

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	07/01/2019 12:27
Date Of Accident	05/01/2019 01:10
Exact Location Of Accident	EU TONG SEN ST X UPPER PICKERING ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH4575Y
Insured/Policyholder	
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Co Reg No	201212455W
Email Address	LILY.LOI@OW.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64849919

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA HYBRID-1.5 E S CVT (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V07597/VPZ/R01
Cover Note Number	

Driver

Name of Driver	CHENG KAR CHUNG ALVIN
NRIC No	S8002454A
Date Of Birth	29/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92708324
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 220B SUMANG LANE #08-57
Postcode	822220
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - PRIVATE 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 - CROSS JUNCTION
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	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	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 81 ANG MO KIO AVE 3 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4519999 - FAX NO: 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO.: T/20190105/2083

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	SHD4981B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WAN WENG KEONG
NRIC/Passport Number	S7202797C
Contact Number	996817797
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

CHENG KAR CHUNG ALVIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLH4575Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan #2

SKETCH PLAN

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. 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: 5/1/19

Driver's Signature
(If driver is not the policyholder)
Date & Time: 5/1/19

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

Police Report



**SINGAPORE
POLICE FORCE**



T7201001052083

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569829
Tel No: 1800-4518899

Report No. T7201001052083

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2019 14:59	Video Report No.:	Station Diary No.: 57
--	-------------------	--------------------------

Informant's Particulars

Name of Informant: CHENG KAR CHUNG, ALVIN		Address: APT BLK 220B SUMANG LANE #08-57 SINGAPORE 622220	
ID Type / ID No. : NRIC NO / S8002454A		Contact No. : Home/Office: Mobile: 92708324	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 38	Date of Birth: 29/01/1980	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: TRAINING EXECUTIVE		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2019 01:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 EU TONG SEN STREET UPPER PICKERING STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD4981B	Car	HYUNDAI		Blue	Totally Damaged	0
SLH4575Y	Car	TOYOTA		White	Totally Damaged	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/20190105/2083

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569629
Tel No: 1800-4519869

2 of 3

Report No. T/20190105/2083

CONTINUATION OF REPORT

Driver			
Name	WAN WENG KEONG	ID No.	S7202797C
Related Vehicle	SHD4981B (Car)	Contact No.	96817797
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
Driver			
Name	CHENG KAR CHUNG, ALVIN	ID No.	S8002454A
Related Vehicle	SLH4575Y (Car)	Contact No.	92708324
Hospital/Clinic	W P SIM FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06/01/2019 at about 01.10am, I was driving my vehicle bearing registration number SLH4575Y along Eu Tong Sen Street towards Upper Pickering Street. As I approached the junction, the traffic light was green in my favor, I checked the road conditions and then proceed to make a right turn into Upper Pickering Street, when I was about to enter Upper Pickering Street, suddenly I felt a huge impact from the left. The impact caused my vehicle to spin out of control into New Bridge Road. I got out of my vehicle and realized that a vehicle bearing registration number SHD4981B had collided head on into the left front portion of my vehicle. Police arrived shortly. We exchanged particulars and left. No one was conveyed.

I wish to state that I have an in-car camera installed. I am lodging this report as requested by my insurance company. I also wish to state that I have a 3 days MC from 05/01/2019 - 07/01/2019 from W P SIM FAMILY CLINIC & SURGERY. I also wish to state that my vehicle is totally damaged and was towed away.

Police Report



SINGAPORE
POLICE FORCE



T1201901052083

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569629
Tel No: 1800-4519999

3 of 3

Report No. T1201901052083

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 / Sgt 2 JORY POH SHOU REN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2019 14:58
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93266045	Classification Of Case:
Authentication Stamp NP188  Singapore Police Force	