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 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.

ACCIDENT STATEMENT	
Date Of Report	26/04/2019 12:40
Date Of Accident	25/04/2019 08:10
Exact Location Of Accident	BLK 272 BANGKIT ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGB3378Y
Insured/Policyholder	
Name Of Registered Owner	LOH CHENG SONG
NRIC No	S6846804C
Email Address	YIPPEANNE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90103821
Alternative Phone No	OTHERS-96288368
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	ON TE WAY HOME
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 CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD18V13479/VPE2/R01
Cover Note Number	
Driver	
Name of Driver	YIP LAI HING
NRIC No	S1797367C
Date Of Birth	22/01/1967
Occupation	INDOOR
Date Of Driving Pass	11/06/1994
Driving Experience	24 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90103821
Fax Number	
Contact Number	OTHERS-96288368
EMail Address	YIPPEANNE@GMAIL.COM

Address	BLK 272 BANGKIT ROAD #07-46
Postcode	670272
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PEDESTRIAN
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	1
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER 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

PLEASE REFER TO POLICE REPORT J/20190425/7032

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	
Vehicle Make/Model/Colour	
Details Of Properties	PEDESTRIAN
Vehicle Category	NA/UNKNOWN
Name of Driver	MDM TEW
NRIC/Passport Number	
Contact Number	91133097
Address	BLK 275 BANGKIT ROAD #2-90

Postcode	670275
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MDM TEW
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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:

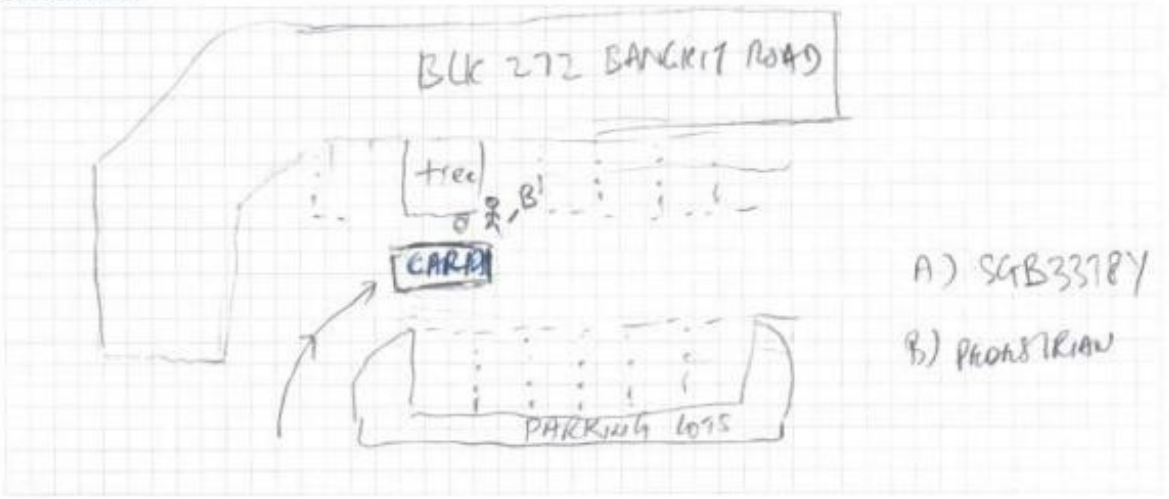
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 26/4/19 0930am	Driver's Signature (If driver is not the policyholder) Date & Time: 26/4/19 0930	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/O REPORT TO POLICE
T/20190425/7032

DECLARATION

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

Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature
Date & Time: 26/4/19 0930	Date & Time: 26/4/19 0930H	Name: KOSH NRIC/FIN No.:

SINGAPORE POLICE FORCE

J/20190425/7032

POLICE REPORT (NP299)

Report No. J/20190425/7032

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

Date/Time Report Made	Vide Report No.	Station Diary No.
25/04/2019 16:00		

Name Of Informant	Address
YIP LAI HING	APT BLK 272 BANGKIT ROAD #07-46 SINGAPORE 670272
ID Type / ID No. NRIC NO / S1797367C	Contact No. Home/Office: Mobile: 96288368
Nationality SINGAPORE CITIZEN	Email Address yippeanne@gmail.com

Occupation	Sex	Age	Date of Birth	Race
Engineer	Female	52	22/01/1967	Chinese

Institution/School Name	Language
	English
Date/Time Of Incident 25/04/2019 08:10 - 25/04/2019 10:00	Location Of Incident APT BLK 272 BANGKIT ROAD #07-46 SINGAPORE 670272

Brief details.

