

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	05/09/2019 11:30
Date Of Accident	31/08/2019 15:45
Exact Location Of Accident	JUNCTION OF ORCHARD ROAD AND BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE8403L
Insured/Policyholder	
Name Of Registered Owner	YUE MUN KIT
NRIC No	S7229599D
Email Address	LOUISEFOO1@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97858583
Alternative Phone No	OTHERS-91298540

Vehicle Particulars

Manufacturer	HONDA
Model	ODESSEY
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V08912/VPC/R03
Cover Note Number	

Driver

Name of Driver	FOO SZE LING (FU SILING)
NRIC No	S7805993A
Date Of Birth	01/03/1978
Occupation	INDOOR
Date Of Driving Pass	15/09/2006
Driving Experience	12 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97858583
Fax Number	
Contact Number	OTHERS-91298540
Email Address	LOUISEFOO1@YAHOO.COM.SG

Address	BLK 18 DOVER CRESCENT #20-40
Postcode	130018
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLOUDY
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?	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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190902/2090

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH AH BAR
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	FOO SZE LING (FU SILING)
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SKE8403L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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)**

(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.

05/09/2019

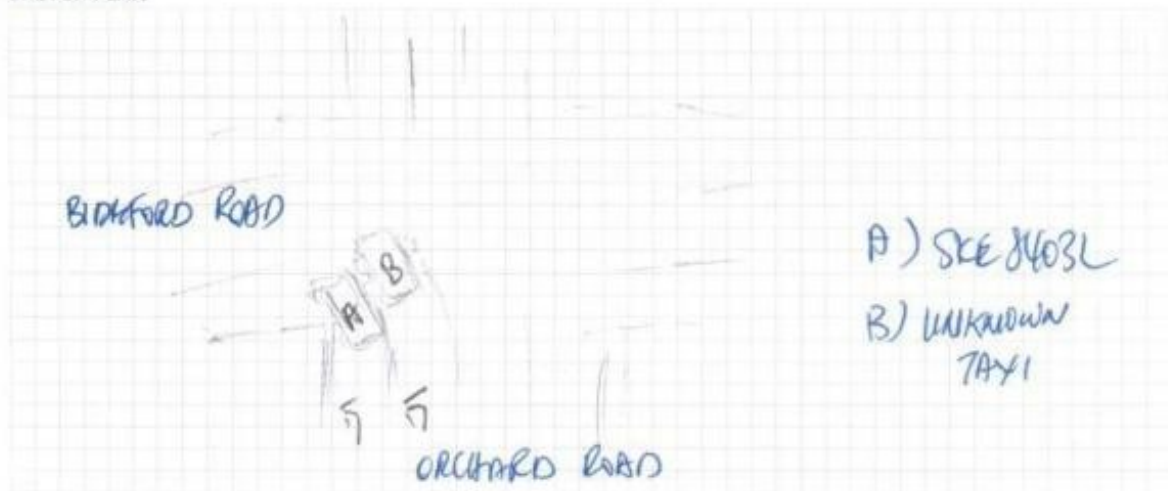
Reporting Centre Personnel's Signature

Name: [Signature]

NRIC/FIN No.: [Signature]

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PCS Report to Police Report

1/20/2020/2020

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190902/2090

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

1 of 3

Report No. T/20190902/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/09/2019 13:11		Vide Report No.:		Station Diary No.: 38	
Informant's Particulars					
Name of Informant: FOO SZE LING			Address: APT BLK 18 DOVER CRESCENT #20-40 SINGAPORE 130018		
ID Type / ID No.: NRIC NO / S7805993A			Contact No.: Home/Office: Mobile: 91298540		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 41	Date of Birth: 01/03/1978	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: CUSTOMER SERVICE OFFICER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/08/2019 15:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 ORCHARD ROAD				
Junction of Orchard Road and Bideford Road travelling towards CTE				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKE8403L	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR		Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999



T/20190902/2090

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Report No. T/20190902/2090

CONTINUATION OF REPORT

Driver				
Name	FOO SZE LING		ID No.	S7805993A
Related Vehicle	SKE8403L (Car)		Contact No.	91298540
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	02/09/2019		Date Discharge	02/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 31/8/2019 at about 3.45pm, I was driving my vehicle SKE8403L on the extreme left lane of Orchard Road and was forming up, about to turn left. When I was turning left, I noticed the other vehicle (a taxi) on my right making a left turn as well. However, as we were turning left towards Bideford Road, the other vehicle cut into my lane. As I had no time to react and to perform emergency brake, I knocked onto his vehicle.

Right after the accident, we alighted and exchanged particulars. However, I did not manage to take down his vehicle plate, nor his contact number as I did not want to disrupt traffic flow. The particulars of the driver are as follow:

Goh Ah Bar
S2572800L
Block 777 Woodlands Crescent #09-44

I notice scratches on my right side mirror of my vehicle, and the other party's vehicle has his left side mirror totally damaged. We then left the scene after accessing the damage.

Today, I still felt unwell and I proceeded to see the doctor at Shalom Clinic. Doctor gave me medicine and told me to rest. I am given 3 days of MC.

I wish to state that I do not have any in-vehicle camera in my vehicle. However, the other party informed that he have an in-car camera in his vehicle.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190902/2090

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190902/2090

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:

D /

Sgt 2 KIM WILSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/09/2019 13:11

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

SINGAPORE
POLICE FORCE

Classification Of Case:

SN 50

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

