

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	28/07/2020 09:59
Date Of Accident	26/07/2020 19:00
Exact Location Of Accident	PIE TWDS AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGH2292K
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Insured/Policyholder

Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	2XXXXX722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68445225

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD19V13181/VPZ/R01
Cover Note Number	

Driver

Name of Driver	NUR YASIRAH BINTE OTHMAN
NRIC No	TXXXX171Z
Date Of Birth	22/05/2000
Occupation	INDOOR
Date Of Driving Pass	08/11/2019
Driving Experience	0 YEAR AND 8 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81387103
Fax Number	
Contact Number	OFFICE-81387103
Email Address	NOEMAIL

Address	BLK 417 JURONG WEST STREET 42 #01-967
Postcode	640417
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	COLLIDED INTO PROPERTY
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	6
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE
Passenger 4	NAME: : - GENDER: : MALE
Passenger 5	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: 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/20200726/2086.

Attachment(s)

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

Was there any audio recorded? NO

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (II) For complying with requirements under my regulations, laws or court orders.



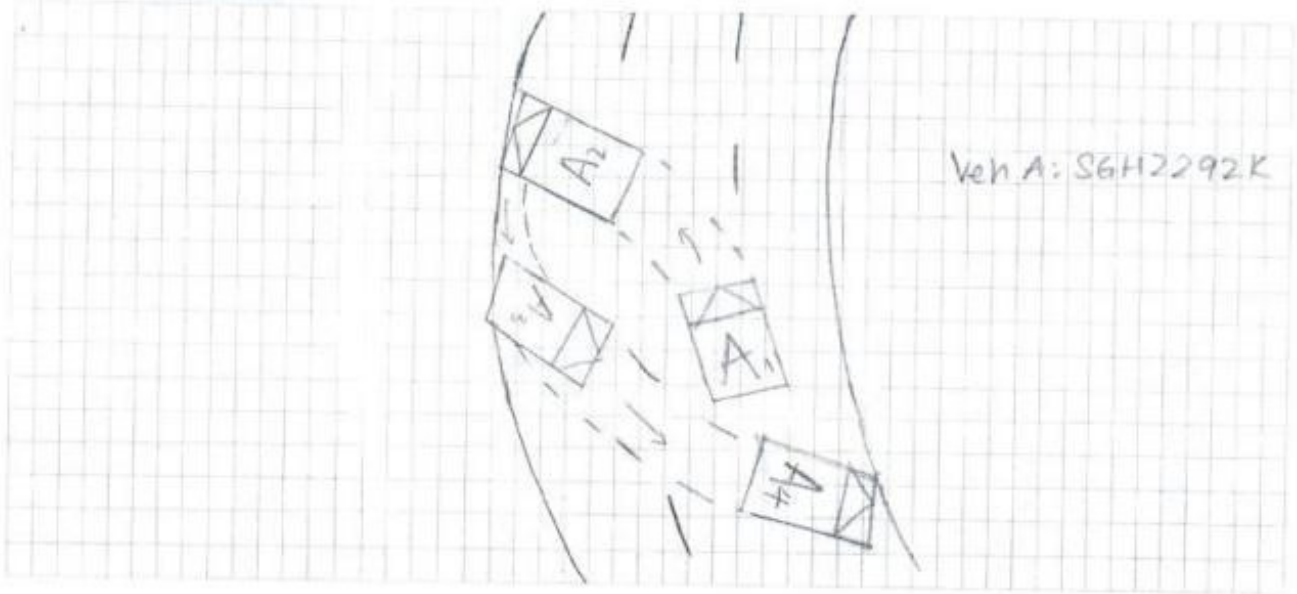
Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police Report

DECLARATION

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



Policy holder's signature
Date & time:

Driver's signature
(If driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20200726/2086

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

1 of 3
Report No. T/20200726/2086

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/07/2020 22:56		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NUR YASIRAH BINTE OTHMAN			Address: APT BLK 417 JURONG WEST STREET 42 #01-967 SINGAPORE 640417		
ID Type / ID No.: NRIC NO / T0016171Z			Contact No.: Home/Office: Mobile: 81387103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 20	Date of Birth: 22/05/2000	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: RETAIL ASSISTANT			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/07/2020 19:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TWDS AIRPORT 19KM				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH2292K	Car	TOYOTA	WISH 1.8 A	Grey	Seriously Damaged	6

Police Report



**SINGAPORE
POLICE FORCE**



T/20200726/2086

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

2 of 3

Report No. T/20200726/2086

CONTINUATION OF REPORT

Brief Details.

AT THE ABOVE MENTION DATE TIME AND LOCATION,

I WAS CHANGING LANE FROM FIRST LANE TO THE SECOND LANE OF THREE LANES. WHILE I WAS CHANGING LANE I LOST CONTROL OF MY STEERING WHEEL AND MY CAR THEN SKIDDED WHICH CAUSE ME TO COLLIDE WITH THE RAILING ON THE LEFT AND THE RIGHT AFTERWARDS, THERE WERE A TOTAL OF 6 PASSENGERS INCLUDING MYSELF AND NO ONE WAS INJURED. AFTER THE ACCIDENT ALL OF US WERE IN STATE OF SHOCKED AND MY FRIEND ADAM PROCEED TO CALL THE POLICE.

Police Report



**SINGAPORE
POLICE FORCE**



T/20200726/2086

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

3 of 3

Report No: T/20200726/2086

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:

TP /

SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/07/2020 22:56

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NUR ADELINA BINTE MOHAMMAD
FUAT

Contact No.: 65476066

Authentication Stamp

NP168

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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