

## 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	23/04/2019 19:42
Date Of Accident	16/04/2019 14:20
Exact Location Of Accident	EXIT CTE AT ROUNDABOUT TWDS MOULMEIN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX3707G
-----------------------------	----------

#### 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	VIOS E AUTO
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V12323/VPZ/R00
Cover Note Number	

#### Driver

Name of Driver	TAN KIM CHOON, BERNARD (CHEN JINCHUN, BERNARD)
NRIC No	S7207273A
Date Of Birth	06/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2005
Driving Experience	13 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98805866
Fax Number	
Contact Number	OFFICE-98805866
Email Address	NOEMAIL

Address	BLK 63 CIRCUIT ROAD #03-279
Postcode	370063
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 - CHANGE/CROSS LANE
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?	
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: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINE PARADE NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 300 MARINE PARADE ROAD , <b>POSTCODE:</b> 449296 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4428999 - <b>FAX NO:</b> 62447678
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20190417/2131.

#### 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	FBE2905B
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

### SKETCH PLAN

#### IMPORTANT NOTICE


- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.



Policy holder's signature  
Date / time:

  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
reporting centre personnel's Signature  
Date / time:

## Accident Sketch Plan

### SKETCH PLAN

A-54X37276  
B- FBE-2055B

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

### DECLARATION

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



Policy holder's signature  
Date & time:

Driver's signature  
(If driver is not policy holder)  
Date & time:

reporting centre personnel's signature  
Name:  
NRIC/FIN No.:



# Police Report



**SINGAPORE  
POLICE FORCE**



G/20190417/2131

1 of 2

## POLICE REPORT (NP299)

Report No. G/20190417/2131

Police Station Of Origin  
Marine Parade N.P.C  
300 Marine Parade Road SINGAPORE  
449296  
Tel No: 1800-4428999

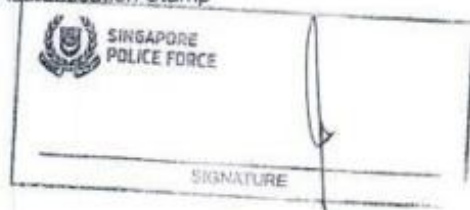
Date/Time Report Made 17/04/2019 17:39	Vide Report No.	Station Diary No. 84
Name Of Informant TAN KIM CHOON, BERNARD	Address APT BLK 63 CIRCUIT ROAD #03-279 SINGAPORE 370063	
ID Type / ID No. NRIC NO / S7207273A	Contact No. Home/Office	Mobile 98805866
Nationality SINGAPORE CITIZEN	Email Address	
Occupation SALES INSURANCE	Sex Male	Age 47
Institution/School Name	Date of Birth 06/03/1972	Race Chinese
	Language English	
Date/Time Of Incident 16/04/2019 14:20	Location Of Incident CENTRAL EXPRESSWAY SINGAPORE Exit of CTE, at the roundabout towards Moulmein Road	

### Brief details.

On 16/04/2019 at about 2.20pm, I was driving my car (SLX3707G) and had just exited CTE. It was at the roundabout which is towards Moulmein Road and the traffic was heavy. Traffic was slow moving and out of a sudden, I heard honking sound and shouting and I saw that a male indian motorcyclist who was riding a motorcycle (FBE2905B) shouting at me and telling me that I had bang onto him. I was puzzled and continued to drive on. The traffic was then at stand still. He then jumped out of his motorcycle and went in front of my car. As traffic was slightly moving, I wanted to move and ~~move away~~ from him.

Signature Of Officer Recording The Report: G / Sr Staff Sgt MAZLAN BIN MIAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2019 17:39
Officer In-Charge Of Case: G / Changi N.P.C / Best Division Insp LIM JIAN YANG Contact No.: 62447200	Classification Of Case:

### Authentication Stamp



## Police Report



**SINGAPORE  
POLICE FORCE**



G/20190417/2131

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190417/2131

However, he blocked your path and he was still shouting. I wind down my window and told him to move away or I will call for police.

He then went to his motorcycle which was left on the right side of my car. He then held his motorcycle and pushed it towards the rear right door of my car. I then stepped out of my car and asked him for his particulars as I lodged a report against him. He told me that I am not a Police and he will make the report instead as he claimed that I had bang him instead. I told him if I had bang him, he should lodge an accident report and to seek medical treatment if he has any injuries. He shouted me and said he will call the Police. At that point of time, he was shouting and gesturing aggressive. Thus I decided to move off and not engage him. He did not follow me afterwards.

The car is a rental car. Due to his action, there is a dent on my right rear door. I do not know the cost of damage. I do not have any in car camera.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt MAZLAN BIN MIAT

Signature Of Interpreter:  
Not applicable

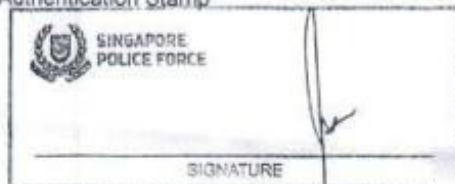
Officer In-Charge Of Case:  
G / Changi N.P.C /  
Insp LIM JIAN YANG  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
17/04/2019 17:39

Classification Of Case:

Authentication Stamp



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



**Accident Photo**





**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

