

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	04/03/2019 17:26
Date Of Accident	03/03/2019 13:30
Exact Location Of Accident	JUNC RANGOON RD & SING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU6498S
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	

Driver

Name of Driver	HO THOON LEE
NRIC No	S0163663D
Date Of Birth	14/10/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1967
Driving Experience	51 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83113300
Fax Number	
Contact Number	OFFICE-83113300
Email Address	NOEMAIL

Address	BLK 21 JALAN TENTERAM #08-431
Postcode	320021
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 - 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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WHAMPOA NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 29 JALAN BAHAGIA , POSTCODE: 320029 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2507999 - FAX NO: 63554314
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190303/2047.

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	FU4397Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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.

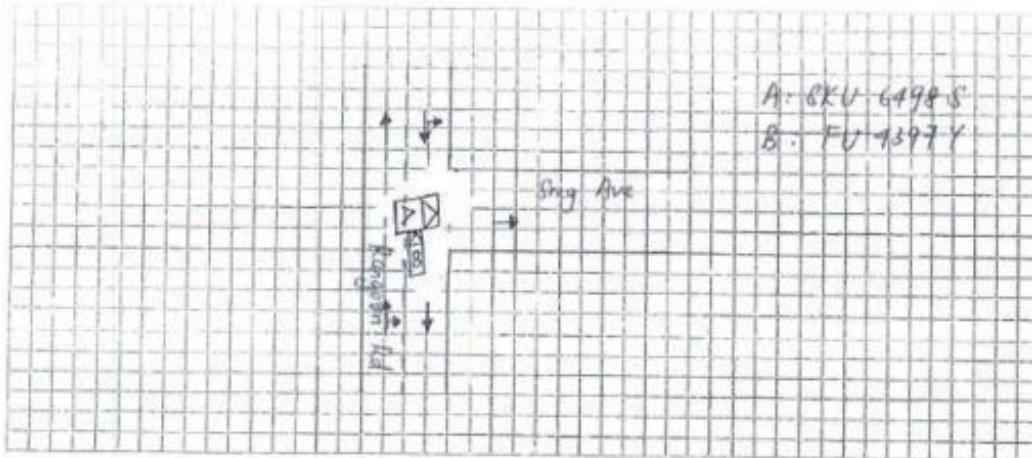


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature

Date & Time:

6/ARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190303/2047

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

1 of 3
Report No. T/20190303/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2019 13:31		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: HO THOON LEE			Address: APT BLK 21 JALAN TENTERAM #08-431 SINGAPORE 320021		
ID Type / ID No.: NRIC NO / S0163663D			Contact No.: Home/Office: Mobile: 83113300		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 69	Date of Birth: 14/10/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/03/2019 17:25	Type of Location: Bend
Location: Along Road 1 RANGOON ROAD				
Along Rangoon rd towards CTE turning into Sing Ave				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU4397Y	Motorcycle			Black	Slightly Damaged	0
SKU649BS	Car	TOYOTA	ALTIS	Grey	Seriously 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/20190303/2047

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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Report No. T/20190303/2047

CONTINUATION OF REPORT

Driver			
Name	HO THOON LEE		ID No. S0163663D
Related Vehicle	SKU6498S (Car)		Contact No. 83113300
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 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 02/03/2019 at about 1725hrs, I was driving my vehicle (SKU6498S) along Rangoon RD towards CTE, turning into Sing Avenue on my right, when suddenly an oncoming motorcycle (FU4397Y) knocked onto the right rear side of my vehicle. I stopped my vehicle immediately and got out to assist the rider of FU4397Y. The said rider was observed to not have any major injuries and did not have any pillion rider. The front part of the motorcycle was slightly damaged. I called for an ambulance for the rider and he was subsequently conveyed to hospital.

I wish to inform that a police officer was at scene, however, no case card was handed over to me.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190303/2047

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

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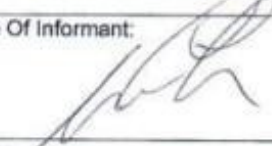

Report No. T/20190303/2047

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 EDMUND CHAN MAN NAM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/03/2019 13:31
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	
Authentication Stamp NP168	

Police Report

Traffic Police Department



Charge Office
10 Ubi Avenue 3
Singapore 408865

AMENDMENT

NP 168 No : T/20190303/2047 Name : Ho Thoon Lee
Accident Date/Time : 02/03/2019 @ 1725hrs Address : Blk 21 Jln Tenteram #08-431
Vehicle(s) involved : SKU6498S & FU4397Y
NRIC No : S0163663D
Tel No : 83113300
Date : 04/03/2019


Dear Sir / Madam

I wish to amend as follows :

The brief facts details should be:

On the above mentioned date & time, while I was travelling along Rangoon Rd towards Dorset Rd at Sing Ave Junction, I want to make Right turn to Sing Ave. I was making a right turn after making sure that the oncoming traffic is clear, a Motorcycle from nowhere suddenly hit onto my vehicle's right portion of my vehicle's passenger door. That's all.


Yours faithfully


Whampoa NPT
811 19 Jalan Bahagia
201-368
Singapore 320029
Tel: 1800-150 7999

Accident Photo



Accident Photo



Accident Photo



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