

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	04/07/2019 15:25
Date Of Accident	03/07/2019 17:30
Exact Location Of Accident	RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV4246H
Insured/Policyholder	
Name Of Registered Owner	X-SWIFT CARS
Co Reg No	53362990W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	SD19V06195/VPL/R00
Cover Note Number	

Driver

Name of Driver	TAN CHUN HUI (CHEN JUNHUI)
NRIC No	S8206244J
Date Of Birth	17/02/1982
Occupation	OUTDOOR
Date Of Driving Pass	14/11/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93833933
Fax Number	
Contact Number	OFFICE-93833933
Email Address	NOEMAIL

Address	BLK 509 SERANGOON NORTH AVENUE 4 #06-362
Postcode	550509
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190704/2047.

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	FBF929R
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SML8298M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TAN CHUN HUI (CHEN JUNHUI)
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SGV4246H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
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:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

20A 3/7/14

A: SGV 4246H

B: FGF 424 R

C: SNL 8298M

Rt 29/27

2004



B

Central Blvd



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:

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/20190704/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190704/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 12:13	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: TAN CHUN HUI	Address: APT BLK 509 SERANGOON NORTH AVENUE 4 #06-362 SINGAPORE 550509		
ID Type / ID No.: NRIC NO / S8206244J	Contact No.:	Mobile: 93833933	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 37	Date of Birth: 17/02/1982	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: GRAB DRIVER	Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/07/2019 17:30	Type of Location:
Location: Along Road 1 RAFFLES QUAY				
RAFFLES QUAY				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF929R	Motorcycle	HONDA	CB400	Black		0
SGV4246H	Car	TOYOTA	WISH 1.8 A	Black		0
SML8298M	Car	TOYOTA	NOAH HYBRID 1.8X CVT	Brown		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190704/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190704/2047

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FIRDAUS BIN ZOLKIFLI	ID No.	S9532025B
Related Vehicle	FBF929R (Motorcycle)	Contact No.	94595957
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	TAN CHUN HUI	ID No.	S8206244J
Related Vehicle	SGV4246H (Car)	Contact No.	93833933
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	03/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON THE STATED DATE, TIME AND LOCATION
I WAS WAITING IN MY CAR OF PLATE NUMBER SGV4246H AT RAFFLE PLACE WITH MY CAR HAZARD LIGHT ON. THE MOTORCYCLIST OF PLATE NUMBER FBF929R SLIDED AND HIT ONTO THE REAR OF MY CAR. I WAS SENT TO SINGAPORE GENERAL HOSPITAL AND WAS GIVEN 5 DAYS OF MC. THAT ALL.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190704/2047

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190704/2047

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:
TP /
EUGENE AW WEI XUAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/07/2019 12:13

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: *Eugene*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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