

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	30/09/2019 12:22
Date Of Accident	30/09/2019 05:00
Exact Location Of Accident	AIRPORT BOULEVARD TERMINAL 1 TWDS TERMINAL 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ805M
Insured/Policyholder	
Name Of Registered Owner	HYMS CAR LEASING PTE LTD
Co Reg No	201320561K
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-83336725
Alternative Phone No	OFFICE-64515752
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS ALPHA HYBRID 1.8S AT ABS AIRBAGS
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD19V09622 /VPZ R00
Cover Note Number	

Driver

Name of Driver	WANG KHENG SENG
NRIC No	S1655425A
Date Of Birth	27/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	31/01/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81843883
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 226 SERANGOON AVENUE 4 #13-143
Postcode	S550226
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	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

PLEASE REFER TO THE ATTACHED POLICE REPORT AND SKETCH PLAN.

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	PC7262J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	WANG KHENG SENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLQ805M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 226 SERANGOON AVENUE 4 #13-143
Postcode	S550226

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:

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



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

Police Report 1 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190930/2040

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

1 of 3

Report No. T/20190930/2040

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 10:51	Vide Report No.:	Station Diary No. 62
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Informant's Particulars

Name of Informant: WANG KHENG SENG		Address: APT BLK 226 SERANGOON AVENUE 4 #13-143 SINGAPORE 550226	
ID Type / ID No. : NRIC NO / S1655425A		Contact No. : Home/Office: Mobile: 81843883	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 54	Date of Birth: 27/12/1964	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Private Hire Driver (Grab)		Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2019 05:00	Type of Location: Bend
Location: Along Road 1 AIRPORT BOULEVARD Along Airport Boulevard, Terminal 1 towards Terminal 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume:	
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
PC7262J	Van				Slightly Damaged	0
SLQ805M	Car				Slightly Damaged	0

Details of Person Involved

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

Police Report 2 Pg. 1



**SINGAPORE
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T/20190930/2040

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No T/20190930/2040

CONTINUATION OF REPORT

Driver			
Name	WANG KHENG SENG	ID No.	S1655425A
Related Vehicle	SLQ805M (Car)	Contact No.	81843883
Hospital/Clinic	HORIZON MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 30/09/2019 at about 0500hrs, I was driving my GrabCar (SLQ805M) along Airport Boulevard (Terminal 1) towards Terminal 3. I was exiting a bend and was slowing down but there was a sudden impact from the rear causing my vehicle to jerk forward. I was not superficially injured from the impact. I alighted my vehicle and saw that one van (PC7262J) had collided onto the rear of my car, resulting in the rear door being damaged. The damage has caused the sensor to trigger.

I spoke with the driver and we exchanged by taking photos of the accident. The driver gave me a name card bearing HARON CHE MOHAMED (Al Haqqi Services, H/P: 9017 1276 / 9843 9054). After the exchange, we proceeded with our own journeys.

On the same day, at about 0900hrs, I visited Horizon Medical Pte Ltd (109 Lorong 1 Toa Payoh #01-312) as I was feeling back and neck pain. I was given 5 days of Medical Leave.

Police Report 3 Pg. 1



SINGAPORE
POLICE FORCE



T/20190930/2040

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20190930/2040

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 MUHAMMAD ASH SHAHIDI BIN MOHAMED PADILLAH	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 30/09/2019 10:51
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No: 65476438  POLICE FORCE	Classification Of Case:
Authentication Stamp NP168 	