

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	14/09/2020 15:45
Date Of Accident	12/09/2020 09:30
Exact Location Of Accident	ALONG CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR8342Y
Insured/Policyholder	
Name Of Registered Owner	VIMBOX SREVICES PTE LTD
Co Reg No	2XXXXX626W
Email Address	INFO@CARSMITH.BIZ
Mobile Phone No	(LOCAL) +65-93226805
Alternative Phone No	OFFICE-63394339

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V09230/VPE/R00
Cover Note Number	

Driver

Name of Driver	ANG JUN WEI, SEBASTIAN
NRIC No	SXXXX131H
Date Of Birth	15/10/1990
Occupation	INDOOR
Date Of Driving Pass	14/09/2017
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226805
Fax Number	
Contact Number	OFFICE-63394339
EEmail Address	INFO@CARSMITH.BIZ

Address	BLK 115 TECK WHYE LANE #12-706
Postcode	68115
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	YES
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	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

PLEASE REFER TO POLICE REPORT T/20200912/7005

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	SHD6420R
Vehicle Make/Model/Colour	TOYOTA PRIUS
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM TONG LEE
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	SKG1208U
Vehicle Make/Model/Colour	BMW 218I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG BAK SIEW
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANG JUN WEI, SEBASTIAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJR8342Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


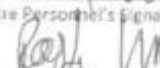

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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: *

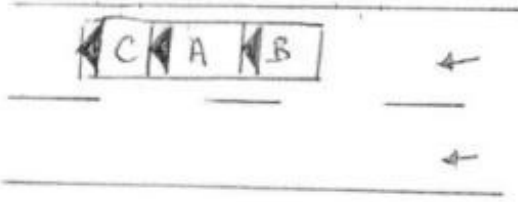

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Choa Chu Kang Road



Vehicle A = SJR 8342Y

Vehicle B: SHD 6420R

Vehicle C² SKG 12084

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report T/20200912/7005

DECLARATION

1/We do Service. All the foregoing particulars are true & every respect.



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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

1 of 3

Report No. T/20200912/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2020 13:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG JUN WEI, SEBASTIAN			Address: 115 TECK WHYE LANE #12-706 SINGAPORE 680115		
ID Type / ID No.: NRIC NO / S9038131H			Contact No.: Home/Office: Mobile: 93226805		
Nationality: SINGAPORE CITIZEN			Email: findsebast@gmail.com		
Sex: Male	Age: 29	Date of Birth: 15/10/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Managing director/Chief executive officer			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/09/2020 09:30	Type of Location: Straight Road
Location: CHOA CHU KANG ROAD				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving vehicle and stationary vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD6420R	Car		Prius	Brown	Slightly Damaged	0
SJR8342Y	Car		vios	Black	Seriously Damaged	0
SKG1208U	Car	BMW	218i	Blue	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

2 of 3

Report No. T/20200912/7005

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJR8342Y	Liberty Insurance	SI20V09230/VPE/R 00/E00	17/07/2020	16/07/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG JUN WEI, SEBASTIAN		ID No. S9038131H
Related Vehicle	SJR8342Y (Car)		Contact No. 93226805
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Class: 2B,3,4 Date of Expiry: NIL
Date	12/09/2020		Date 12/09/2020
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

on 15/09/20, I was stationary waiting for the traffic light at the above mentioned location when I felt a hit on my car SJR8342Y by another car SHD6420R, this led to my car moving forward and hitting the rear of another vehicle, SKG1208U. I alighted to check my vehicle and realized that my back bumper came off and my front bumper was slightly damaged. I managed to exchange particulars with both drivers. The driver of SHD6420R is Lim Tong Lee, the other driver of SKG1208U is Wong Bak Siew. After the accident, I went to see a doctor and was given 3 days MC as I was feeling discomfort on my neck. I am lodging this report for record and insurance purposes.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200912/7005

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

3 of 3

Report No. T/20200912/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
JUREMAH BINTE AHMAD
Contact No.: 65476219

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/09/2020 13:34

Classification Of Case:

DOCTORS INC. MEDICAL GROUP
BLK 178 #01-206 TOA PAYOH CENTRAL
SINGAPORE 310178 TEL 63563633

Cs Reg No: 200902224E

INVOICE

ANG JUN WEI, SEBASTIAN
115 TECK WHYE LANE
#12-706

S(688115)

Patient : ANG JUN WEI, SEBASTIAN (S9038131H)

Invoice No. 179456
Our Reference 93591
Date 12 Sep 2020

Doctor : DR KEVIN LOY HENG JUAN

DESCRIPTION	QTY	FEE (\$S)
ANAREX	30.00 tabs	12.00
ROSIDEN GEL	1.00 tube	8.00
KEFENTICH PLASTER	1.00 pkts	9.00
CONSULTATION		25.00
Total Amount Payable		54.00
Receipt No. 208251 - AMEX Payment Received		54.00
Outstanding Balance		0.00

All cheques should be crossed and made payable to:

DOCTORS INC MEDICAL GROUP PTE LTD

This is a computer generated invoice which does not require a signature
E & O E

DOCTORS INC. MEDICAL GROUP
BLK 178 #01-206 TOA PAYOH CENTRAL
SINGAPORE 310178 TEL 63563633

Medical Certificate

Date : 12 Sep 2020

MC No. : 0000165038

This is to certify that:

Name : ANG JUN WEI, SEBASTIAN

NRIC : S9038131H

is Unfit for Duty for 3 days

from 12/09/2020 to 14/09/2020 inclusive.


DR LOY HENG JUAN-KEVIN
M.D.(M) (Singapore)
Family Physician
MCR No: 988130

DR KEVIN LOY HENG JUAN

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

