

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	19/08/2020 17:42
Date Of Accident	18/08/2020 14:45
Exact Location Of Accident	ALONG SEMBAWANG ROAD TOWARDS YISHUN STREET 22
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EV6688B
Insured/Policyholder	
Name Of Registered Owner	OH CHOON GAN
NRIC No	SXXXX548A
Email Address	WINSON_TINGWEI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96735757
Alternative Phone No	OTHERS-96735757

Vehicle Particulars

Manufacturer	AUDI
Model	Q5
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI20V06940/VPC/R01
Cover Note Number	

Driver

Name of Driver	OH CHOON GAN
NRIC No	SXXXX548A
Date Of Birth	22/06/1962
Occupation	INDOOR
Date Of Driving Pass	18/08/1983
Driving Experience	37 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96735757
Fax Number	
Contact Number	OTHERS-96735757
EEmail Address	WINSON_TINGWEI@HOTMAIL.COM

Address	3 GREENBANK PARK
Postcode	589364
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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 1 TOH YI DRIVE , POSTCODE: 590001 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4689999 - FAX NO: 64623782
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBG5344P
Vehicle Make/Model/Colour	TOYOTA DYNA
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)

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.
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:



Recording Centre Person's Signature
Name: *Resdi*
NIC, FIN No.:

Accident Sketch Plan

SKETCH PLAN

vehicle A EV 6688B

vehicle B GBG 5344P

Along Sembawang Road
Towards Yishun ST 22



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At the mention date & time of accident 18/08/2020 about 14.45pm
 I was driving along Sembawang Road towards Yishun Street 22. Total
 4 lanes and I am on the 2nd lane from the right side. Upon
 reaching the junction of Yishun Ave 7, I decided to change lane
 to the left 3rd lane and I checked my blind spot and it was clear
 to change as so I change lane to left and my vehicle was already
 in 3rd lane, suddenly vehicle B "GBG 5344P" swerve right into
 my lane with speed fast and collided onto my front left ^{portion}
 of my car as the vehicle B "GBG 5344P" driver trying avoid
 impact of the vehicle that slow down and stopped as so vehicle B
 speed up change lane into my lane and collided onto my car. I have video

DECLARATION Police Report 7/20220818/2027 footage record.
 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 Person's Signature
 Name: ROSLI WATSON
 NPIC PIN No:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200818/2127

1 of 3

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 591501
Tel. No: 1800-4689999

Report No. T/20200819/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2020 20:24	Video Report No.:	Station Diary No.: 43
--	-------------------	--------------------------

Informant's Particulars

Name of Informant: OH CHOON GAN		Address: 3 GREENBANK PARK SINGAPORE 589304	
ID Type / ID No.: NRIC NO / S1529548A		Contact No.: Home/Office: Mobile: 96735757	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 22/06/1962	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: FINANCE RELATION		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: 18/09/2020 14:45	Type of Location: Straight Road
Location: SEMBAWANG ROAD			
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
EV6889B	Car				Seriously Damaged	0
GGG5344P	Van				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



POLICE FORCE



T/20200818/2127

Police Station Of Origin:
 Bukit Timah NPP
 1 Toh Yi Drive #01-139 SINGAPORE 591501
 Tel No: 1800-4689999

2 of 3
 Report No. T/20200818/2127

CONTINUATION OF REPORT

Driver			
Name	OH CHOON GAN	ID No.	S1529548A
Related Vehicle	EV6688B (Car)	Contact No.	96735757
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
Driver			
Name	HENRY YEO	ID No.	NIL
Related Vehicle	GBG5344P (Van)	Contact No.	90144805
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

Brief Details.

On 18/08/2020 at around 1445hrs, I was driving my vehicle bearing license plate "EV6688B" along Sembawang Road towards Yishun Street 22. I was driving on a 3 lane road. I was on lane 1. Upon reaching the junction of Yishun Avenue 7, I decide to change lane towards lane 2. I checked my blind spot and the back, and it was clear. I then change lane. a Van bearing license plate "GBG5344P" was driving very fast and the side of the Van hit the front of my left bumper. We then drive forward and parked at the left side of the road. We both alighted from our vehicles to make a check and the front left of my bumper was heavily damaged. We also exchanged particulars. Nobody was injured, my car has a built in in car camera and is in working condition.