On the incident date & time, I was back from breakfast with my 2 daughters and was driving into my estate's open carpark in front of BLK 272, Bangkit Road. While I was making a right turn to go towards the lot, i suddenly saw an elderly appeared at the left hand corner of my car. I immediately jammed brake and all of us alighted to checkout on her leg. We found her on the concrete ground next to the kerb about 1-metre plus away from my car. One of my neighbour living in BLK 272 also rushed over to help her. She commented that my car speed was fast and scared her. When we are trying to help her up, she

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2019 16:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

J/20190425/7032

POLICE REPORT (NP299) CONTINUATION OF REPORT Report No. J/20190425/7032

complained pain on her right leg and was not able to stand up to walk properly. My neighbour carried her to the void deck and sat her down on the stone stool. I asked for her kins' details wanting to inform them but she refused. I gathered that she was on the way to go to market for breakfast. In fact, she was still thinking of going to market on her own and we stopped her as she was not able to stand steadily. We told her that it would be better to let doctor check her condition. I then borrowed a wheel chair from New Creation Church - NKF Dialysis Clinic and wheeled her to NEO Clinic as per her request. We arrived at the clinic at about 8.40 am and checked for her patient's record with the counter. The clinic assistant also helped to contact elderly's son, Mr Kong. As the doctor would only be avail for consultation in 20 mins time; the elderly wanted to pass motion and needed a seated toilet. We then wheeled to nearest coffee shop for a seated toilet. After she was done, we wheeled her back to the clinic at about 9.05+. After the first patient completed the consultation, she was wheeled in and checked by Dr Neo. He asked her what happened and asked where was the pain. He did blood pressure check, temperature check and pulse rate check. Dr Neo said all these checks were normal and her shivering was due to the shock. He also did check on her painful right leg through few stretching in order to find out the cause of pain. However, due to her age, Dr Neo recommended that the elderly be referred to hospital for an x-ray check to be safe. The elderly requested to go to Tan Tock Seng Hospital as she had her past medical record filed there due her past case of stroke incident. At this juncture, Mr Kong arrived at the clinic and I briefly told him what happened to his mom. We exchanged contact details and he proceeded to bring his mom to TTSH. I paid the clinic consultation fees and then wheeled her to the car park where Mr Kong's taxi was parked and they both left.

At 1342H, Mr Kong messaged me that "Hi Ann my mom needs to be admitted to hospital for further observation and MRI may be needed because she is in pain and can't stand up by herself. ". I

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Signature Of Interpreter: Not applicable	Date/Time: 25/04/2019 16:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SINGAPORE POLICE FORCE

J/20190425/7032

POLICE REPORT (NP299) CONTINUATION OF REPORT

Report No. J/20190425/7032

immediately call Mr Kong at 1343H to enquire if she had taken x-ray. I was told x-ray could not tell if there is any fracture and hence needed MRI. Mr Kong told me that he revisited the incident site with his mom before going to hospital to collect her jacket. He asked me the distance separation between my car and his mom at incident site. He told me that elderly was frightened by the speed of my car and she therefore she fell. She was certain that my car did not hit her. However, given her age of 75 and frail conditions suffered from past stroke, Mr Kong told me that this fall from the incident may not be trivial for his mom and requires attention. And he will contact me again to discuss what is required and what to do next.

Mr Kong lives in Blk 275 Bangkit Road #02-90; presumbly Mr Kong lives with Mdm Tew. Neighbour, SAF personnel lives in Blk 272.

