

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	18/01/2020 17:25
Date Of Accident	18/01/2020 11:20
Exact Location Of Accident	THOMSON ROAD (TOWARDS UPPER THOMSON ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT5997C
Insured/Policyholder	
Name Of Registered Owner	FOO PEI LING PATRICIA
NRIC No	SXXXX498A
Email Address	ALVIN_SG@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97504589
Alternative Phone No	OTHERS-94891887

Vehicle Particulars

Manufacturer	TOYOTA
Model	AQUA
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	SI19V02147/VPE/R00
Cover Note Number	

Driver

Name of Driver	FOO YONG HAN ALVIN
NRIC No	SXXXX278G
Date Of Birth	08/10/1969
Occupation	INDOOR
Date Of Driving Pass	10/01/1989
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97504589
Fax Number	
Contact Number	OTHERS-94891887
Email Address	ALVIN_SG@YAHOO.COM

Address	BLK 8 BOON KENG ROAD #01-152
Postcode	330008
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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)	5
Passenger 1	NAME: : MOTHER GENDER: : FEMALE
Passenger 2	NAME: : WIFE GENDER: : FEMALE
Passenger 3	NAME: : NEPHEW GENDER: : MALE
Passenger 4	NAME: : NIECE GENDER: : FEMALE

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 SKETCH PLAN AND POLICE REPORT T/20200118/2132

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	XE4525R
Vehicle Make/Model/Colour	MERCEDES
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	TAN KIAN CHUAN
NRIC/Passport Number	SXXXXX733J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.

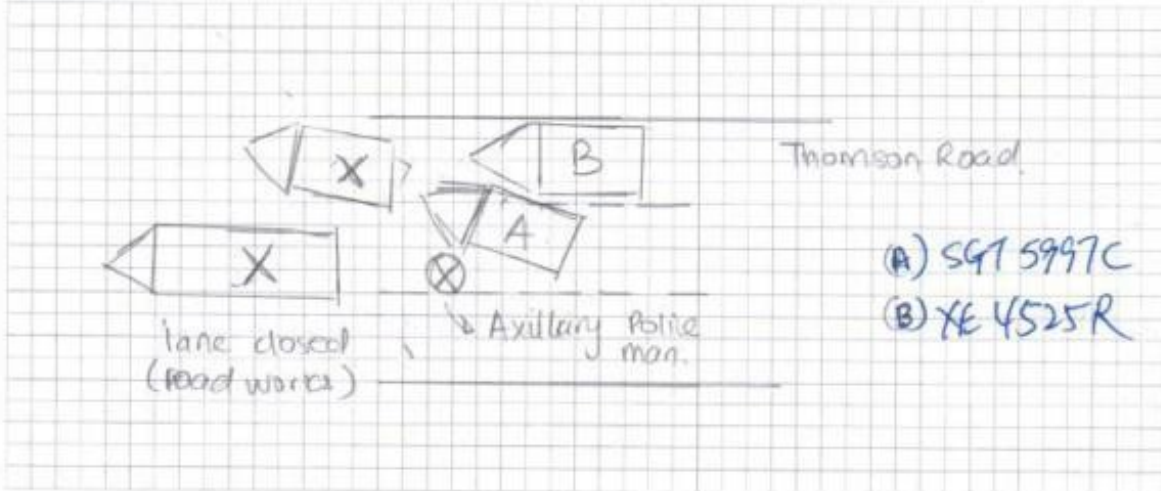
Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 18/01/2020
5:10 pm

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Thomson Road towards Upp Thomson Road. There was road works ahead and traffic ~~was~~ lanes were ~~closed~~ merged to one lane.

While filtering to the extreme right lane, I had to edge slowly to the next lane. I was following closely behind a Red vehicle in front and trying to avoid the Auxiliary Police man on the left who is directing the traffic. The heavy vehicle also move alongside. My vehicle had already crossed the lane while the heavy vehicle continues to move on.

The next thing that happened was the heavy vehicle hit my side mirror and I had to swivel the vehicle slightly to a stop.

I came down to make a quick inspection and then requested from the other driver who also ~~was~~ alighted to the scene. After he took some photos, he decided to move away from the scene despite me asking for his driving details. He returned to his vehicle and refused. After much deliberation and delay, I managed to get a copy of his driver's licence.

to exchange his particulars with us.

Police Report 1/20200118/2132

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: 18/01/2020
5:10 pm

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200118/2132

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3

Report No. T/20200118/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 18:32		Vide Report No.:		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: FOO YONG HAN ALVIN			Address: APT BLK 8 BOON KENG ROAD #01-152 SINGAPORE 330008		
ID Type / ID No.: NRIC NO / S6934278G			Contact No. Home/Office: Mobile: 04891887		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 08/10/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: YOUTH WORKER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 18/01/2020 11:25	Type of Location: Straight Road
Location: Along Road 1 THOMSON ROAD				
HEADING TOWARDS UPPER THOMSON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SGT5997C	Car					4
XE4525R	Lorry					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200118/2132

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20200118/2132

CONTINUATION OF REPORT

Driver			
Name	FOO YONG HAN ALVIN	ID No.	S6934278G
Related Vehicle	SGT5997C (Car)	Contact No.	94891997
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 18/01/2020 at around 1125hrs, I was driving my vehicle, registration number: SGT5997C along Thomson Road heading towards Upper Thomson Road. I was driving on the 2nd lane while there was some road works on the 3rd lane. The road was very jammed as there was also a heavy vehicle which had stopped on the 2nd lane which meant that vehicles on the 3rd and 2nd lane were converging to the 1st lane.

As I was driving, there was an Auxillary Police officer which had directed my vehicle to move. As I did that, the right side mirror came into contact with another vehicle, XE4525R. As I saw the vehicle coming in contact with mine so I shifted it to make it straight. As I was doing this, the my vehicle had also moved off which caused scratches on the right side of my vehicle.

No one was injured. Both vehicles stopped and the other driver just took photos of the accident. I had asked for his particulars but he refused to provide. We then managed to exchanged driver's particulars.

I am lodging this report for record purposes.

The damage to my vehicle is as follows:

- 1.) Damage to the right side mirror
- 2.) Scratches to rear right fender

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200118/2132

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

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Report No. T/20200118/2132

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 /

Staff Sgt MUHAMMAD HAZWAN BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/01/2020 18:32

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication **Starip** Link
NP168 Singapore 397618
1800-8486999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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