

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	23/12/2019 11:22
Date Of Accident	21/12/2019 13:05
Exact Location Of Accident	JUNC AMK AVE 5 & AMK AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7145S
Insured/Policyholder	
Name Of Registered Owner	LOW CHZE HAW
NRIC No	SXXXX033E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81139669
Alternative Phone No	OFFICE-81139669

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID 7-SEATER 1.5G AUTO
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 HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V12012/VPL/R00
Cover Note Number	

Driver

Name of Driver	LOW CHZE HAW
NRIC No	SXXXX033E
Date Of Birth	18/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1990
Driving Experience	29 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81139669
Fax Number	
Contact Number	OFFICE-81139669
E-Mail Address	NOEMAIL

Address	BLK 324A SENGKANG EAST WAY #09-519
Postcode	541324
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)	2
Passenger 1	NAME: : TAI POH CHOO GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20191223/2066.

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	GBG3411S
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 LOW CHZE HAW
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMN7145S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name TAI POH CHOO
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? SMN7145S
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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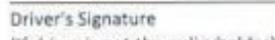
8. Consent under the Personal Data Protection Act (PDPA)

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

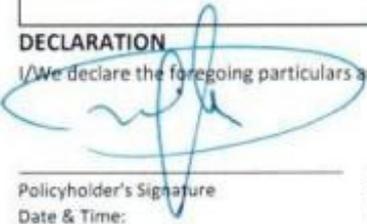
Refer to attached sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/12/3/2066

DECLARATION

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


Policyholder's Signature
Date & Time:

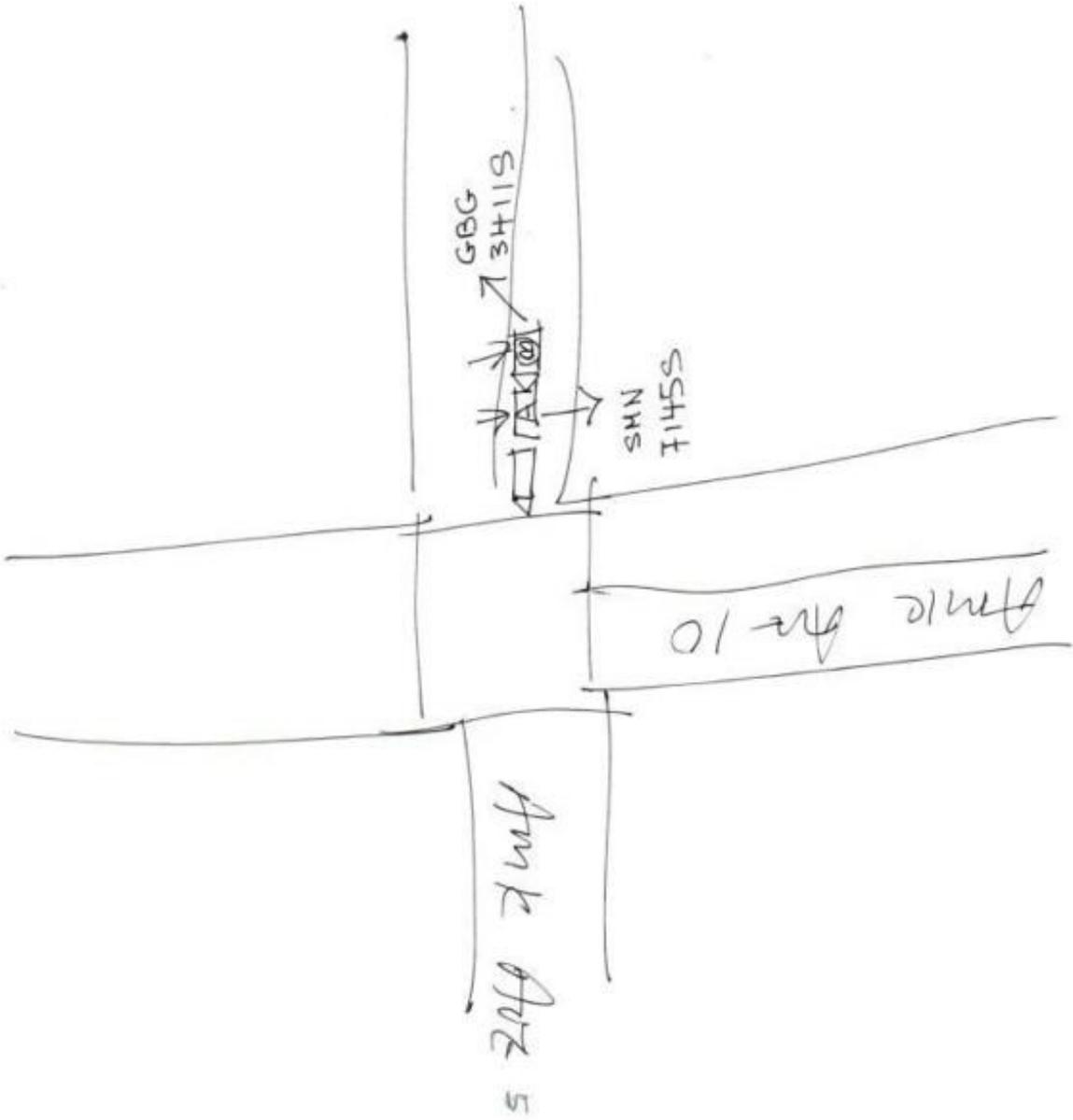
Driver's Signature
(if driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

