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 <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	30/05/2019 17:10
Date Of Accident	28/05/2019 14:10
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR LAMP POST 729A
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMH8140E
Insured/Policyholder	
Name Of Registered Owner	LI JUNLIANG
NRIC No	S9171751D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83839966
Alternative Phone No	OTHERS-83839966
Vehicle Particulars	
Manufacturer	PORSCHE
Model	CAYENNE V6 E5 TIP
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 CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05075/VPS/R00
Cover Note Number	
Driver	
Name of Driver	LI ANQUAN
NRIC No	S6878547B
Data Of Birth	03/08/1068

Name of Driver

NRIC No

S6878547B

Date Of Birth

Occupation

Date Of Driving Pass

LI ANQUAN

S6878547B

03/08/1968

INDOOR

01/04/1996

Driving Experience 23 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83839966

Fax Number

Contact Number OTHERS-83839966

EMail Address NOEMAIL

Address 8 IPOH LANE

#15-01 438611

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? YES

Foreign Vehicle Registration Number CBD8166 (COMMERCIAL VEHICLE)

Number of vehicles (including own vehicle)

involved in the accident

5

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1

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 JOO CHIAT NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: 267 ONAN ROAD, POSTCODE: 424773, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-3459999 - FAX NO: 64474181

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH THE POLICE OFFICER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF9635Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver BENJAMIN
NRIC/Passport Number S8840730Z

Contact Number

Address Postcode

Page 2 of 21

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SJR7955K

1

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver GOH HUAN KHEW

NRIC/Passport Number S6840876H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number CBD8166

Vehicle Make/Model/Colour NISSAN NAVARA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver KHOO SHEH YAN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHA6066X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver ONG TECK KA

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

NO

Name LI ANQUAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? SMH8140E Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Page 3 of 21

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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 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:
 - 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")
- ail 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: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Seporting Centre Personnel Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	
M2 (A)	1 H8 140E
20 Cm	F 0 (2-2 0 -
9,5,11	1F9635Z Benjamin / 88840730Z / 81389727
(1)	188166 Khool 901229 145ABD
(E) SH	14 6066X ong 1 50208589I.
100	7 1 300
IRI	MADICDIDA TEN
	-> change xiker temp POST 729A
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT
Refer to	police regard No. 7/20190529/2062
	1
DECLARATION	
I/We declare the foregoing par	rticulars are true in every respect.
	11/2
	X A 30 05 DOW
Policyholder's Signature	Oriver's Signature Beporting Centre Personnel's Signature
Date & Time:	(If driver it not the policyholder) Name: NRIC/FIN No.:





Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

1 of 4 , Report No. T/20190529/2062

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 019 12:36	Made:	Vide Report No.: E/20190528/0073	Station Diary No.:	
Informa	nt's Partic	ulars	A SECRETARIAN PROPERTY.		
Name o	f Informant: JAN		Address: 8 IPOH LANE #15-01 SINGA	PORE 438611	
ID Type / ID No.: NRIC NO / S6878547B			Contact No.: Home/Office: Mobile: 83839966		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Male	Age: 50	Date of Birth: 03/08/1968	Type of Informant:		
Race; Chinese			Language:	Institution / School Name:	
Occupation: SELF EMPLOYED		1	Driving Licence Information: Class: Date of Expiry:		

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/05/2019 14:10	Type of Location Straight Road	
Location: Along Road 1 PAN ISLAND TOWARD CH	EXPRESSWAY			*	
Weather: Ro		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Tr		Traffic Control:		Traffic Volume: Light	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CDB8166	Van				Slightly Damaged	0
SHA6066X	Car .				Slightly Damaged	0
SJR7955K	Car				Seriously Damaged	0
SMF9635Z	Car				Seriously Damaged	0
SMH8140E	Car				Seriously Damaged	0



T/20190529/2082

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

2 of 4 Report No. T/20190529/2052

CONTINUATION OF REPORT

Details of Perso		NATURE STATE	学的证据 的特别	Wells I	SHIP I	NOTE IN COLUMN TO SERVICE STATE OF THE PARTY
Any Pedestrian Ir				-		
No. of Pedestrian	Use of Peo	estrian	Cross	ing: NA		
Driver	MARINE MARINE MARINE	Charles to	SCHOOL STREET	5500350	1700	SERVICE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS
Name E	ONG TECK KA			ID No.		S0808539I
Related Vehicle	SHA6066X (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ted Medical Leave	NIL	Degree of	The second second		
Driver		5000 A 1980 an	200000	regain.	interior and	
Name C	GOH HUAN KHEW			ID No.		S6840876H
Related Vehicle	SJR7955K (Car)			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disch		NIL	
	ted Medical Leave	NIL	Degree of			
Driver		of the State		SECTION .	BANCOLE	
Name B	BENJAMIN			ID No.		S8840730Z
Related Vehicle	SMF9635Z (Car)			Contact No.		81339227
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL 'Date of Expiry: NIL
Date Treatment	NIL		Date Disci	temperature for the country	NIL	
The state of the s	ted Medical Leave	NIL	Degree of		NIL	



T/20190529/2002

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

3 of 4 Report No. T/20190529/2062

CONTINUATION OF REPORT

Driver		1 Deliver		The Control	- Invalid	NI SANCERS IN COLUMN STREET
Name D :	LI ANQUAN			ID No.		S6878547B
Related Vehicle	SMH8140E (Car)			Contact No.		83839966
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc					
				Degree of Injury NIL		
Name D	KHOO SHEH YAN			ID No		NIL NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Dis				NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of Injury NIL			

Brief Details.

On the above mentioned date place and time when the accident occur. I was travelling along PIE at the first lane with my vehicle SMH8140E, a vehicle of SJR7955K which was travelling infront of me suddenly slow down and came to a stop. I tried to stop but could not react in time and collided into the vehicle. Just then a vehicle of SMF9635Z hit my rear, I alighted from my vehicle and discovered that a total of 5 car were in a chain collison.

Shortly after the Traffic police came and interview each driver.

My in car camera memory card was taken by SSGT Firuz for investigation and I was issued an acknowledgement slip.

I was advise to lodge a police report by the Police officer.



T/20190529/2062

Police Station Of Origin: Joo Chiat NPP 267 Onan Road SINGAPORE 424773 Tel No: 1800-3459999

4 of 4 Report No. T/20190529/2062

CONTINUATION OF REPORT

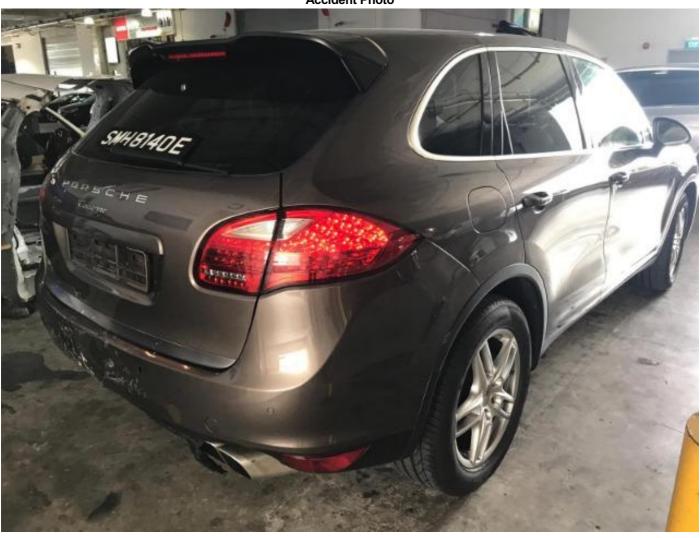
Sketch Plan

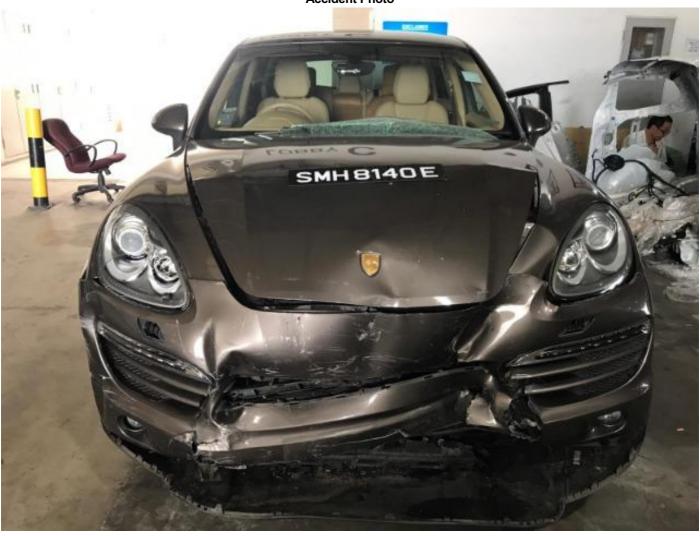
Informant is not able to provide sketch plan

 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.

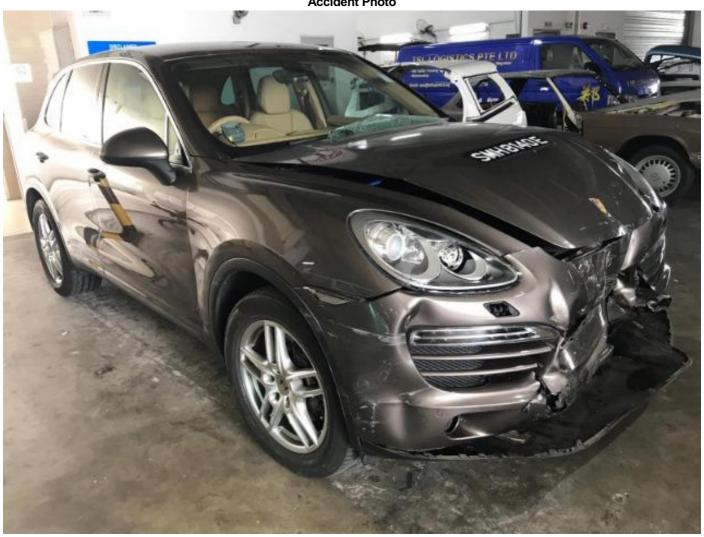
Signature Of Officer Recording The Report: G / Sgt 2 LIM XI HAO, NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/05/2019 12:36
Officer In Charge Of Case:	Classification Of Case:
Sgt 2 HO JIEKANG, IVATA SINGAPORE POLICE FORCE	
Authentication Stamp NP166 SIGNATURE	

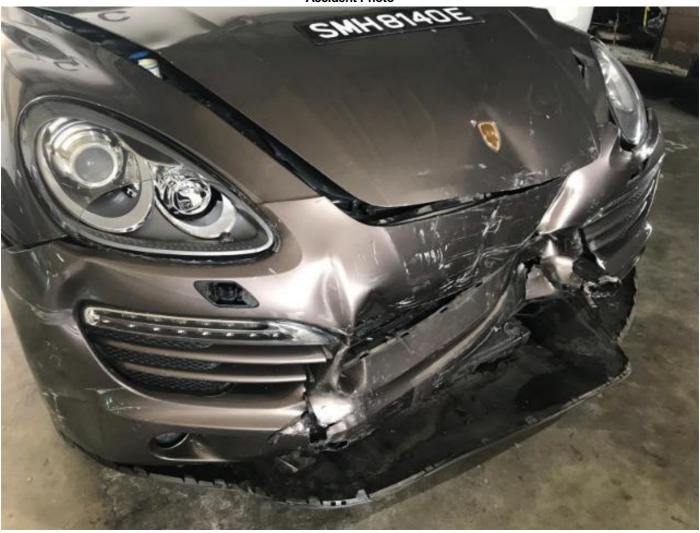
























For LKK/NAC Use Only