Subjects Involved			
Victim			
Person Name	Mdm Tew		
Gender	Female	Age	75
Race	Chinese	Language	Hokkien
Address	275 Bangkit Road #02-90 SINGAPORE 670275	Mobile No	91133097
Relation To Informant	NA		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 25/04/2019 16:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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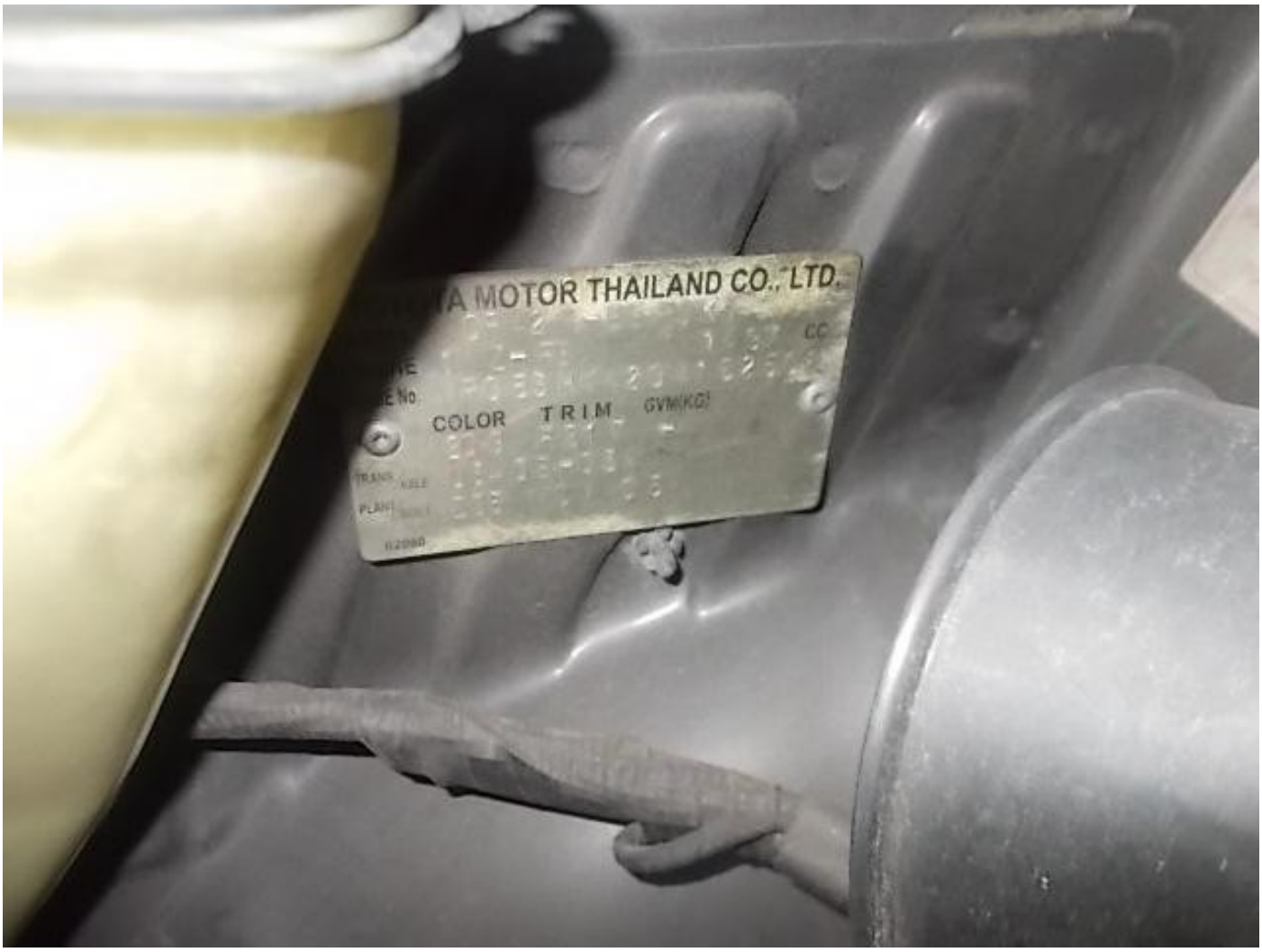

Identification Card