SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Birth

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/01/2019 17:49
Date Of Accident	01/09/2018 14:15
Exact Location Of Accident	JUNCTION OF CANTONMENT LINK AND CANTONMENT ROAD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD4585P
Insured/Policyholder	
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD
Co Reg No	200710651D
Email Address	CLIFTONCHUA@FEDEX.COM
Mobile Phone No	(FOREIGN) +861-80197988
Alternative Phone No	OFFICE-80197988
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00034/VPZ/R03
Cover Note Number	
Driver	
Name of Driver	CHUA CHUNG HOW CLIFTON
NRIC No	S1789945G

18/10/1967

18/03/1994

24 YEARS AND 5 MONTHS

(FOREIGN) +861-80197988

CLIFTONCHUA@FEDEX.COM

OTHERS-80197988

INDOOR

MALE

Address BLK 345 UPPER BUKIT TIMAH ROAD

#02-10

Postcode 588197

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

-

2

NO

NO

1

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ORCHARD NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 KILLINEY ROAD, POSTCODE: 239572, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7359999 - **FAX NO**: 67331934

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181210/2042

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 SLP608X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 25

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
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- 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.
- 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.
- By the ludgment 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.
- E. 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 (awyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - 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:
 - 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:

Oriver's Signature

(If driver is not the policyholder) Date & Time:

-7 A a

(Name:

NRIC/FIN No.:

Accident Sketch Plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Do the 01/9/2018 at anomal 1345 hrs head
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On the 01/9/2018 at around 1345 hrs, I had
(plese see attached police report)
* An not aware that there is a collision.
DECLARATION ENTA (I/We declare file foregoing austiculars are true in every respect. A
Policyholder's Signature Date & Time: Of driver's Ignature (If driver is not the policyholder) Name:

POLICE REPORT





Police Station Of Origin:

Orchard N.P.C

51 Killiney Road SINGAPORE 239572

Tel No: 1800-7359999

1 of 3

Report No. T/20181210/2042

REPURI	JF A TRAFFI				
Date/Time Report Made: 10/12/2018 12:38			Vide Report No.:	Station Diary No.: 65	
Informa	nt's Partic	ulars	A ROSANIA A SASS	Company of the bary	
	Informant: HUNG HO	W CLIFTON	Address: NO16, 2239 HONGQIAO LU, 200336	CHANG NING, SHANGHAI	
ID Type / ID No.: NRIC NO / S1789945G			Contact No.: Home/Office: Mobile: 8618019798818		
Nationality: SINGAPORE CITIZEN		EN	Email: cliftonchua@fedex.com		
Sex: Male	Age: 51	Date of Birth: 18/10/1967	Type of Informant: Driver		
Race: • Chinese		•	Language:	Institution / School Name:	
Occupation: CFO			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 01/09/2018 14:0	Type of Location:
Location: Along Road 1 CANTONMEN CANTONMEN At the junction Weather: Clear	NT LINK	Cantonment Road Road Surface:	(Zebra Crossing)	Road Speed Limit:
Traffic Flow: Traffic Control: One Way Not Controlled				Traffic Volume: Moderate
Type of Collis Between Mov	ion: ing Vehicles - Head To	Rear		Anyone conveyed by ambulance:

Details of V	ehicle Involved		MADE CITAL	THE THE DAY	PRETAWA	The Later Con
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLD4585P	Car					0
SLP608X	Car					0

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

POLICE REPORT





2 of 3

Report No. T/20181210/2042

Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999

CONTINUATION OF REPORT

Name	CHUA CHUNG HOW CLIFTON			ID No		S1789945G 8618019798818
Related Vehicle	SLD4585P (Car)			Conta	ct No.	0010013130010
Hospital/Clinic	NIL		Class Drivin Licens Expiry	g	Class: 3 Date of Expiry: NIL	
Date Treatment	NIL	Date Dis	Name and Add Division Street,			
No. of Days granted Medical Leave NIL		NIL	Degree o	of Injury	NIL	

On the 01/09/2018, at around 1345hrs, I had picked up a rented vehicle (SLD4858P) from a guy name Camel from Goldbell Car Rental and drove it alone to Holiday Inn Atrium located at Havelock to check in. I wish to inform that during the journey, I recalled at the junction of Cantonment Link and Cantonment Road, at the Zebra Crossing, I was looking out for on coming traffic on the right. There was a car in front of me who had suddenly stopped and I also managed to stop in time to avoid collision. After the road was clear for to move, I moved and carried on with my journey. I wish to emphasis that I was not involve in any collision and there was also no sign of scratch or damage to the rental car.

Subsequently on the 8/10/2018, I received an email from Goldbell Car Rental informing me that I was alleged to be involved in a case of hit at run located at Cantonment link , junction of Cantonment road. I already spoke to Goldbell Car Rental with regards to the matter and they advised me to lodge a Police report.

POLICE REPORT





Police Station Of Origin: Orchard N.P.C 51 Killiney Road SINGAPORE 239572 Tel No: 1800-7359999 3 of 3 Report No. T/20181210/2042

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: E / Sgt 2 AZRULIZWAN BIN ABDUL RAZAK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2018 12:38
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	





YOU ARE DICENSED AND DRIVE VEHICLES IN THE FOLLOWING CHASSIES.

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