

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	09/11/2020 22:03
Date Of Accident	08/11/2020 09:45
Exact Location Of Accident	TAMPINES AVE 5 TWDS TAMPINES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR3721E
Insured/Policyholder	
Name Of Registered Owner	HO CHIN MING EDWIN
NRIC No	SXXXX257Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91687629
Alternative Phone No	OFFICE-91687629

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI20V08968/VPE/R02
Cover Note Number	

Driver

Name of Driver	HO CHIN MING EDWIN
NRIC No	SXXXX257Z
Date Of Birth	23/12/1988
Occupation	INDOOR
Date Of Driving Pass	23/11/2009
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91687629
Fax Number	
Contact Number	OFFICE-91687629
Email Address	NOEMAIL

Address	BLK 601D TAMPINES AVE 9 #10-852
Postcode	524601
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	CHAIN COLLISION
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	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
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/20201108/7016

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	SKU9858S
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 2

Vehicle Registration Number	SLB1765S
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 INJURED PERSON 1

Name	HO CHIN MING EDWIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SGR3721E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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

A: SGR 3721E
B: SKU 9858S
C: SLB 765S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report (T/20201108/7016)

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:
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201108/7016

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

1 of 4

Report No. T/20201108/7016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2020 19:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HO CHIN MING, EDWIN			Address: 601D TAMPINES AVENUE 9 #10-852 SINGAPORE 524601		
ID Type / ID No.: NRIC NO / S8851257Z			Contact No.: Home/Office: Mobile: 91687629		
Nationality: SINGAPORE CITIZEN			Email: EDWIN.HOCM@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 23/12/1988	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Immigration Specialist			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2020 09:45	Type of Location: X-Junction
Location: TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving vehicle against vehicle stopped at traffic light				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR3721E	Car					0
SKU9858S	Car	NISSAN	NOTE	Red		0
SLB1765S	Car	SUBARU		Brown		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201108/7016

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

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Report No. T/20201108/7016

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO CHIN MING, EDWIN	ID No.	S8851257Z
Related Vehicle	SGR3721E (Car)	Contact No.	91687629
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 2B,2A,3 Date of Expiry: NIL
Date	08/11/2020	Date	08/11/2020
No. of Days granted Medical Leave	05	Degree of	Slight
Driver			
Name	BUANG BIN MOHAMAD	ID No.	S1444531E
Related Vehicle	SKU9858S (Car)	Contact No.	92773152
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	TAN WEI MING	ID No.	S7025707F
Related Vehicle	SLB1765S (Car)	Contact No.	97388847
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On 08/11/2020 at about 0945hrs, I was driving my vehicle (SGR3721E) along Tampines Ave 5 towards Tampines and I stopped my vehicle for Red traffic light at the junction of Tampines Ave 5 and Tampines Avenue 2. My vehicle was at complete stop and stationary for about 1 to 2mins while waiting for the traffic light, suddenly I felt an impact on my vehicle from the rear. I alighted my vehicle and made a check, realized that a vehicle (SKU9858S) has collided into the rear of my vehicle. Upon further checking, this vehicle was also collided on the rear by another vehicle (SLB1765S). We exchanged particulars, took photos and left the accident location.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201108/7016

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

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Report No. T/20201108/7016

CONTINUATION OF REPORT

I wish to state that the impact caused strain and pain on my neck, shoulder and back area. I went to seek medical attention at a clinic and was given 5 days MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20201108/7016

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

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Report No. T/20201108/7016

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 / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

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:
08/11/2020 19:46

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

