

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 30/12/2020 10:16 (SGT)
Date of Accident 29/12/2020 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information UPPER THOMSON ROAD (NEAR SIN MING ROAD)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK9601U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIEW FOOK OON
NRIC No S6926121C
Email Address ANDY@CABLECOM.COM.SG
Mobile Phone No (Phone) +65-97600728
Alternative Phone No (Office) +65-97600728

VEHICLE PARTICULARS

Manufacturer Nissan
Model Qashqai
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Sompo
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D20MTPV01009080
Cover Note Number -

DRIVER

Name of Driver LIEW FOOK OON
NRIC No S6926121C
Date Of Birth 21/07/1969
Occupation Indoor

Date Of Driving Pass	26/09/1996
Driving experience	24 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97600728
Alt. Phone Number	(Office) +65-97600728
Email Address	ANDY@CABLECOM.COM.SG
Address	APT BLK 196A PUNGGOL FIELD #13-517 S 821196
Address complement	-
Postcode	-
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	Collided into Property
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
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	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED.

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	4987S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motor trade
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")

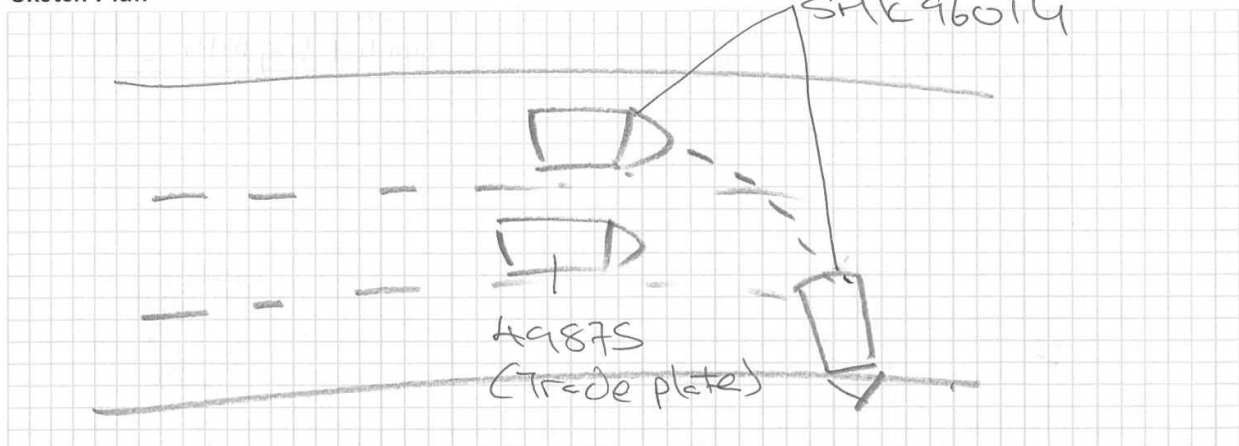
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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 & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I was travelling straight when suddenly I felt an impact and next thing I know I lost control of my vehicle and as a result swerved and hit onto the road divider.

Insurance Co.	Sompo
Vehicle No.	SME 9601U
Date of Accident	29/12/2020
<input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Own Damage Claim <input type="checkbox"/> Third Party Claim <input type="checkbox"/> Other Workshop	
Kun Fook Sing Motor	

Declaration

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

Witnessed by Reporting Centre Personnel





































**SINGAPORE
POLICE FORCE**



F/20201229/7054

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POLICE REPORT (NP299)

Report No. F/20201229/7054

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 29/12/2020 21:00	Vide Report No.	Station Diary No.
Name Of Informant LIEW FOOK OON	Address 196A PUNGGOL FIELD #13-517 SINGAPORE 821196	
ID Type / ID No. NRIC NO / S6926121C	Contact No. Home/Office:	Mobile: 97600728
Nationality SINGAPORE CITIZEN	Email Address andy@cablecom.com.sg	
Occupation Information technology project manager	Sex Male	Age 51
Institution/School Name	Date of Birth 21/07/1969	Race Chinese
Date/Time Of Incident 29/12/2020 16:30 - 29/12/2020 16:35	Location Of Incident 196A PUNGGOL FIELD #13-517 SINGAPORE 821196	

Brief details.

Car Accident at Upper Thomas Road (near Sin Ming Road) SMK9601U
I was traveling straight when suddenly I felt an impact and next thing I know I lost control of my vehicle
and as a result swerved and hit onto the road divider.

Subjects Involved			
Victim			
Person Name	LIEW FOOK OON	ID No	S6926121C
ID Type	NRIC NO		
Signature Of Officer Recording The Report: Not applicable		Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter: Not applicable		Date/Time: 29/12/2020 21:00	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp



SINGAPORE
POLICE FORCE



F/20201229/7054

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20201229/7054

Gender	Male	Age	51
Race	Chinese	Language	English
Occupation	Information technology project manager	Address	196A PUNGGOL FIELD #13-517 SINGAPORE 821196
Mobile No	97600728	Is Informant A Victim?	Yes
Person Name LIEW FOOK OON (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.Date/Time:
29/12/2020 21:00

Classification Of Case: