

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	27/07/2019 15:20
Date Of Accident	26/07/2019 13:05
Exact Location Of Accident	AIRPORT RD TWDS EUNOS LINK(SLIP RD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY6828A
Insured/Policyholder	
Name Of Registered Owner	INTERIOR FILE PTE LTD
Co Reg No	200504558E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67493389

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03282/VCV/R03
Cover Note Number	

Driver

Name of Driver	TAN BOON CHEAN
Passport No/FIN	G7547371R
Date Of Birth	10/11/1982
Occupation	OUTDOOR
Date Of Driving Pass	05/02/2009
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86519619
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 330 UBI AVE 1 #10-649 KAMPONG UBI ESTATE
Postcode	400330
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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	2
Was any body injured in the Accident?	NO
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190726/2127

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	JST2133
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)

Accident Sketch Plan

SKETCH PLAN

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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:

Ang

Tan

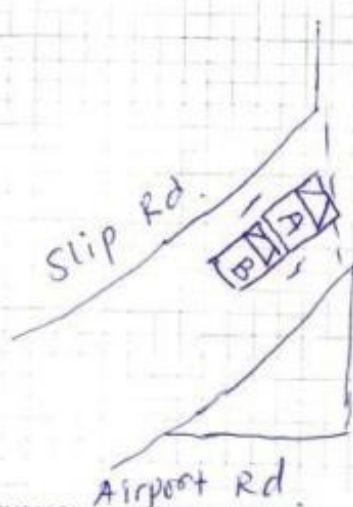
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Lym 27/07/19

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



Euros Link

A - GY6828A

B - JST 2133

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report No:
T/20190726/2127

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190726/2127

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

2 of 3

Report No. T/20190726/2127

CONTINUATION OF REPORT

Brief Details.

On 26/7/19 at around 1300hrs, I was travelling along airport road slip road of eunos link. As there were oncoming vehicle, I slowed down my vehicle and came to a stop eventually. Out of a sudden, I felt a huge impact coming from the rear. I alighted my vehicle and realized that one Malaysian vehicle had collided onto me. I then contacted my company to assist me as I am in a rush to collect my goods. Upon the arrival of my colleague, I then left the scene without exchanging any particulars with the Malaysian driver. I wish to state that currently I do not feel any pain at the moment. The collision had caused my rear left lights and my number plate to be slightly dented. I wish to further state that I do not have a in car camera installed in my vehicle.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20190725/2127

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-6486999

1 of 3

Report No: 1/20190725/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 26/07/2019 17:48			Vide Report No.:		Station Diary No.: 71
Informant's Particulars					
Name of Informant: TAN BOON CHEAN			Address: APT BLK 330 UBI AVENUE 1 #10-649 KAMPUNG UBI ESTATE SINGAPORE 400330		
ID Type / ID No.: FIN NO / G7547371R			Contact No.: Home/Office: Mobile: 86519619		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 36	Date of Birth: 10/11/1982	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CONSTRUCTION			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 26/07/2019 13:05	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 AIRPORT ROAD EUNOS LINK SLIP ROAD AIRPORT ROAD TOWARDS EUNOS LINK (LN EUNOS)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GY6828A	Lorry					0
JST2133	Car					0

Police Report



**SINGAPORE
POLICE FORCE**



T/20190726/2127

Police Station Of Origin:

Gaylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8488999

2 of 3

Report No: T/20190720/2127

CONTINUATION OF REPORT

Brief Details.

On 26/7/19 at around 1300hrs, I was travelling along airport road slip road of eunos link. As there were oncoming vehicle, I slowed down my vehicle and came to a stop eventually. Out of a sudden, I felt a huge impact coming from the rear, I alighted my vehicle and realized that one Malaysian vehicle had collided onto me. I then contacted my company to assist me as I am in a rush to collect my goods. Upon the arrival of my colleague, I then left the scene without exchanging any particulars with the Malaysian driver. I wish to state that currently I do not feel any pain at the moment. The collision had caused my rear left lights and my number plate to be slightly dented. I wish to further state that I do not have a in-car camera installed in my vehicle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190726/2127

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8488999

3 of 3

Report No. T/20190726/2127

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 ONG JIN HONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED
MOHD SAID
Contact No. 65478172

Authentication Stamp

NP168

Signature Of Informant:

fan

Date/Time:

26/07/2019 17:46

Classification Of Case:

Identification Card

Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Download the WorkPass App to check status

For LKK/NAC Use Only

YOU ARE TO Surrender this CARD WHEN IT IS CANCELLED OR EXPIRES. ON WHICH A NEW CARD IS ISSUED TO YOU.

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
WIMBON F&E PTE. LTD.

For LKK/NAC Use Only

Name:
TAN BOON CHUAN

Work Permit No:
4C170340E

Sector:
CONSTRUCTION

812131X4

Date of Expiry
31/03/2027

Driving License

