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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/06/2020 09:14
Date Of Accident	25/06/2020 11:20
Exact Location Of Accident	PASIR RIS DR 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLZ1114U
Insured/Policyholder	
Name Of Registered Owner	TAN CHYE JOO (CHEN ZAIYU)
NRIC No	SXXXX917Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96461312
Alternative Phone No	OFFICE-96461312
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC 1.6 VTI CVT
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	SD20V04231/VPC2/R01
Cover Note Number	

Driver

Name of Driver

TAN ENG SENG

NRIC No

SXXXX559B

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

03/09/1999

Driving Experience 20 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98351948

Fax Number

Contact Number OFFICE-98351948

EMail Address NOEMAIL

BLK 500 PASIR RIS STREET 52 Address

#12-205 510500

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

7

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY:

Police Station Address **SINGAPORE**

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200625/7016.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLB2779X Vehicle Make/Model/Colour HONDA JAZZ

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLB619M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKV7927J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SHD4733B

Vehicle Make/Model/Colour

Details Of Properties

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 OTHER VEHICLE PROPERTY 5

Vehicle Registration Number FBL4371R

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

Name of Driver

NRIC/Passport Number

Page 3 of 24

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 6

GBC7174X Vehicle Registration Number

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 TAN ENG SENG

Approximate Age

Injuries Sustain **BODY** Injured person in which vehicle? SLZ1114U

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address Postcode

NO

Accident Sketch Plan

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.
- Information provided must be as <u>truthful and accurate as nossible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

l 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 end/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:
 - 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/faw 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:
 - (ii) 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: Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personn S's Signature

NRIC/FIM No.:

Accident Sketch Plan

PARE A LOS PERSON			
-111111	111111 Pagin Ris	11/2/11/12/11	11111111
vehicle A - SEZIII44	11-11-11-139811 1498	1 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-144111111
Valuele B-SLB2779X			111111
Vehicle C-SLB619M			
Ve hicle D - SKV79275			V PV
Vehicle E - SHD 473818			
Vehicle F - FBL 437 18	HIHIT KN		DIKTO
vehicle 9 - 6867174x			
777		MAN	
DESCRIBE CIRCUMSTA	ANCES OF THE ACCIDENT		111111111111111111111111111111111111111
1 was	driving in my car (SLZ 11144) glong 1.	asiv Ris
Done 8. The	traffic light was Red	and my car was	stationary.
Suddenly del	hicle B (SLB2779x) +	on my reas col	ided outo
my left por	ion of my vehicle and	collided onto rest	of the
vehicle.			
4403			
DECLARATION			
We declare the loregoing particular	ulars are true in every respect.		
A - 1 -	2 文本兴成	-	10
後がかか	- 1/2/		My
Policyholder's Signature Date & Time:	Driver's Signature (If thiver is not the policyholder)	Reporting Centre Personnels Name:	Signature
ACAMAN MEDIES III	Date & Time:	NRIC/FIN No.:	

2000 Garddinsteam 500

Page 6 of 24

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200625/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2020 16:58		Vide Report No.: G/20200625/0075	Station Diary No.:			
Informa	nt's Partic	ulars	THE PROPERTY OF	表 3.00m 在 5.00m 的 10m 20m 20m 20m 20m 20m 20m 20m 20m 20m 2		
	Informant: YE JOO		Address: APT BLK 500 PASIR I 510500	RIS STREET 52 #12-205 SINGAPORE		
ID Type / ID No.: NRIC NO / S7824917Z			Contact No.: Home/Office:	act No.:		
National SINGAP	ity: ORE CITIZ	EN	Email: cjtan.osc@gmail.com			
Sex: Age: Date of Birth: Male 41 27/08/1978		Type of Informant: Vehicle Owner				
Race: Chinese		Language: Institution / School Na English				
Occupation: Information technology security specialist		Driving Licence Inform Class: 3	ation: Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/06/2020 11:20	Type of Location: Straight Road	
Location: PASIR RIS D Weather:	RIVE 8	Road Surface:		Road Speed Limit:	
Clear		Dry		50 Km/h	
Clear				Control of the second s	
Clear Traffic Flow: One Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Light	

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FLB4371R	Motorcycle			Black		0
GBC7174X	Lorry	ТОУОТА		Silver		0
SHD4733B	Car			Blue		0
SKV7927J	Car	ТОУОТА	Harrier	White		0
SLB2779X	Car	HONDA	Jazz	Red	-	0

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200625/7016

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLB619M	Car	MERCEDES BENZ	CLA	Red	Seriously Damaged	
SLZ1114U	Car	HONDA	Civic		Seriously Damaged	0

Details of Perso			STATE OF STREET	12/1/18/2	CK3.34	Age of the course in
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pe	destriar	n Cross	ing: NA
Driver	The second second second			N. Carlot	2344	
Name	TAN ENG SENG			ID No.		S0640559B
Related Vehicle	SLZ1114U (Car)			Contact No.		98351948
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL		
No. of Days gran	ted Medical Leave	Degree of	Injury	Slight		
Vehicle Owner		SERVICE SERVICES		BEE	OTHER	THE REAL PROPERTY AND PERSONS ASSESSED.
Name	TAN CHYE JOO			ID No.		S7824917Z
Related Vehicle	SLZ1114U (Car)			Contact No.		96461312
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

My father Tan Eng Seng was driving in my vehicle SLZ1114U along pasir ris drive 8. The traffic light was red and my car was stationary. Suddenly a vehicle SLB2779X from my rear collided onto my left portion of my vehicle and collided onto the rest of the vehicles in the front of my vehicle.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200625/7016

CONTINUATION OF REPORT

Sketch Plan Informant is not able to provide sketch plan

NP168

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: 25/06/2020 16:58
Officer In Charge Of Case: TP / TPIB / NOOR HIDAYAH BINTE ABDULLAH Contact No.: 65476251	Classification Of Case:
Authentication Stamp	































