

wip 13761

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	09/09/2019 20:37
Date Of Accident	09/09/2019 13:15
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR THOMSON ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC878M
Insured/Policyholder	
Name Of Registered Owner	TAN MING SHENG
NRIC No	S7800479G
Email Address	MINGSHENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97623611
Alternative Phone No	OTHERS-97623611
Vehicle Particulars	
Manufacturer	MASERATI
Model	GHIBLI
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	S119V05411
Cover Note Number	N.A
Driver	
Name of Driver	TAN MING SHENG
NRIC No	S7800479G
Date Of Birth	02/01/1978
Occupation	INDOOR
Date Of Driving Pass	17/03/1997
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97623611
Fax Number	
Contact Number	OTHERS-97623611
Email Address	MINGSHENG@GMAIL.COM

Address	NA
Postcode	
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	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: ON 9/9/19 AT ABOUT 1315HRS, I WAS DRIVING MY CAR (SKC878M) ALONG PIE TOWARDS CHANGI. WHILE ON THE EXPRESSWAY, THE TRAFFIC WAS HEAVY AND I HAD NOTICED THAT THERE WERE CONSTRUCTION WORKS GOING ON THE FIRST LANE. SUDDENLY I NOTICED THAT THE CARS IN FRONT OF ME WERE ALL BRAKING QUITE HARDLY, THUS I FOLLOWED SUIT AND BRAKE ACCORDINGLY, WHEN SUDDENLY I FELT AN IMPACT THAT CAME FROM THE REAR OF MY CAR. I WAS JUST BESIDE THE THOMSON ROAD EXIT. I ALIGHTED MY CAR AND NOTICED THAT A MOTORCYCLE (FBG1984T) HAD HIT ONTO ME. I CALLED FOR POLICE VIDE E/20190909/0072 AND AMBULANCE FOR THIS ACCIDENT, WHICH SUBSEQUENTLY THIS FEMALE RIDER WAS CONVEYED TO THE HOSPITAL DUE TO HER INJURED WRIST. THE IO IN CHARGE IS SHAHRUL. I WASN'T INJURED FROM THIS ACCIDENT. I HAD NOTICED DENTS AND SCRATCHES ON MY REAR BUMPER, WHILE THE MOTORCYCLE WAS SUFFERED SOME DAMAGES THROUGHOUT THE WHOLE MOTORCYCLE.

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	FBG1984T
Vehicle Make/Model/Colour	HONDA / CBF150 / BLUE
Details Of Properties	N.A
Vehicle Category	MOTORCYCLE
Name of Driver	NUR HAFIZHAH BIBI BINTE HAJI MOHAMED OMAR

NRIC/Passport Number	S9344116H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NUR HAFIZHAH BIBI BINTE HAJI MOHAMED OMAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG1984T
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	