

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 22:55
Date Of Accident	29/09/2019 15:15
Exact Location Of Accident	KINGSROAD HEADING TOWARDS NANYANG PRIMARY SCHOOL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5358G
Insured/Policyholder	
Name Of Registered Owner	MARGARET
NRIC No	S7877429J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82012627
Alternative Phone No	OFFICE-82012627

Vehicle Particulars

Manufacturer	FORD
Model	FOCUS 4DR TITANIUM 1.0 GTDI S/S
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	SD18V10798
Cover Note Number	

Driver

Name of Driver	EE KIM MOH
NRIC No	S7425141B
Date Of Birth	03/08/1974
Occupation	INDOOR
Date Of Driving Pass	29/10/2001
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82012627
Fax Number	
Contact Number	
EEmail Address	EEKM38@GMAIL.COM

Address	NIL
Postcode	
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	COLLISION - CROSS JUNCTION
Weather Conditions	RAINING
Road Surface	WET

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?	YES
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 [OTHER]	BUKIT TIMAH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO. T/20190930/2150 LODGE AT BUKIT TIMAH NPC I WAS DRIVING STRAIGHT ALONG KINGS ROAD. AS I WAS DRIVING NEAR JUNCTION OF KINGS RD AND LUTHERAN RD A VEHICLE FROM MY LEFT FAILED TO STOP ALONG THE STOP LINE AND DROVE THROUGH THE JUNCTION AND COLLIDED WITH MY CAR. MY LEFT PORTION OF THE CAR WAS BADLY DAMAGED AND I WAS CONVEYED TO THE HOSPITAL BY AN AMBULANCE. THE DOCTOR IN NUH ASSESSED ME TO HAVE NO FRACTURE HOWEVER I'M EXPERIENCING PAIN ON MY LEFT SIDE. I WAS THEN GIVEN 5 DAYS OF MC. I WISH TO STATE THAT I DO HAVE AN IN-VEHICLE CAMERA THAT WAS OPERATIONAL WHILE I WAS DRIVING. I DO NOT KNOW IF THERE WERE ANY GOVERNMENT PROPERTIES DAMAGED. I AM LODGING THIS REPORT UNDER THE INSTRUCTIONS OF TP IO SUFFIAN (63114121)

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	NA
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH6124U
Vehicle Make/Model/Colour	HYUNDAI / AE IONIQ HEV 1.6 DCT
Details Of Properties	NA
Vehicle Category	PRIVATE CAR
Name of Driver	V.N ARASA
NRIC/Passport Number	S1556936J
Contact Number	98216776
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	EE KIM MOH
Approximate Age	
Injuries Sustain	PAIN ON LEFT SIDE
Injured person in which vehicle?	SLG5358G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

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. 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:

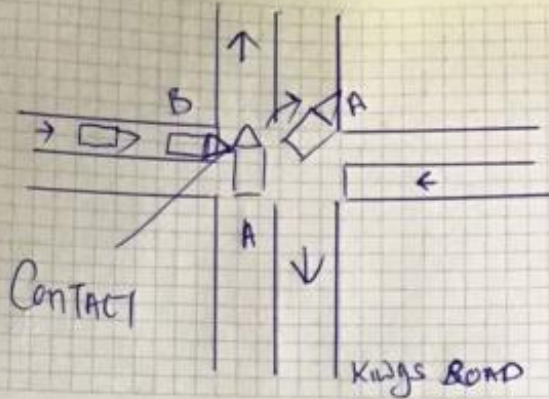
VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

Sketch Plan #2

SV

B-SH/6124u



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHED STATEMENT.

REFER TO ATTACHED STATEMENT.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR

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

police report



**SINGAPORE
POLICE FORCE**



T/20190930/2150

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20190930/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/09/2019 16:10	Vide Report No.: E/20190929/0150	Station Diary No.: 102
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: EE KIM MOH	Address: APT BLK 1 QUEEN'S ROAD #10-189 SINGAPORE 260001		
ID Type / ID No.: NRIC NO / S7425141B	Contact No.:	Mobile: 82012627	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 45	Date of Birth: 03/08/1974	Type of Informant: Driver
Race: Chinese	Language:	Institution / School Name:	
Occupation: Project Manager	Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/09/2019 15:15	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 KING'S ROAD LUTHERAN ROAD Junction of Kings Rd and Lutheran Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLG5358G	Car				Slightly Damaged	0



SINGAPORE
POLICE FORCE



1720190930/2150

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No: T20190930/2150

CONTINUATION OF REPORT

Brief Details.

I was driving straight along Kings Rd. As I was driving near junction of Kings Rd and Lutheran Rd, a vehicle from my left failed to stop along the stop line and drove through the junction and collided with my car.

My left portion of the car was badly damaged and I was conveyed to the hospital by an ambulance.

The doctors in NUH assessed me to have no fracture however I'm experiencing pain on my left side.

I was then given 5 days of MC.

I wish to state that I do have an in-vehicle camera that was operational while I was driving. I do not know if there were any government properties damaged. I am lodging this report under the instructions of TP IO Suffian (6311 4121)



SINGAPORE
POLICE FORCE

Police Station Of Origin
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T20190930-2150

3 of 3

Report No: T29190930/2150

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 /

TAN KAI HAO, ANDREW

Sgt Monique

Signature Of Informant:

[Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2019 16:10

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077



SINGAPORE
POLICE FORCE

Classification Of Case:

SN 170

Authentication Stamp

NP168

SIGNATURE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7425141B**



Name
EE KIM MOH
(YU JINMAO)
余 锦 茂

Race
CHINESE

Date of birth
03-08-1974

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **S7425141B**

Name
EE KIM MOH
(YU JINMAO)

Birth Date: **03 Aug 1974**

Issue Date: **29 Aug 2003**



Driving License

3600880



NRIC No. S7425141B

Date of issue
16-08-2004

APT BLK 1 QUEEN'S ROAD #10-189
SINGAPORE 260001

NRIC No: S7425141B Date: 16/01/2012 No: 6973043

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	29 Oct 2001

NP 126A

Licence No: S7425141B

