

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	17/12/2018 10:45
Date Of Accident	17/12/2018 00:40
Exact Location Of Accident	LOR 6 TOA PAYOH SLIP RD TO BRADDELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS9230A
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	-
Email Address	KHIERTHII@ROSETAUTOCARE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER GLX
Exact Purpose for which vehicle was being used at time of accident	GRAB
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

Driver

Name of Driver	TANG KANG YU,NICHOLAS
NRIC No	S9123377J
Date Of Birth	02/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/02/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82230612
Fax Number	
Contact Number	
Email Address	NICHOLASTANG1991@GMAIL.COM

Address	BLK 6A BOON TIONG ROAD #20-37
Postcode	164006
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	AFTER RAIN
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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: : CATHERINE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Driving from lor 6 Toa Payoh slip road into Braddell road. Vehicle in the front came to a sudden stop and I hit the brakes, I felt the wheels skidded due to the wet slippery road surface and my vehicle collided into the rear portion of vehicle B.

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	GBE8800E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YEO SEE HENG
NRIC/Passport Number	S7533306D
Contact Number	82182787
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CATHERINE(PASSENGER)
Approximate Age	
Injuries Sustain	LEG
Injured person in which vehicle?	SJS9230A
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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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.



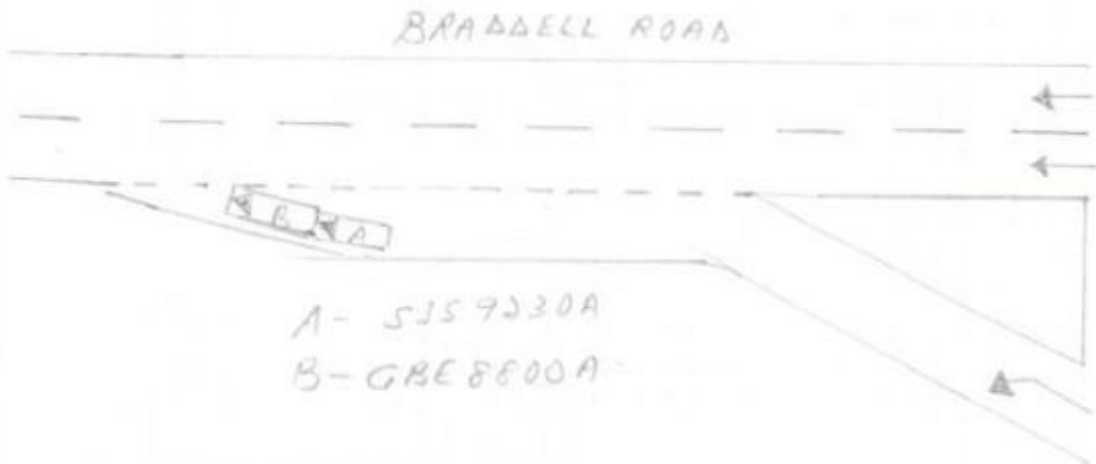
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

I/We declare that the 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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20181217/2049

2 of 3

Report No. T/20181217/2049

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

CONTINUATION OF REPORT

Brief Details.

On 17/12/20018 at about 0040hrs, I was travelling in my vehicle, SJS9230A on Toa Payoh Lorong 6, where approaching the main road of Braddell Road, there was an vehicle in front of mine, GBE8800E, a black van, stopped suddenly, and immediately I applied my emergency brake, and I felt that my vehicle skidded, as my rear tired was locked and also due to the wet surface on the road. However, I wasn't able to stop in time. Therefore I collided with the vehicle in front.

After the accident, my passenger on board, Catherine, S8857162B, 98008117, inform that she felt some pain on her right leg, and she requested to be send to the hospital. Therefore I called for Ambulance service and they arrive shortly with the police. I would like to state due to the accident, the front bonnet and bumper of my vehicle was damaged. the right rear of the front vehicle was also damaged due to the accident. And I would like to inform that I do not have any CCTV within my car during the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181217/2049

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20181217/2049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/12/2018 12:08		Vide Report No.: A/20181217/0007		Station Diary No.: 29	
Informant's Particulars					
Name of Informant: TANG KANG YU, NICHOLAS			Address: APT BLK 6A BOON TIONG ROAD #20-37 SINGAPORE 164006		
ID Type / ID No.: NRIC NO / S9123377J			Contact No.: Home/Office: Mobile: 82230612		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 02/07/1991	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Grab Driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2018 00:40	Type of Location:
Location: Along Road 1 LORONG 6 TOA PAYOH				
Lorong 6 Toa Payoh Slip Road, towards Braddell Road				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6800E	Van				Slightly Damaged	0
SJS9230A	Car				Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486666



T/2018/2172049

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Report No. T/2018/2172049

CONTINUATION OF REPORT

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No. 1800-8486999



TQ201812172049

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Report No. TQ201812172049

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 /
Staff Sgt KANG BAO LONG, JAMIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

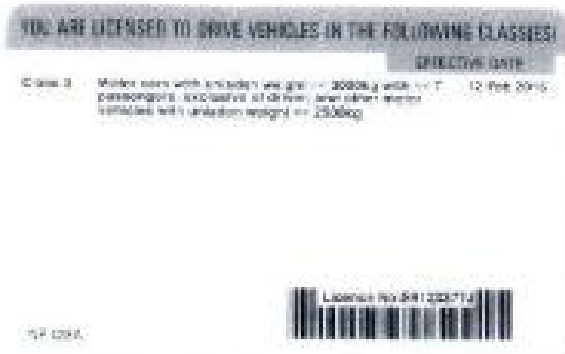
Date/Time:
17/12/2018 12:08

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65478216

Classification Of Case:

Authentication Stamp
NP160

Identification Card



Driving License



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	07/06/2018

