

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	08/11/2018 08:52
Date Of Accident	07/11/2018 18:50
Exact Location Of Accident	PAN ISLAND EXPRSSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4918T
Insured/Policyholder	
Name Of Registered Owner	CHAN WHYE KWONG
NRIC No	S0096607Z
Email Address	CHAN.WHYEKWONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96174602
Alternative Phone No	OFFICE-96174602

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5 SV CVT
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	SI18V07189/VPE/R00/E00
Cover Note Number	

Driver

Name of Driver	CHAN WHYE KWONG
NRIC No	S0096607Z
Date Of Birth	05/04/1954
Occupation	INDOOR
Date Of Driving Pass	07/09/1999
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96174602
Fax Number	
Contact Number	OFFICE-96174602
E-Mail Address	CHAN.WHYEKWONG@GMAIL.COM

Address	716 UPPER CHANGI ROAD EAST #05-01 CHANGI GREEN
Postcode	486847
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	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	3
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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5872999 - FAX NO: 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20181107/2160

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	SHC332G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WU SENG KOK
NRIC/Passport Number	S0051270B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGA8931Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE HIRE
Name of Driver LIM ENG KOON
NRIC/Passport Number S1755254F
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SGA8931Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

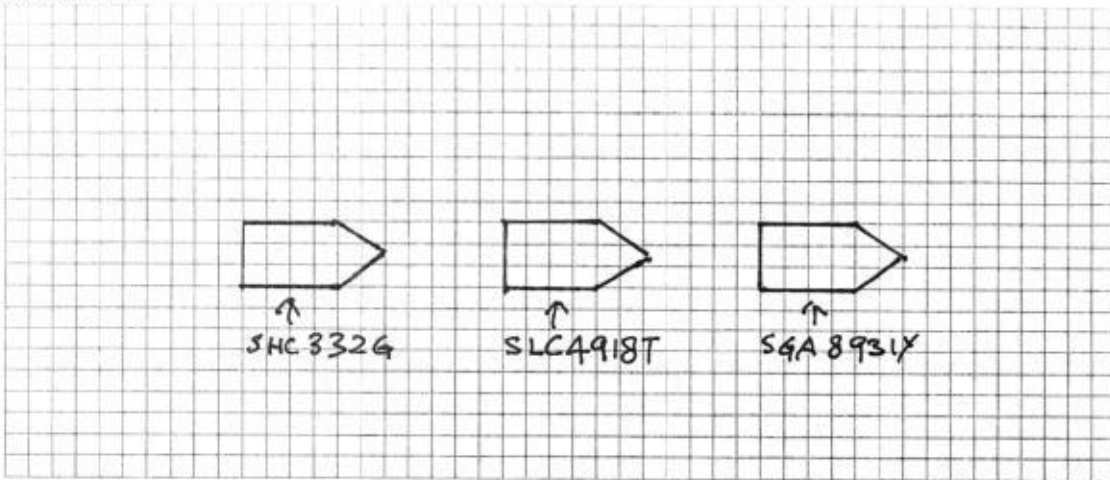
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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:

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Reporting Centre
Name: Singapore 415933
NRIC/Ten: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report.

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Signature

Singapore 415933

Name:

NRIC/PR No:

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Accident Sketch Plan Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181107/2160

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

1 of 3
Report No. T/20181107/2160

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/11/2018 22:13		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: CHAN WHYE KWONG			Address: BLK 716 UPPER CHANGI ROAD EAST #05-01 SINGAPORE 486847		
ID Type / ID No.: NRIC NO / S0096607Z			Contact No.: Home/Office: Mobile: 96174602		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 64	Date of Birth: 05/04/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: AIRLINE STAFF			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 07/11/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE NEAR PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
SGA8931Y	Car				Slightly Damaged	1
SHC332G	Car					0
SLC4918T	Car				Slightly Damaged	0



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POLICE FORCE**



T/20181107/2160

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2 of 3

Report No. T/20181107/2160

CONTINUATION OF REPORT

Brief Details.

On 7th November 2018 at about 6.50pm, while driving on the Pan Island Expressway towards Changi Airport, on the first lane (overtaking lane), a silver private hire car bearing plate no.: SGA8931Y, made an abrupt stop. I was unable to stop my car (SLC4918T) in time and my car made contact with the private hire car. My car was then hit from behind by a city cab bearing plate no.: SHC332G. Once all the vehicles came to a stop, all parties involved alighted their vehicles when it was safe to do so. After assessing the damage and making sure that there were no injuries to the parties involved, we exchanged particulars.

The particulars of the private hire car is:

Lim Eng Koon
S1755254F

The particulars of the taxi driver is:

Wu Seng Kok
S0051270B

I would like to state that there was a passenger in the private hire car. However, I do not have her particulars. The driver of the private hire car informed me that the passenger would be going for a medical checkup.

I would like to state that there was a verbal agreement between all parties involved that there would be insurance claims made. I then went back to my vehicle and subsequently drove off. I am lodging this report in case the passenger suffered injuries.

My dashboard camera in the car was not working at the time of the accident.

My rear bumper, front bumper and bonnet were damaged. The front passenger car door was unable to open fully as well.

Accident Sketch Plan Pg. 1



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POLICE FORCE



T/20181107/2160

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9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

3 of 3
Report No. T/20181107/2160

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: G / Sgt 2 WONG TARYN ESMERELDA XIN YI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/11/2018 22:13
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	 SIGNATURE