

# 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 Submission ..... 18/12/2020 17:33 (SGT)  
Date of Accident ..... 17/12/2020 18:05 (SGT)  
Exact Location of Accident ..... Braddell Rd, Singapore  
Additional Location Information ..... SLIP RD BRADDELL RD B4 ENTERING CTE/SLE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW5566B

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LIEW KA SONG  
NRIC No ..... SXXXX478H  
Email Address ..... bernardliew67@yahoo.com.sg  
Mobile Phone No ..... (Phone) +65-96665566  
Alternative Phone No ..... +65-96665566

### VEHICLE PARTICULARS

Manufacturer ..... BMW  
Model ..... 523i  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMPCSNW00137132000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIEW KA SONG  
NRIC No ..... SXXXX478H  
Date Of Birth ..... 18/06/1967  
Occupation ..... Indoor

Date Of Driving Pass .....	12/09/1984
Driving experience .....	36 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96665566
Alt. Phone Number .....	+65-96665566
Email Address .....	bernardliew67@yahoo.com.sg
Address .....	BLK 727 YISHUN STREET 71
Address complement .....	#02-91
Postcode .....	760727
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Side Swipe
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIEW GUI YING
Gender .....	Female

#### PASSENGER 2

Name .....	NEO YU
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20201218/7024

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMK5226X
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	LIEW KA SONG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIEW GUI YING
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 3

Name of injured person .....	NEO YU
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMW5566B
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No


**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:

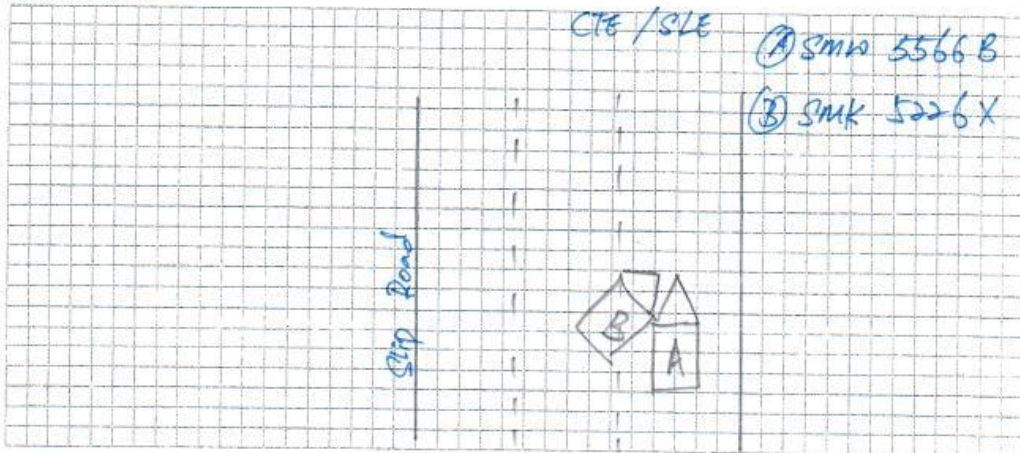
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

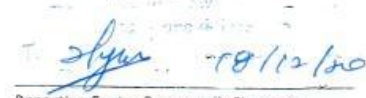
Refer To Police Report 17/2020/218/7024

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:

 18/12/20  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





SINGAPORE  
POLICE FORCE



T/20201218/7024

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

3 of 4

Report No. T/20201218/7024

CONTINUATION OF REPORT

Brief Details.

ON THE 17/12/2020 AROUND 6 PM, I ( LIEW KA SONG S1829478H), WAS DRIVING MY CAR SMW5566B WITH MY WIFE (NEO YU S6810905A) SITTING AT THE FRONT PASSENGER SEAT AND MY DAUGHTER ( LIEW GUI YING T0030489H ) SITTING AT THE BACK SEAT. I WAS TRAVELLING ON A SLIP ROAD (FIRST LANE) FROM BRADDELL ROAD BEFORE ENTERING CTE/SLE DIRECTION, SUDDENLY A CAR (SMK5226X SILVER HYUNDAI AVANTE) CUT INTO MY LANE WITHOUT SIGNALLING WHILE MY CAR IS ON MOVING, THE CAR (SMK5226X) HIT THE LEFT HAND SIDE OF MY VEHICLE. AFTER THE COLLISION, HE DIDNT GET DOWN TO CHECK ON THE DAMAGES, HE IMMEDIATELY DROVE OFF. THEREFORE I DO NOT HAVE THE DRIVER PARTICULARS. I CAN SEE THAT, THE DRIVER WAS A CHINESE MAN, WITH A WOMAN, CARRYING A CHILD SITTING ON THE FRONT PASSENGER SEAT. I MAKE THIS REPORT IS TO MAKE A THIRD PARTY CLAIM











