

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	19/09/2019 11:27
Date Of Accident	18/09/2019 15:50
Exact Location Of Accident	UBI RD 3 TWDS UBI RD 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS8743D
Insured/Policyholder	
Name Of Registered Owner	TAY CHIN LIANG VINCENT
NRIC No	S1636502E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97481810
Alternative Phone No	OFFICE-97481810

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.5 AT
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI19V02861/VPE/R02
Cover Note Number	

Driver

Name of Driver	TAY CHIN LIANG VINCENT
NRIC No	S1636502E
Date Of Birth	17/03/1964
Occupation	INDOOR
Date Of Driving Pass	01/01/1983
Driving Experience	36 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97481810
Fax Number	
Contact Number	OFFICE-97481810
Email Address	NOEMAIL

Address	BLK 678C JURONG WEST STREET 64 #02-333
Postcode	643678
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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190918/2180.

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	SJM7420M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN QUAH
NRIC/Passport Number	
Contact Number	96304762
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

DETAILS OF INJURED PERSON 1

Name

TAY CHIN LIANG VINCENT

Approximate Age

Injuries Sustain

BODY

Injured person in which vehicle?

SGS8743D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

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

Refer to attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20190418/180.

DECLARATION

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

Policyholder's Signature

Date & Time: @ 10:35am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

On this 18th day of September 2014,
at about 3:50pm, I was waiting
at the junction to make a right
turn to Ubi Road 4.

Suddenly Vehicle No. SSM 7420M
hit me from the rear.

Important Note:

- As I felt dizziness, I went to the clinic and was given 3 days
① Rear Damage MC for neck/back strain and post incident anxiety.

Name of other driver

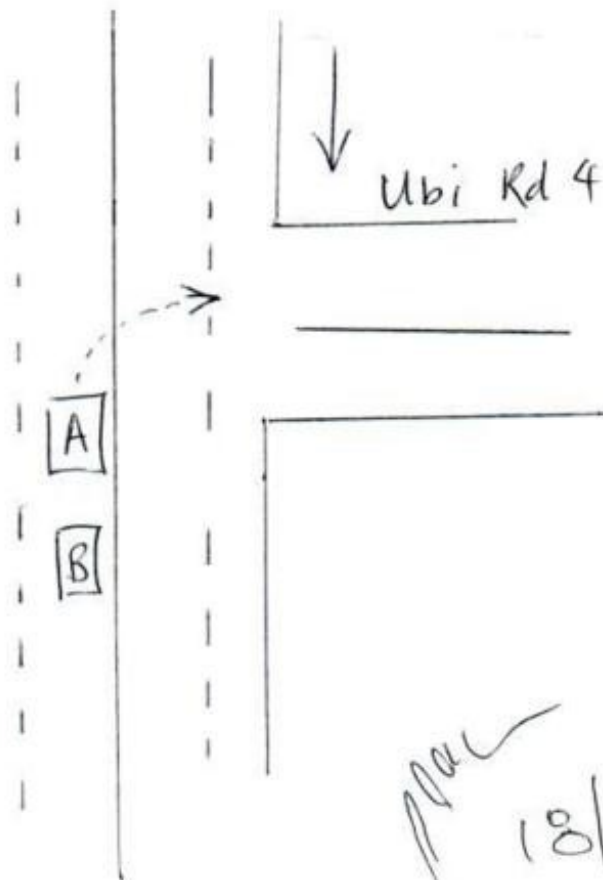
~~Alan Quah~~ Alan Quah

9630 4762

Legend

[A] → S4S 8743D

[B] → SSM 7420M



18/9/20

Police Report



**SINGAPORE
POLICE FORCE**



T/20190918/2180

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

1 of 3

Report No. T/20190918/2180

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2019 21:03	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: TAY CHIN LIANG VINCENT		Address: APT BLK 678C JURONG WEST STREET 64 #02-333 SINGAPORE 643678	
ID Type / ID No.: NRIC NO / S1636502E		Contact No.: Home/Office: Mobile: 97481810	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 17/03/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: SALES MARKETING		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/09/2019 15:50	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UBI ROAD 3 UBI ROAD 4 Junction of Ubi Rd 3 and Ubi Rd 4				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
SGS8743D	Car				Seriously Damaged	0
SJM7420M	Car				Slightly Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20190918/2180

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190918/2180

CONTINUATION OF REPORT

Driver			
Name	TAY CHIN LIANG VINCENT		ID No. S1636502E
Related Vehicle	SGS8743D (Car)		Contact No. 97481810
Hospital/Clinic	ACCESS MEDICAL(CIRCUIT ROAD)		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	18/09/2019	Date Discharge	18/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	ALVIN QUAH		ID No. NIL
Related Vehicle	SJM7420M (Car)		Contact No. 96304762
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

Brief Details.

On the 18/09/2019 at around 1550hrs I was in my car bearing plate number SGS8743D waiting at the junction of Ubi Road 3 and Ubi Road 4 to make a right turn into Ubi Road 4.

Suddenly there was a rear impact into my car. After the impact I felt giddy but did not call for any medical attention. I just called for my colleague who was nearby to assist me, I then got out of my car and saw that the rear of my car was seriously damaged. The other party car bearing plate number SJM7420M also had sustained damaged to the front bonnet of their car.

I then exchange phone number with the other party driver. As I felt giddy I went to the clinic and was given 3 days medical leave from 18/09/2019 till 20/09/2019 for my back and neck strain. There is no onboard camera installed in my car, I wish to state that I am lodging this report for record and insurance claiming purpose.

That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20190918/2180

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3


Report No. T/20190918/2180

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Refer to attachment dated 18/9/2019



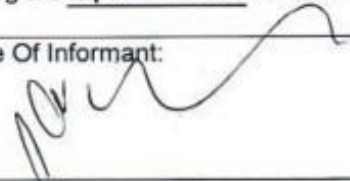
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

G /

Sgt 3 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Informant:



Signature Of Interpreter:

Not applicable

Date/Time:

18/09/2019 21:03

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