I wish to state that I am making this report for record purposes.

POLICE REPORT

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah NPP
1 Toh Yi Drive #01-139 SINGAPORE 691601
Tel No: 1800-4688999

T/20200818/2127
3 of 3
Report No: T/20200818/2127

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: D/ Sgt 2 LYE DARREN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/08/2020 20:24
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No: 65473151	Classification Of Case:
Authenticity of Stamp: 	

Accident Photo



Accident Photo



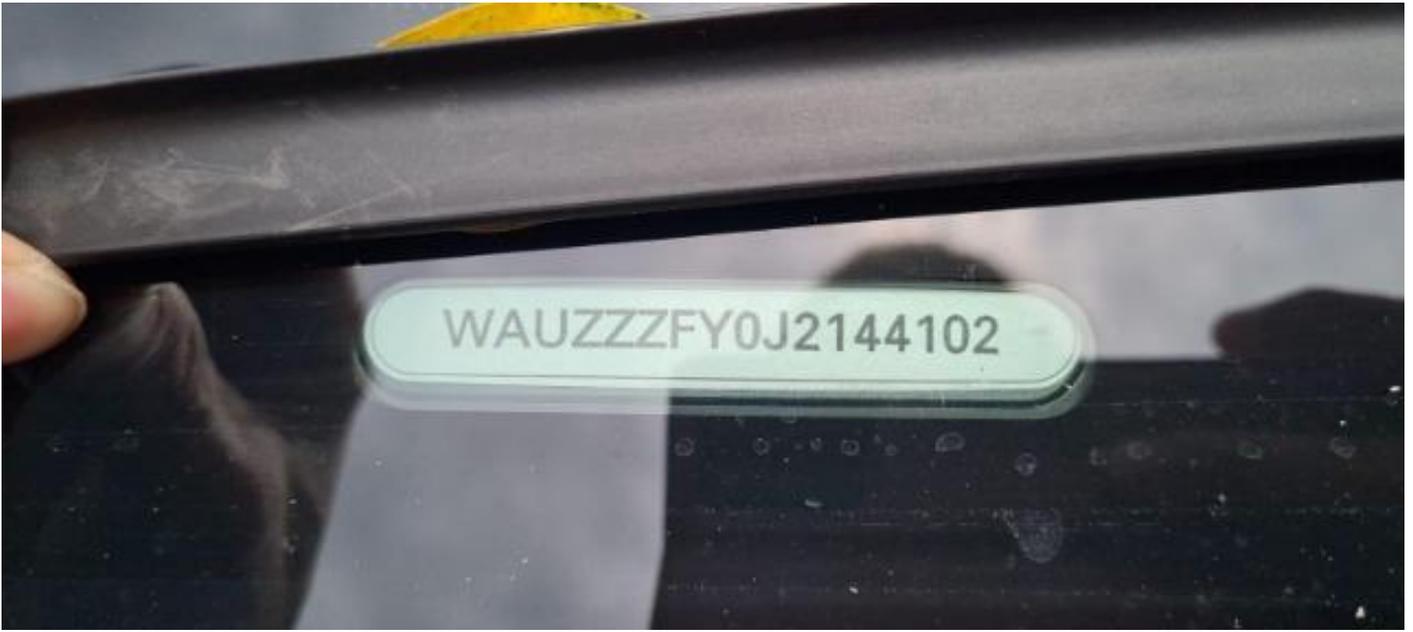
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S66550070G / GST Reg. No.: M600017235

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA/20070260 Vehicle Registration No: EV 6688B
Name (as shown in NRIC): OH CHUAN GAN NRIC/FIN/Passport No: S1529548A
(*Vehicle Driver / Vehicle Owner) (P) Please delete as appropriate
Address: 3 Green Bank Park Singapore (S89364)
Contact (Tel): Mobile No.: 9673 5757
Email Address:
Date of Accident: 18/08/2020 Time of Accident: 14:45pm
Place of Accident: Along Sembawang Road towards Yishan Street 22
Insurance Company: Liberty

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to change to reporting only

Policyholder / Driver's Signature
Date: 1/9/2020

Reporting Centre Personnel's Signature
Name: Kelvin Lim
NRIC/FIN No.:
Date: 01/09/2020