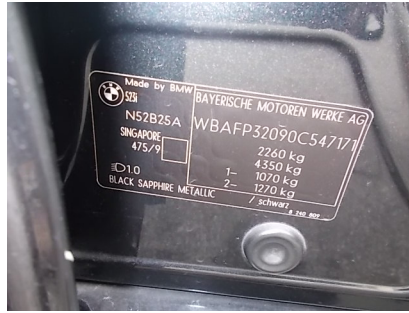
















**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

1 of 4

Report No. T/20201218/7024

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/12/2020 13:01		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: LIEW KA SONG			Address: 727 YISHUN STREET 71 #02-91 SINGAPORE 760727		
ID Type / ID No.: NRIC NO / S1829478H			Contact No.: Home/Office: Mobile: 96665566		
Nationality: SINGAPORE CITIZEN			Email: bernardliew67@yahoo.com.sg		
Sex: Male	Age: 53	Date of Birth: 18/06/1967	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/12/2020 18:00	Type of Location: SLIP ROAD ENTERING EXPRESSWAY
Location:  BRADDELL ROAD				
Weather: Drizzling		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMK5226X	Car	HYUNDAI	AVANTE	Silver		2
SMW5566B	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D	Black		2



**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

2 of 4

Report No. T/20201218/7024

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMW5566B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001371 32000	28/09/2020	27/09/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	LEIW KA SONG	ID No.	S1829478H
Related Vehicle	SMW5566B (Car)	Contact No.	96665566
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: NIL
Date	18/12/2020	Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Passenger</b>			
Name	LEIW GUI YING	ID No.	T0030489H
Related Vehicle	SMW5566B (Car)	Contact No.	92984254
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/12/2020	Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight
<b>Passenger</b>			
Name	NEO YU	ID No.	S6810905A
Related Vehicle	SMW5566B (Car)	Contact No.	82188058
Hospital/Clinic	CHONG'S CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	18/12/2020	Date	18/12/2020
No. of Days granted Medical Leave	04	Degree of	Slight



SINGAPORE  
POLICE FORCE



T/20201218/7024

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

3 of 4

Report No. T/20201218/7024

## CONTINUATION OF REPORT

Brief Details.

ON THE 17/12/2020 AROUND 6 PM, I ( LIEW KA SONG S1829478H), WAS DRIVING MY CAR SMW5566B WITH MY WIFE (NEO YU S6810905A) SITTING AT THE FRONT PASSENGER SEAT AND MY DAUGHTER ( LIEW GUI YING T0030489H ) SITTING AT THE BACK SEAT. I WAS TRAVELLING ON A SLIP ROAD (FIRST LANE) FROM BRADDELL ROAD BEFORE ENTERING CTE/SLE DIRECTION, SUDDENLY A CAR (SMK5226X SILVER HYUNDAI AVANTE) CUT INTO MY LANE WITHOUT SIGNALLING WHILE MY CAR IS ON MOVING, THE CAR (SMK5226X) HIT THE LEFT HAND SIDE OF MY VEHICLE. AFTER THE COLLISION, HE DIDNT GET DOWN TO CHECK ON THE DAMAGES, HE IMMEDIATELY DROVE OFF. THEREFORE I DO NOT HAVE THE DRIVER PARTICULARS. I CAN SEE THAT, THE DRIVER WAS A CHINESE MAN, WITH A WOMAN, CARRYING A CHILD SITTING ON THE FRONT PASSENGER SEAT. I MAKE THIS REPORT IS TO MAKE A THIRD PARTY CLAIM





**SINGAPORE  
POLICE FORCE**



T/20201218/7024

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

4 of 4

Report No. T/20201218/7024

**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 /  
NOR AFFENDY BIN JAFFAR  
Contact No.: 65476368

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:  
18/12/2020 13:01

Classification Of Case: