

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	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
Date Of Birth	03/08/1968
Occupation	INDOOR
Date Of Driving Pass	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
Postcode	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

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
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	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?	NO
If Yes, against whom?	

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?	NO

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	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJR7955K

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) 1

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) 1

DETAILS OF INJURED PERSON 1

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? NO

Address
Postcode

Accident Sketch Plan

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: Rafael
NRIC/FIN No.: 30/05/2007

Accident Sketch Plan

SKETCH PLAN

- ① SMH8140E
 ② SMF9635Z Benjamin / 58840730Z / 81359727
 ③ SJR7935K Goh / 56840876H
 ④ CDB8166 Khoo / 901229145098
 ⑤ SHA6066X Ong / 50208559I

B A C D E

PIZ \rightarrow change xkarr comp post 729A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report No. T/20190529/2062

DECLARATION

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

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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190529/2062

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

Date/Time Report Made: 29/05/2019 12:36		Vide Report No.: E/20190528/0073		Station Diary No.: 15	
Informant's Particulars					
Name of Informant: LI ANQUAN			Address: 8 IPOH LANE #15-01 SINGAPORE 438611		
ID Type / ID No.: NRIC NO / S6878547B			Contact No.: Home/Office: Mobile: 83839966		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 03/08/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

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 EXPRESSWAY TOWARD CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: CHAIN COLLISION				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190529/2062

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

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Report No. T/20190529/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name <i>E</i>	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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name <i>C</i>	GOH HUAN KHEW	ID No.	S6840876H
Related Vehicle	SJR7955K (Car)	Contact No.	NIL
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 <i>B</i>	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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190529/2062

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

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Report No. T/20190529/2062

CONTINUATION OF REPORT

Driver			
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 Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	D : KHOO SHEH YAN	ID No.	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 Discharge	NIL
No. of Days granted 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 in front 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 collision.

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.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190529/2062

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

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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:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65478170

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



For LKK/NAC Use Only

