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. 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	25/10/2018 17:16
Date Of Accident	24/10/2018 01:20
Exact Location Of Accident	ALONG WEST COAST HWY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBC6272C
Insured/Policyholder	
Name Of Registered Owner	OWESOME RENTALS PRIVATE LIMITED
Co Reg No	201701835N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S 1.6 AT ABS D/AIRBAG HID 2WD 3DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V06093/VPZ/R00
Cover Note Number	

Driver

Name of Driver	CHIA TIAN HUI (XIE TIANHUI)
NRIC No	S8235449B
Date Of Birth	06/11/1982
Occupation	INDOOR
Date Of Driving Pass	14/03/2002
Driving Experience	16 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88111124
Fax Number	
Contact Number	OFFICE-88111124
Email Address	NOEMAIL

Address	BLK 102 BEDOK NORTH AVENUE 4 #13-2034
Postcode	460102
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
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	QUEENSTOWN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 15 COMMONWEALTH AVENUE , POSTCODE: 149725 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO: 64715299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181024/2015.

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	GY2279K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME: : GENDER: :
Passenger 2	NAME: : GENDER: :

Accident Sketch Plan

SKETCH PLAN

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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 compliance 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

West Coast Hwy

A: JBL 6271C
B: 6y 2290C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/024/2013.

[A large diagonal line is drawn across the remaining lines of this section.]

AXED

DECLARATION

I/We declare that 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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20181024/2015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2018 03:23	Vide Report No.: D/20181024/0010	Station Diary No.: 21
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Informant's Particulars			
Name of Informant: CHIA TIAN HUI		Address: APT BLK 102 BEDOK NORTH AVENUE 4 #13-2034 SINGAPORE 460102	
ID Type / ID No.: NRIC NO / S8235449B		Contact No.: Home/Office: Mobile: 88111124	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 35	Date of Birth: 06/11/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SELF EMPLOYED		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/10/2018 01:20	Type of Location: HIGHWAY
Location: Along Road 1 WEST COAST HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY2279K	Van	NISSAN	URVAN	Blue	Seriously Damaged	2
SBC6272C	Car	MINI	COOPER	Black	Seriously Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20181024/2015

CONTINUATION OF REPORT

Driver			
Name	CHIA TIAN HUI	ID No.	S8235449B
Related Vehicle	SBC6272C (Car)	Contact No.	88111124
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 24/10/2018 at about 0120hrs, I was travelling in my vehicle registration plate number SBC6272C from Bedok North towards Bukit Purmei. While I was travelling along West Coast Highway, I noticed that there was a white in color object that is in the middle lane of the three-way lane. I then tried to swerve away from it preventing myself from colliding into the object. I was feeling tired as well and while trying to avoid contact with the said object, I then tried to step onto the brake but instead step onto the accelerator and the vehicle just went out of my control and collided onto the rear of the van with vehicle registration plate number GY2279K. After colliding onto the van, my vehicle then collided onto the right side of the highway kerb before coming to a stop. The damage to my vehicle is a broken front bumper and engine area while the van suffer a broken rear bumper and front bumper. I am lodging this police report as instructed by the Singapore Traffic Police and for my insurance filing purposes. I do not have any physical injuries due to the accident at the current moment but I may want to go to the hospital for further checks.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181024/2015

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20181024/2015

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 GABRIEL CHAN WEE KEEN

Signature Of Informant:

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[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
24/10/2018 03:23

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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