

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	31/12/2019 12:29
Date Of Accident	31/12/2019 08:35
Exact Location Of Accident	ALONG 291A BUKIT BATOK ST 24
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS5739C
Insured/Policyholder	
Name Of Registered Owner	LIEW WAN LI (LIU WANLI)
NRIC No	SXXXX169D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97365922
Alternative Phone No	OFFICE-97365922

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA 1.4 TSI AT 1623G5
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 CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098728614-01
Cover Note Number	

Driver

Name of Driver	LIEW WAN LI (LIU WANLI)
NRIC No	SXXXX169D
Date Of Birth	28/10/1984
Occupation	INDOOR
Date Of Driving Pass	17/11/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97365922
Fax Number	
Contact Number	OFFICE-97365922
EMail Address	NOEMAIL

Address	APT BLK 476B CHOA CHU KANG AVE 5 #04-17
Postcode	682476
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER SKETCH PLAN & 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	SHA3565S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MOHAMED AMIN BIN JAMAIN
NRIC/Passport Number	SXXXX966J
Contact Number	97824092
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LIEW WAN LI (LIU WANLI)

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLS5739C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

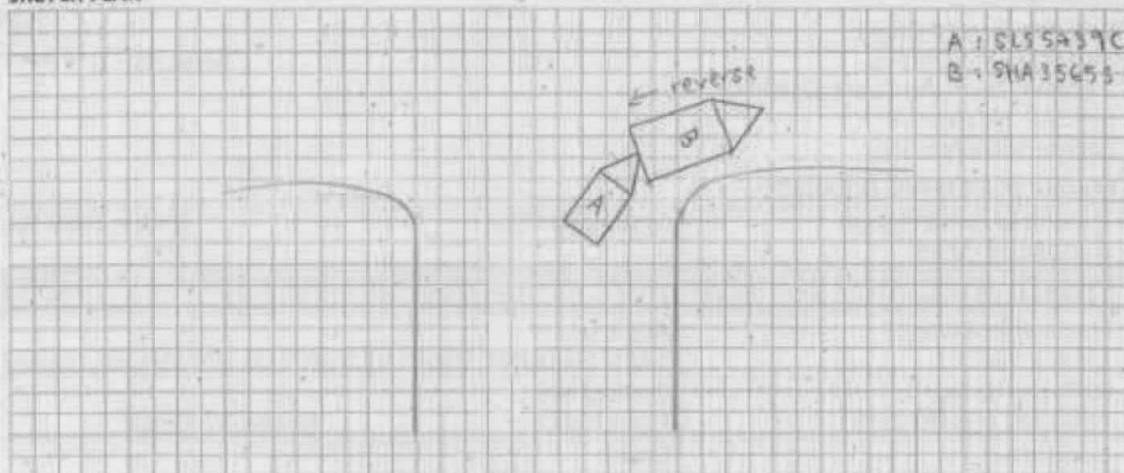
31 Dec 2019

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 0835 hrs , 31 / 12 / 2019

Accident Location: 291A Bukit Batok Street 24

I was supposed to pick up passenger at the mentioned location @ 0835 as above. However, I noticed that Vehicle B in front was reversing without stopping and impact on the front bumper of my vehicle.

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

DECLARATION

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

*** IMPORTANT NOTE:**

[illegible]

Policyholder's Signature
Date & Time:
31 Dec 2017

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191231/2133

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20191231/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/12/2019 19:15	Vide Report No.:	Station Diary No.: 183
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Informant's Particulars

Name of Informant: LIEW WAN LI			Address: 1 UPPER BUKIT TIMAH VIEW #07-06 SINGAPORE 588132		
ID Type / ID No.: NRIC NO / S8433169D			Contact No.: Home/Office: Mobile: 97365922		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 28/10/1984	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: WORKSHOP MANAGER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/12/2019 08:35	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK STREET 24 Infront of Blk 291A Bukit Batok St 24 service road				
Weather: Sunny		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA3565S	Taxi				Slightly Damaged	0
SLS5739C	Car	VOLKSWAGO N	JETTA 1.4 TSI AT 1623G5	Red	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLS5739C	NTUC Income Insurance Co-Operative Limited	5098728614-01	13/04/2019	12/04/2020

POLICE REPORT



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T/20191231/2133

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20191231/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	Mohamed Amin Bin Jamain	ID No.	S0158966J
Related Vehicle	SHA3565S (Taxi)	Contact No.	NIL
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	LIEW WAN LI	ID No.	S8433169D
Related Vehicle	SLS5739C (Car)	Contact No.	97365922
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 31/12/2019 at around 0835hrs, while I was inside my vehicle (seated at the driver seat) registration number SLS5739C, I saw a taxi registration number SHA3565S alighting a passenger in front on me (about 6 meters apart). My car was at a stationary. About a few moments later, I saw the said taxi reverse in a fast speed. I then honked at him to alert him however the said taxi did not stop. As the result, it collided with my vehicle. I wished to state that the front headlight of my vehicle was seriously damaged.

I felt pain at the lower back and my shoulder and went to Khoo Teck Puat Hospital to seek medical attention. I was given 3 days Medical Leave thereafter. My vehicle was installed with the in car camera and I had handed over the footage to my insurance for claim.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191231/2133

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20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20191231/2133

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:

J /

Sgt 2 LIM CEHANG, HERMAN

Signature Of Informant:

[Handwritten signature]

Signature Of Interpreter:

Not applicable

Date/Time:

31/12/2019 19:15

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No.: 65476172

Authentication Stamp

NP168

Classification Of Case:

SIGNATURE