8/12/09
Md 50 PM
8102/e1/1e
SMN 7145 S

81139669
81139669



Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/2066

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629.
Tel No: 1800-4439999

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Report No. T/20191223/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 14:02	Vide Report No.:	Station Diary No.: 29
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Informant's Particulars			
Name of Informant: LOW CHZE HAW		Address: APT BLK 324A SENGKANG EAST WAY #09-519 SINGAPORE 541324	
ID Type / ID No.: NRIC NO / S6936033E		Contact No.: Home/Office: Mobile: 81139669	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 18/10/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/12/2019 13:05	Type of Location: Straight Road
Location: Along Road 1 ANG MO KIO AVENUE 5 JUNCTION OF ANG MO KIO AVENUE 5 / ANG MO KIO FLYOVER				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		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
GBG3411S	Van			Silver		0
SMN7145S	Car	HONDA	FREED HYBRID 7-SEATER 1.5G AUTO Black	Black	Seriously Damaged	1

Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/2066

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Report No. T/20191223/2066

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE THENG SENG	ID No.	S1491028Z
Related Vehicle	GBG3411S (Van)	Contact No.	96825797
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
Driver			
Name	LOW CHZE HAW	ID No.	S6936033E
Related Vehicle	SMN7145S (Car)	Contact No.	81139669
Hospital/Clinic	CENTRAL 24HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	21/12/2019	Date Discharge	21/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	TAI POH CHOO	ID No.	S7023941H
Related Vehicle	SMN7145S (Car)	Contact No.	96653336
Hospital/Clinic	CENTRAL 24HR CLINIC (HOUGANG)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/12/2019	Date Discharge	21/12/2019
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 21/12/2019 at about 13.05pm, I was driving a vehicle bearing registration plate number SMN7145S along Ang Mo Kio Ave 5 towards Bungkok Green Direction. I stopped at the stop line of Ang Mo Kio Avenue 5, middle lane, junction of Ang Mo Kio flyover as the traffic light turned red in favour of mine. Everything is in order.

While waiting stationary for the traffic light turn green in favour of mine, suddenly a Van bearing registration plate number GBG3411S collided into the rear of my vehicle. I came down and take picture of the damages and the exchange particulars with each other. I wished to state that the rear of my vehicle

Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/2066

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
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Tel No: 1800-4439999

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Report No. T/20191223/2066

CONTINUATION OF REPORT

got dented in, causing my rear boot unable to close.

After taking the necessary details, both my passenger and I felt pain of my neck and head. We decided to proceed to Central 24Hr Clinic(Hougang) and both me and my passenger were given 3 days of MC from 21/12/2019 to 23/12/2019. My MC serial number is : 0000445322 and the passenger serial number is 0000445323.

Police Report



**SINGAPORE
POLICE FORCE**



T/20191223/2066

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Report No. T/20191223/2066

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

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:

G /

Sgt 3 GOH JIAN WEI

Signature Of Informant

Signature Of Interpreter:

Not applicable

Date/Time:

23/12/2019 14:02

Officer In Charge Of Case:

TP / AEIT /

SSI 2 JUREMAH BINTE AHMAD

Contact No.: 65476219

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

