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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	11/11/2019 18:36
Date Of Accident	09/11/2019 11:15
Exact Location Of Accident	JOHOR CAUSEWAY
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ6851P
Insured/Policyholder	
Name Of Registered Owner	LEE SHU FANG
NRIC No	S8418566C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93275808
Alternative Phone No	OFFICE-93275808
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 SEDAN 1.5 AT EU6
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	SI19V06827/VPE/R01
Cover Note Number	
Driver	
Name of Driver	LEE SHU FANG

Name of Driver

NRIC No

S8418566C

Date Of Birth

Occupation

Date Of Driving Pass

LEE SHU FANG

S8418566C

INDOOR

19/01/2012

Driving Experience 7 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-93275808

Fax Number

Contact Number OFFICE-93275808

EMail Address NOEMAIL

BLK 801C KEAT HONG CLOSE Address

#12-41

Postcode 683801

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

2

3

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1 NAME:

> **GENDER:** : FEMALE

Passenger 2 NAME: : -

> GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

NO

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191111/7004.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF4263H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

SKETCH PLAN

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- 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 ladgment 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 aforesald,
- 8 Consent under the Personal Data Protection Act (PDPA)

funderstand, acknowledge, agree and consent that:

- [4] 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)
 - (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"
- 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
- 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.
- 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 porties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

for complying with requirements under any regulations, laws or court orders.

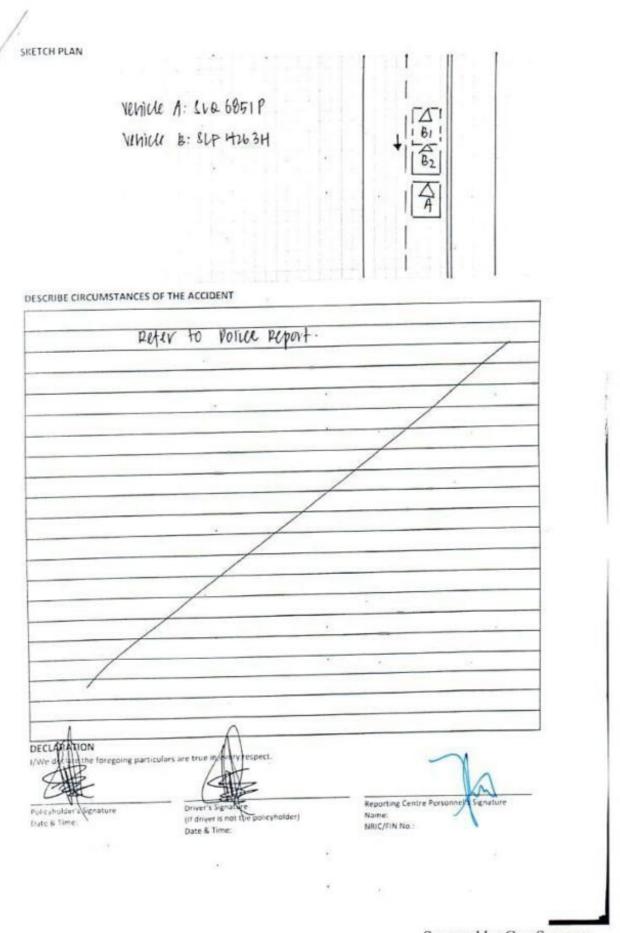
Policyholder's Squature Date & Time

(If driver is not the policyholder) Date & Time:

NRIC/FIN No.

Reporting Centre Person

Accident Sketch Plan



Scanned by CamScanner

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20191111/7004

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 11/11/2019 12:26		Vide Report No.:	Station Diary No.	
Informan	t's Partic	ulars	S. L. Dilley Avenue		
Name of LEE SHU	Informant: FANG		Address: APT BLK 801C KEAT HO 683801	ONG CLOSE #12-41 SINGAPORE	
ID Type / NRIC NO	ID No.: / S841856	66C	Contact No.: Home/Office:	Mobile: 93275808	
Nationalit SINGAPO	y: ORE CITIZ	EN	Email: janetlsfang@yahoo.com.	sg	
Sex: Female	Age: 35	Date of Birth: 05/07/1984	Type of Informant: Driver		
Race: Chinese		Language: Institution / School Na English			
Occupation: APPLICATION ENGINEER		Driving Licence Informati Class:	on: Date of Expiry:		

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/11/2019 11:15	Type of Location Straight Road
Location: CAUSEWAY Weather:		Road Surface:		Road Speed Limit:
Clear		Traffic Control: Not Controlled		
Clear Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy

Details of V	ehicle Invo	lved	THE WAR	War and being	Salvan da taxa	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLF4263H	Car	AUDI			Slightly Damaged	1
SLQ6851P	Car	MAZDA	3		Slightly Damaged	2

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

Police Report



T/20191111/7004

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20191111/7004

CONTINUATION OF REPORT

Driver				11 12		
Name	LEE SHU FANG			ID No		S8418566C
Related Vehicle	SLQ6851P (Car)		Conta	ct No.	93275808	
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date		Date Disc	harge	NIL	
No. of Days gran	granted Medical Leave NIL		Degree of	fInjury	NIL	

Brief Details.

On 09/11/2019 at about 11:14hr, I was driving my vehicle - SLQ6851P along Johor Causeway with 2 female passengers. Due to heavy traffic, vehicles were slow moving. Suddenly, vehicle number - SLF4263H, rolled back into my vehicle's front portion.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20191111/7004

CONTINUATION OF REPORT

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NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/11/2019 12:26
Officer In Charge Of Case: TP / TPHQ / WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp	















