

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	05/08/2019 17:57
Date Of Accident	03/08/2019 22:30
Exact Location Of Accident	PIE (TUAS) AFTER ENG NEO AVE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2416J
Insured/Policyholder	
Name Of Registered Owner	AUTOBAHN RENT A CAR PTE LTD
Co Reg No	201607970Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S CVT
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V05231/VPZ/R00
Cover Note Number	

Driver

Name of Driver	YEO RICHARD
NRIC No	S1386225G
Date Of Birth	14/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87553712
Fax Number	
Contact Number	OFFICE-87553712
Email Address	NOEMAIL

Address	BLK 406 ANG MO KIO AVENUE 10 #07-695
Postcode	560406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	JQN1999 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	2
Passenger 1	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190804/2013.

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	JQN1999
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)

1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE3649R
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) 2
Passenger 1
NAME: :
GENDER: :

Accident Sketch Plan

SKETCH PLAN

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6. 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.
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.:

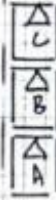
Accident Sketch Plan

SKETCH PLAN

Vehicle A: SLR 2416J

Vehicle B: J&N1999

Vehicle C: SLE3649R



PICTURES) after the Neo

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Refer to Police Report. -

DECLARATION

I/We declare that the 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.:

Scanned by CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190604/2013

1 of 4

Report No. T/20190604/2013

Police Station Of Origin:
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No. 1800-5529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 03:32	Video Report No.: E/20190603/0214	Station Diary No.: 15
Informant's Particulars		
Name of Informant: YEO RICHARD	Address: APT BLK 406 ANG MO KIO AVENUE 10 #07-695 SINGAPORE 560406	
ID Type / ID No. NRIC NO / S1386225G	Contact No. Home/Office	Mobile: 87553712
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 60	Date of Birth: 14/07/1959
Race: Chinese	Type of Informant: Driver	
Occupation: GO JEK DRIVER	Driving Licence Information: Class: 3	Date of Expiry:
Language:		Institution / School Name:

General Information of the Accident

Type of Accident: Non-Injury Foreign Vehicle	Driver: Drive: No	Date/Time of Accident: 03/06/2019 22:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY			
ALONG PAN ISLAND EXPRESSWAY (TUAS) 22.5KM			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JGN1999	Car				Slightly Damaged	0
SLE3645R	Car				Slightly Damaged	0
SLR2416J	Car				Slightly Damaged	1

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bahan N.P.C
20 Bahan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



120190804013

Report No: 120190804013

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Driver:			
Name	Yao Chun Huang En-thian	ID No.	NIL
Related Vehicle	JGN1999 (Car)	Contact No.	83207320
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 Sock Huan	ID No.	S7422049E
Related Vehicle	SLE3649R (Car)	Contact No.	96689955
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	YEO RICHARD	ID No.	S1386225G
Related Vehicle	SLR2416J (Car)	Contact No.	87553712
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/08/2019 at 2230hrs, I was driving my vehicle (SLR2416J) along PIE (Tuas) on lane 5 of the 6 lanes road. At that point of time, I have a passenger in my vehicle. I recalled that the traffic was very congested. I was driving behind a Malaysia vehicle (JGN1999). Subsequently, I noted that the Malaysia vehicle (JGN1999) suddenly slowed down and brake. Hence, I applied jam-brake immediately. However, I could not stop in time and collided head-to-rear into the Malaysia vehicle (JGN1999) resulting in a chain collision.

I enquired with the owner of the Malaysia vehicle (JGN1999) and he informed that he stopped as the vehicle (SLE3649R) in front stopped abruptly. Malaysia Vehicle (JGN1999) collided head-to-rear into

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Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Bishan N.P.C.
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999



T/20190804/2013

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Report No: T/20190804/2013


CONTINUATION OF REPORT

vehicle (SLE3549R).
I observed that no one was injured at that point of time. Due to the accident, my vehicle (SLR2415J) front bonnet was damaged. My vehicle (SLR2415J) is not installed with any in-car camera.
Subsequently, the traffic police attended to us and advised me to lodge a traffic accident report vide E/20190803/0214.

I am lodging report as requested by the traffic police IO Alex.

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Police Report

 **SINGAPORE
POLICE FORCE**

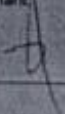

Police Station Of Origin:
Bahan N.P.C
20 Bahan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Barcode: 1/20190804/2013
of 4
Report No: 7/20190804/2013

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: E / Sgt 3 LIM LI CHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/08/2019 03:32
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No: 65478219	Classification Of Case: SN 061
Authentication Stamp NP188	 SIGNATURE

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Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



