

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	16/12/2019 16:51
Date Of Accident	16/12/2019 15:55
Exact Location Of Accident	ALONG LENTOR AVENUE TOWARDS YISHUN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN2749U
Insured/Policyholder	
Name Of Registered Owner	U & G CAR LEASING
Co Reg No	53324477C
Email Address	HYMS@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-83336725
Alternative Phone No	OFFICE-64515752

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8S AT ABS D/AIRBAG 2WD
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	SD19V09652 /VPZ /R00
Cover Note Number	

Driver

Name of Driver	HIE CHEE KEOW
NRIC No	S1324353J
Date Of Birth	19/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1976
Driving Experience	43 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91459354
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 212 MARSILING CRESCENT #13-31
Postcode	S730212
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE ATTACHED SKETCH PLAN AND POLICE REPORT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC405E
Vehicle Make/Model/Colour	
Details Of Properties	CITYCAB
Vehicle Category	TAXI
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	HIE CHEE KEOW
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

SLN2749U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 212 MARSILING CRESCENT
#13-31

Postcode

S730212

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:

[Handwritten Signature]

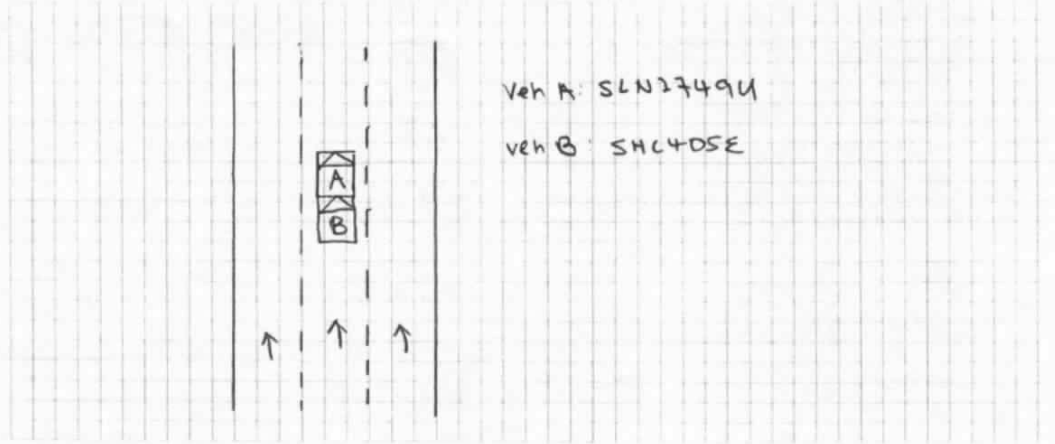
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan #2 Pg. 1

SKETCH PLAN

Lentor Avenue towards Yishun



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

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.:

POLICE REPORT 1 Pg. 1



**SINGAPORE
POLICE FORCE**



L/20191217/7002

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Report No. L/20191217/7002

Date/Time Report Made 17/12/2019 02:58	Vide Report No.	Station Diary No.
Name Of Informant HIE CHEE KEOW	Address APT BLK 212 MARSILING CRESCENT #13-31 SINGAPORE 730212	
ID Type / ID No. NRIC NO / S1324353J	Contact No. Home/Office: Mobile: 91459354	
Nationality SINGAPORE CITIZEN	Email Address hbx-janet94@hotmail.com	
Occupation grab driver	Sex Male	Age 61
Institution/School Name	Date of Birth 19/07/1958	Race Chinese
Date/Time Of Incident 16/12/2019 15:55 - 16/12/2019 16:10	Location Of Incident LENTOR AVENUE	

Brief details.

Traffic accident occur at lentor Ave towards yishun below SLE flyover

Vehicle hit me from the rear while in slow traffic condition. Resulting to pain at my neck area. Initially, mutual private settlement agreed on the spot but no particular exchanged. Resulted to me lodging a police report here.

Subjects Involved

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: 17/12/2019 02:58
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT 2 Pg. 1



**SINGAPORE
POLICE FORCE**



L/20191217/7002

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20191217/7002

Suspect			
Person Name	Unknown		
ID Type	OTHERS / Unknown	ID No	UNKNOWN
Gender	Male	Age	50-60
Race	Chinese	Language	Chinese
Occupation	Taxi driver		
Victim			
Person Name	HIE CHEE KEOW		
ID Type	NRIC NO	ID No	S1324353J
Gender	Male	Age	61
Race	Chinese	Language	English
Occupation	grab driver	Address Type	
Address	APT BLK 212 MARSILING CRESCENT #13-31 SINGAPORE 730212	Mobile No	91459354
Is Informant A Victim?	Yes		
Person Name	HIE CHEE KEOW (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this
report has been authenticated by
SingPass. No signature is required.

Date/Time:

17/12/2019 02:58

Classification Of Case: