

# 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 ..... 21/12/2020 14:13 (SGT)  
Date of Accident ..... 19/12/2020 18:15 (SGT)  
Exact Location of Accident ..... Lor 31 Geylang, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GX8476Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... POH SIN FURNITURE COMPANY  
Company Reg No ..... 0XXXX000W  
Email Address ..... pohsin33furnitureco@gmail.com  
Mobile Phone No ..... (Phone) +65-97315623  
Alternative Phone No ..... +--

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Liteace  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... SI20V09884/VCV/R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOW TECK KUAY  
NRIC No ..... SXXXX416C  
Date Of Birth ..... 11/06/1955  
Occupation ..... Outdoor

Date Of Driving Pass .....	26/02/1976
Driving experience .....	44 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97315623
Alt. Phone Number .....	-
Email Address .....	pohsin33furnitureco@gmail.com
Address .....	BLK 322 UBI AVENUE 1
Address complement .....	#04-599
Postcode .....	400322
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 .....	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	4
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Geylang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18008486999
Alt. Police Station Phone No .....	(Fax) +65-68486799
Police Station Address .....	1 Cassia Link Singapore 397618
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201219/2110.

#### 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 .....	GBD9360G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMM5233P
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) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SLM3611G
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) .....	-

**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 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.



Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date &amp; Time

Witnessed by Reporting Centre Personnel

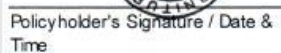
**Sketch Plan**

A	
C	
A	
A	
B	
A	
D	

A: GX 84762  
 B: GBD 93604  
 C: JMM 5233P  
 D: SKM 36114  
 W 31 4/4/14

Refer to police report.

We declare the foregoing particulars are true in every respect.



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

Witnessed by Reporting Centre  
Personnel































# SINGAPORE POLICE FORCE



T/20201219/2110

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20201219/2110

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2020 22:47		Vide Report No.: G/20201219/0230		Station Diary No.: 128	
<b>Informant's Particulars</b>					
Name of Informant: LOW TECK KUAY			Address: APT BLK 322 UBI AVENUE 1 #04-599 SINGAPORE 400322		
ID Type / ID No.: NRIC NO / S1131416C			Contact No.: Home/Office: Mobile: 97315623		
Nationality: SINGAPORE CITIZEN			Email: pohsin33furnitureco@gmail.com		
Sex: Male	Age: 65	Date of Birth: 11/06/1955	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: SELF EMPLOYED			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/12/2020 18:15	Type of Location:
Location:  LORONG 31 GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9360G	Lorry	NISSAN	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5	Gold	Seriously Damaged	0
GX8476Z	Van	TOYOTA	LITEACE 5DR	Silver	Seriously Damaged	0
SLM3611G	Car	HONDA	CIVIC 1.6L VTI AUTO	Black	Seriously Damaged	0
SMM5233P	Car	MERCEDES BENZ	C200 AVG (R17 LED)	Grey	Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20201219/2110

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

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Report No. T/20201219/2110

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LOW TECK KUAY	ID No.	S1131416C
Related Vehicle	GBD9360G (Lorry)	Contact No.	97315623
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
Vehicle Owner			
Name	LOW TECK KUAY	ID No.	S1131416C
Related Vehicle	GX8476Z (Van)	Contact No.	97315623
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 the above mentioned date, time and location, I heard a lot noise coming outside of my shop.

I then took a look and noticed that a car plate number (SLM3611G) the front bumper hit the rear of my lorry (GBD9360G), my lorry (GBD9360G) whole front portion hit the rear of my van (GX8476Z), my van (GX8476Z) front portion hit at the rear of a car (SMM5233P).

I then called police about the matter.

The police officer that attended to the incident then gave me a case card and told me to lodge a police report for insurance claim against the driver of car plate number (SLM3611G). The car plate number (SLM3611G) friend (Darren, Hp: 81611940) told me if there is anything, to contact him instead of the driver.

As such I am lodging this report to claim insurance against the driver of car plate number (SLM3611G).



# SINGAPORE POLICE FORCE



T/20201219/2110

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Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

Report No. T/20201219/2110

## 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:

G /  
Sgt 2 MUHAMMADNOORZAINALL BIN  
ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/12/2020 22:47

Officer In Charge Of Case:

TP / GIT /  
Sr Staff Sgt MOHAMED HUSNUL TAUFIQ BIN  
MD YUSOF  
Contact No.: 65476358

Classification Of Case:

Authentication Stamp  
NP168