

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 | 16/11/2018 17:14 |
| Date Of Accident | 13/11/2018 02:45 |
| Exact Location Of Accident | PIE ENTERING KPE (TPE) |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJX3226B |
| Insured/Policyholder | |
| Name Of Registered Owner | KOH WAN LIN VALERIE |
| NRIC No | S8728493Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91598753 |
| Alternative Phone No | OFFICE-91598753 |

Vehicle Particulars

| | |
|--|--------------------------------|
| Manufacturer | MINI |
| Model | COOPER 1.6 AT ABS D/AB 2WD 2DR |
| 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? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|---------------------------|
| Name of Insurance Company | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | SD18V07302/VPE/R01 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KOH WAN LIN, VALERIE |
| NRIC No | S8728493Z |
| Date Of Birth | 13/09/1987 |
| Occupation | INDOOR |
| Date Of Driving Pass | 04/06/2012 |
| Driving Experience | 6 YEARS AND 5 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91598753 |
| Fax Number | |
| Contact Number | OFFICE-91598753 |
| Email Address | NOEMAIL |

| | |
|---|---------------------------------|
| Address | BLK 265B PUNGGOL WAY #09-332 |
| Postcode | 822265 |
| 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 | COLLIDED INTO PROPERTY |
| Weather Conditions | RAINING |
| Road Surface | WET |

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? | 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 | SENGKANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800 - 3438999 - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20181114/2124.

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 INJURED PERSON 1

| | |
|---|--------------------------|
| Name | KOH WAN LIN, VALERIE |
| Approximate Age | |
| Injuries Sustain | SHOULDER, HAND & RIBCAGE |
| Injured person in which vehicle? | SJX3226B |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

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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:

16 NOV 2018

GIA/MSAC Sketch Plan Form_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

16 NOV 2018

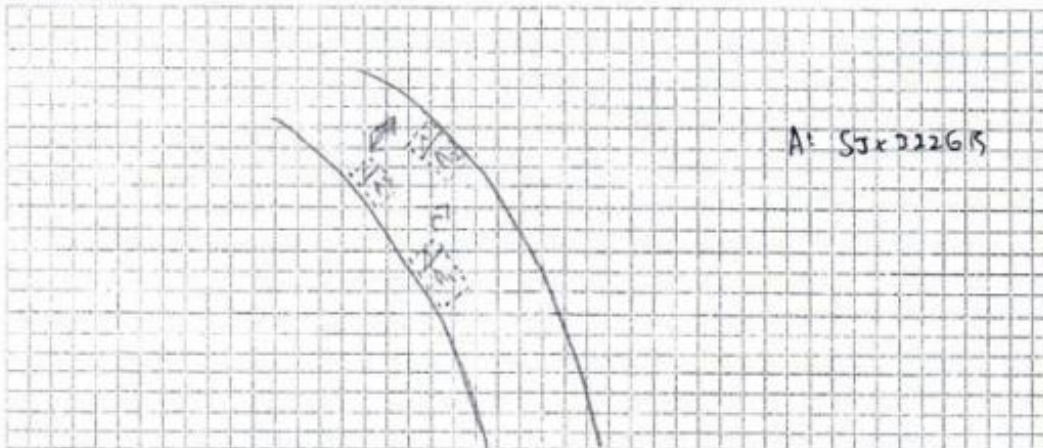
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report:
T/20181114/2124

DECLARATION

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

Polyholder's Signature _____

Date & Time:

DATE: 2016-09-16

Driver's Signature _____

(if driver is not the policyholder)

Date & Time: 16 NOV 2018

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181114/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20181114/2124

REPORT OF A TRAFFIC ACCIDENT

| | | | | |
|--|------------|--|------------------------------|---------------------------|
| Date/Time Report Made: 14/11/2018 15:43 | | Vide Report No.: | | Station Diary No.: 162 |
| Informant's Particulars | | | | |
| Name of Informant: KOH WAN LIN, VALERIE | | Address: APT BLK 265B PUNGGOL WAY #09-332 SINGAPORE 822265 | | |
| ID Type / ID No.: NRIC NO / S8728493Z | | Contact No.: Home/Office: Mobile: 91598753 | | |
| Nationality: SINGAPORE CITIZEN | | Email: | | |
| Sex: Female | Age: 31 | Date of Birth: 13/09/1987 | Type of Informant: Driver | |
| Race: Chinese | | Language: English | Institution / School Name: | |
| Occupation: FREELANCE | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|--|------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 13/11/2018 02:45 | Type of Location: Straight Road |
| Location: Along Road 1 KALLANG PAYA LEBAR EXPRESSWAY | | | | |
| Towards TPE | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: 70 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Moving Vehicle Against - Others | | | Anyone conveyed by ambulance: No | |

| | | | | | | |
|------------------------------------|------|------|-------|-------|------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| SJX3226B | Car | | | | Slightly Damaged | 0 |

| | | | | |
|-------------------------------------|---------------------------|--------------|-----------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SJX3226B | LIBERTY INSURANCE PTE LTD | | | |

Police Report



SINGAPORE
POLICE FORCE



T/20181114/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20181114/2124

CONTINUATION OF REPORT

Brief Details.

On the 13/11/2018 at about 0230hrs, I was driving my car bearing P/N : SJX3226B from Toa Payoh on my way back home that is located at Punggol. The route that I took is at Toa Payoh, PIE (Changi), KPE/TPE tunnel. The weather at that point of time was raining and the road surface was wet.

On the same day at about 0245hrs, I drove my vehicle and entered the left bend of the tunnel of KPE. I was driving at a moderate speed when suddenly I felt that my car was swerving/skidding to the left as such, I counter the collision by turning my steering wheel to the right. I manage to avoid to hit side wall of the KPE tunnel however the car skidded to the right instead and my car collided on the right wall of the said KPE tunnel wall. Both of my car airbag was deployed during the collision.

I was still conscious, and immediately I applied my foot break and stopped my vehicle at the said tunnel. I came to realize that my there was some visible smoke that appear on my dashboard area/steering wheel area. It was impossible for me to exit from my driver side door as the impact was against the said wall. As such I force myself to exit on the front passenger door area. The moment I manage to exit the vehicle, I called my male friend to assist me as I felt breathless and pain on my right back area. He came few minutes later and I was admitted in the Sengkang General Hospital.

Doctor decided to admit me in the hospital for a day for observation. On the 14/11/2018 at about 1450hrs, I was discharge from the hospital and doctor inform that due to the accident I suffer from soft tissue injury and some abrasion (ribcage area). Traffic police IO called and inform that my vehicle is currently at the traffic HQ compound.

Police Report



SINGAPORE
POLICE FORCE



T/20181114/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20181114/2124

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 /
Staff Sgt MUHAMMAD FADHLULLAH BIN
SHARIFFUDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP188

Signature Of Informant:

Date/Time:
14/11/2018 16:43

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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