

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	21/11/2018 12:14
Date Of Accident	19/11/2018 19:30
Exact Location Of Accident	CHANGI SOUTH AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS225B
Insured/Policyholder	
Name Of Registered Owner	PHOON YIN LING
NRIC No	S7316931C
Email Address	AGNESPHOONYL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98000522
Alternative Phone No	OTHERS-98000522

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C200
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V05382/VPC/R00
Cover Note Number	

Driver

Name of Driver	PHOON YIN LING
NRIC No	S7316931C
Date Of Birth	22/05/1973
Occupation	INDOOR
Date Of Driving Pass	10/05/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98000522
Fax Number	
Contact Number	OTHERS-98000522
Email Address	AGNESPHOONYL@GMAIL.COM

Address	156 JOO CHIAT PLACE #03-02
Postcode	427884
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	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	
Was any body injured in the Accident?	NO
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)	2
Passenger 1	NAME: : JENNIFER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the above mentioned date and time , I was driving my vehicle no SLS225B somewhere near Changi city point . At the red light junction I stopped my vehicle when the traffic lights turn red . However the bus in front of me towed back and hit my car . I started to horn but the bus did not stop and hit the front of my car and subsequently moved off . As I was late for my meeting , I did not chase after the bus . When I reached my destination I found out my vehicle was damaged , there were scratches and bumper was detached . I have video of the accident and photo of my damaged vehicle .

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	CB6726D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

21/11/18

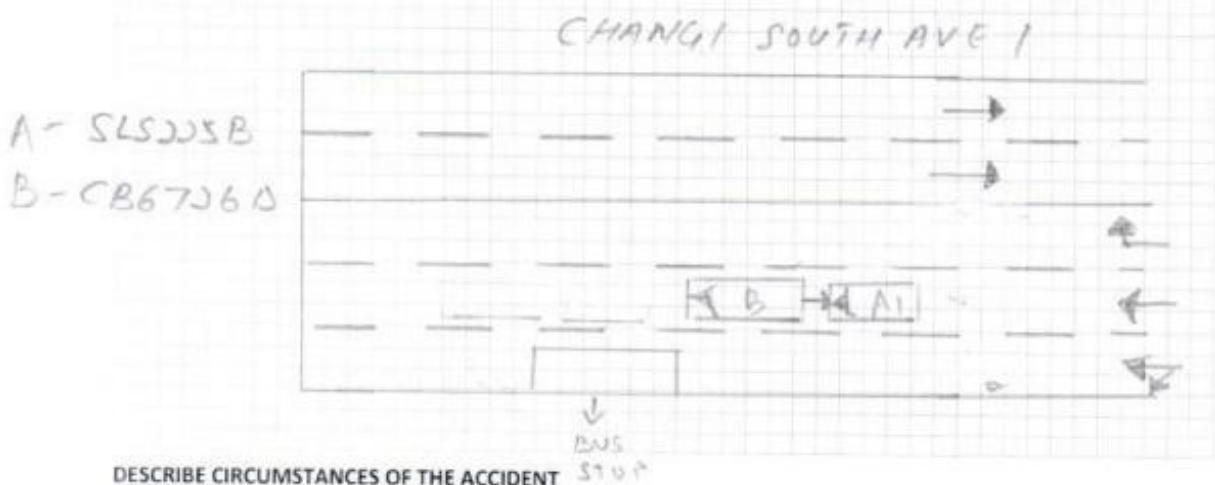
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

21/11/18

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Policyholder's Signature
Date & Time:

21/11/18

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

21/11/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



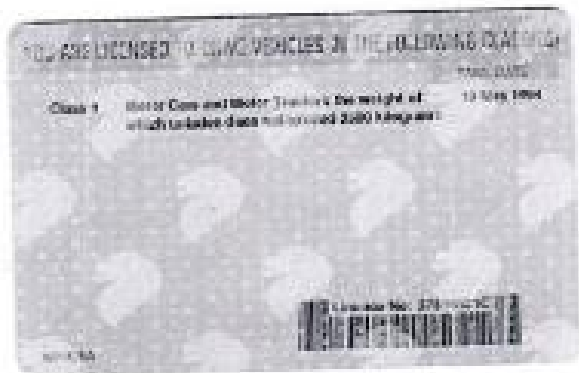
Accident Photo



Accident Photo



Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T201811207010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470800

1 of 3

Report No. T201811207010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2018 13:53		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: PHOON YIN LING			Address: 156 JOO CHIAT PLACE #03-02 SINGAPORE 427884		
ID Type / ID No.: NRIC NO / S7316831C			Contact No. Home/Office: Mobile: 68000622		
Nationality: SINGAPORE CITIZEN			Email: agnes_phoon@hotmail.com		
Sex: Female	Age: 45	Date of Birth: 22/05/1973	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name
Occupation: Sales and marketing manager			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 18/11/2018 19:30	Type of Location: Straight Road
Location: CHANGI BUSINESS PARK CRESCENT			
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8726D	Car					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/20181120/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

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Report No: T/20181120/7010

CONTINUATION OF REPORT

Driver			
Name	PHOON YIN LING	ID No.	S7310931C
Related Vehicle	CB6726D (Car)	Contact No.	98000622
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

On the above mentioned date and time , I was driving my vehicle no SL S 225 B somewhere near Changi city point . At the red light junction I stopped my vehicle when the traffic lights turn red . However the bus infront of me towed back and hit my car . I started to horn but the bus did not stop and hit the front of my car and subsequently moved off . As I was late for my meeting , I did not chase after the bus . When I reached my destination I found out my vehicle was damaged , there were scratches and bumper was detached . I have video of the accident and photo of my damaged vehicle .

Police Report



**SINGAPORE
POLICE FORCE**



T/20181120/7010

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408885
Tel No: 65470000

3 of 3

Report No. T/20181120/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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:
20/11/2018 13:53

Officer In Charge Of Case:
TP / TPB /
ABDUL KAREEM BIN ABDUL HAGUE
Contact No : 85478079

Classification Of Case:

Authentication Stamp
NP-84