

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	06/02/2020 11:45
Date Of Accident	25/01/2020 16:20
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF7083A
Insured/Policyholder	
Name Of Registered Owner	CHUI WAI YIN (XU WEIXIAN)
NRIC No	SXXXX312I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96831246
Alternative Phone No	OTHERS-96831246

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	GLC 250
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	SI19V07638/VPC/R00
Cover Note Number	

Driver

Name of Driver	CHUI WAI YIN (XU WEIXIAN)
NRIC No	SXXXX312I
Date Of Birth	16/02/1976
Occupation	INDOOR
Date Of Driving Pass	12/05/2003
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96831246
Fax Number	
Contact Number	OTHERS-96831246
Email Address	NOEMAIL

Address	127A FIDELIO STREET
Postcode	458510
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?	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)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200130/2189

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH THE POLICE OFFICER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBQ1204J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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 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:

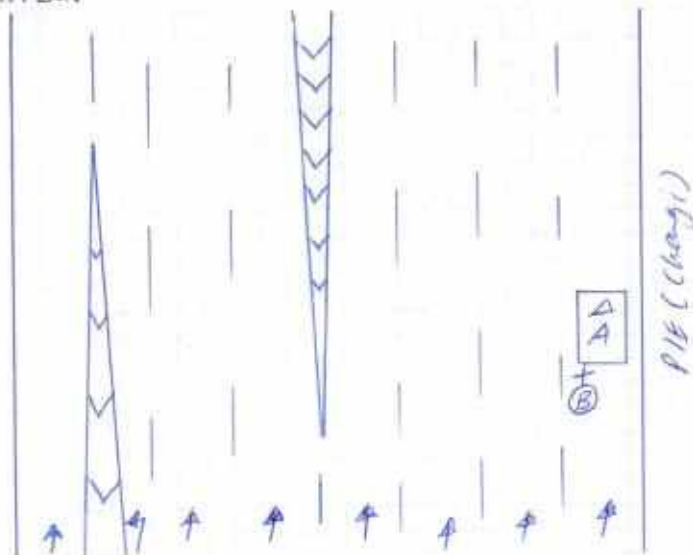
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

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

SKETCH PLAN



Vehicle A: SG F7083A
Vehicle B: FBQ 1204J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report no. T/20200130/2189.

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: Roshni Kumar
NRIC/FIN No:

ACCIDENT STATEMENT

ACCIDENT DATE: 25 / 01 / 2020 (DD/MM/YYYY), TIME: 16 : 20 (HH:MM)

LOCATION: PIE (bany)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGF7083A
 b) INSURANCE COMPANY: Liberty
 c) POLICY NUMBER: SI19V07688/VPC/A00/E00
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: Mercedes-Benz GLC250
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS) SUV
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: Private use
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: Chui Wai Yin (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S76033121 CONTACT: 96831246
 c) ADDRESS: 127A Fiddle St S (458510)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

*d) DATE OF BIRTH: 16 / 02 / 1976 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)
 TYPE OF DRIVING PASS 12/05/2003

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)

IF YES, PLEASE STATE WHICH POLICE STATION: Berlep South NPC

6. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FBQ1204J MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

7. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: _____ MODEL: _____
 b) DRIVER'S NAME: _____
 c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

No of passengers
 (including driver)

(03)

1 male

1 female

No of passengers
 (including driver)

(01)

No of passengers
 (including driver)

()

Email: cassandra.chua@autospin.com.sg

VIDEO



SINGAPORE POLICE FORCE



T/20200130/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 3

Report No. T/20200130/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2020 22:07		Vide Report No.: G/20200125/0152		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: CHUI WAI YIN			Address: 127A FIDELIO STREET SINGAPORE 458510		
ID Type / ID No.: NRIC NO / S7603312I			Contact No.: Home/Office: Mobile: 96831246		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 16/02/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Fund manager			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/01/2020 16:20	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY along PIE heading towards Changi				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ1204J	Motorcycle	KAWASAKI		Black	No Damage	0
SGF7083A	Car	MERCEDES BENZ		White	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGF7083A	LIBERTY INSURANCE PTE LTD			



**SINGAPORE
POLICE FORCE**



T/20200130/2189

2 of 3

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20200130/2189

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHUI WAI YIN	ID No.	S7603312I
Related Vehicle	SGF7083A (Car)	Contact No.	96831246
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 25/01/2020 at about 1620hrs, I was driving my vehicle bearing the registration plate number SGF7083A along PIE heading towards Changi. My vehicle was at the most extreme right lane. The traffic flow was slightly heavy as it was the peak period. The road surface was dry and weather was clear.

I was inside the vehicle together with my parents. As I was driving straight, the vehicle in front of me did a sudden brake. I was caught off guard by it and as such, immediately pressed onto my brake too. I did not come into contact with the vehicle in front at all. However, I heard a loud crash from my rear. I made a check on my rear mirror and did not notice any vehicles nearby.

I checked my left side mirror and noticed one black in colour motorcycle on the floor with the rider slightly away from the motorcycle. The motorcycle was seen on the lane just beside my vehicle on the left side. I quickly came down from my vehicle to make a check on the rider. I checked on the rider's condition and he informed that he was able to walk to the side of the road.

I noticed that the rider had slight cuts on his arm and lips were slightly chapped.

Ambulance and traffic police came down and made a check on both of us. I handed over my in-car camera recording to the traffic police and was issued with a case card. I was advised to lodge a report to any nearby police posts reference to G/20200125/0152.

I was unable to exchange particulars with the rider as he was conveyed by the ambulance. My parents and I did not sustained any injuries.

My vehicle was slightly damaged due to a medium-sized dent caused by the collision.



**SINGAPORE
POLICE FORCE**



T/20200130/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20200130/2189

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 2 MARYANI BINTE SANI

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
30/01/2020 22:07

Officer In Charge Of Case:
TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

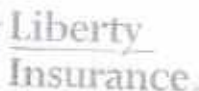


SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE



1800-LIBERTY
[1800-5423789]
AUTO ASSISTANCE HOTLINE

24
HR

ACCIDENT RESPONSE
ROADSIDE ASSISTANCE
FLUID ASSISTANCE

Certificate of Insurance

Page 1 of 1

[A1460-2/K2BAAAMT/ST19V07638/18-Jun-2019/Motore.T/V/LI](https://doi.org/10.1460-2/K2BAAAMT/ST19V07638/18-Jun-2019/Motore.T/V/LI)