

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 18/01/2021 13:51 (SGT)
Date of Accident 15/01/2021 11:20 (SGT)
Exact Location of Accident 53 Telok Blangah Dr, Block 53, Singapore 100053
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ436G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No -
Email Address DARRENLACK@YAHOO.COM
Mobile Phone No (Phone) +65-97660368
Alternative Phone No +65-97660368

VEHICLE PARTICULARS

Manufacturer Toyota
Model ALTIS
Variant -
Exact purpose for which vehicle was being used at time of accident Private hire
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13100/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver LACK CHOON HOU
NRIC No SXXXX539E
Date Of Birth 17/12/1975
Occupation Outdoor

Date Of Driving Pass	28/01/2003
Driving experience	18 YEARS
Gender	Male
Mobile Number	(Phone) +65-97660368
Alt. Phone Number	-
Email Address	DARRENLACK@YAHOO.COM
Address	BLK 293D BUKIT BATOK ST 21 #19-538
Address complement	-
Postcode	654293
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 Pedestrian
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Telok Blangah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002729999
Alt. Police Station Phone No	(Fax) +65-63776526
Police Station Address	Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210115/2036

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	PEDESTRIAN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Mobile equipment
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

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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.

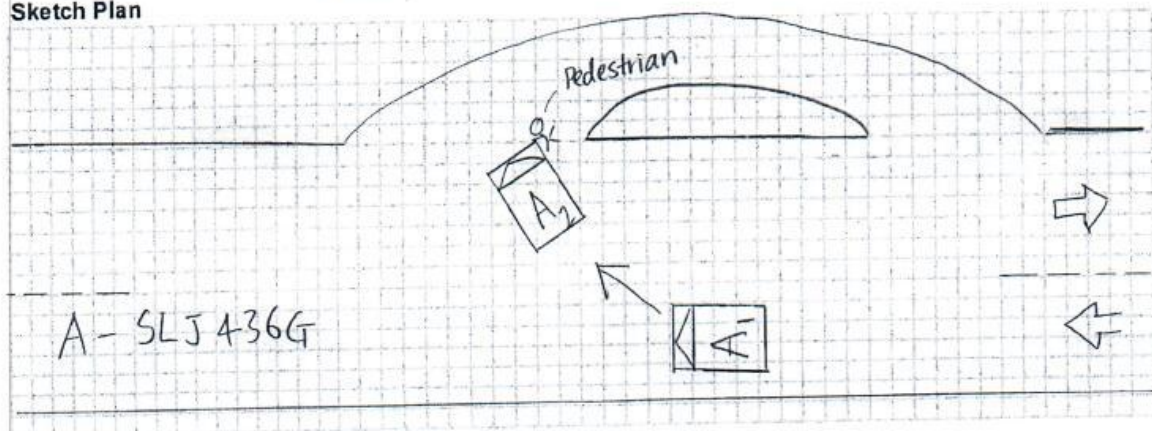


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the stated date and time, I was driving along Telok Blangah
Hts Carpark proceeding to Bldg 53 Telok Blangah Hts

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre
Personnel



















**SINGAPORE
POLICE FORCE**



T/20210115/2036

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Report No. T/20210115/2036

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/01/2021 12:49	Vide Report No. D/20210115/0053	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: LACK CHOON HOU		Address: APT BLK 293D BUKIT BATOK STREET 21 #19-538 SINGAPORE 654293	
ID Type / ID No.: NRIC NO / S7537539E		Contact No.: Home/Office: Mobile: 97660368	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 17/12/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Grab Driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/01/2021 11:20
Type of Location: Drop off point			
Location: TELOK BLANGAH DRIVE			
Weather: Clear		Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian			Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
SLJ436G	Car				No Damage	0

Details of Person Involved	
Any Pedestrian Involved: Yes	
No. of Pedestrians Injured: 1	Use of Pedestrian Crossing: Not Available



**SINGAPORE
POLICE FORCE**



T/20210115/2036

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20210115/2036

CONTINUATION OF REPORT

Driver			
Name	LACK CHOON HOU		ID No. S7537539E
Related Vehicle	NIL		Contact No. 97660368
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 15/01/2021 at around 1120hrs, was driving my vehicle (SLJ436G) along Telok Blangah Hts Carpark, proceeding to Blk 53 Telok Blangah Hts to fetch a passenger. As I was about to turn right into the drop off point (near to Blk 52 Telok Blangah Hts), I made a check to make sure that there is no oncoming vehicle before turning right. Suddenly, I felt a bump from the front of my vehicle. That was when I realized that I had accidentally knocked down an old Chinese lady. I stopped and exited my vehicle and made a check on the lady. The lady was conscious however she suffered bleeding on her forehead and bent right arm. 02 other passerby came to assist the lady. subsequently, I called for ambulance. Shortly after, both Ambulance and Traffic police arrived. The old lady was conveyed via ambulance. The traffic police officer handed over a case card (D/20210115/0053) and advised me to lodge a traffic accident report. I wish to state that I am not injured.



**SINGAPORE
POLICE FORCE**



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Report No. T/20210115/2036

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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:
D /
Sgt 3 MUHAMMAD NASIRUDIN BIN KAMAL

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/01/2021 12:49

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOOR HIDAYAH BINTE
ABDULLAH
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168

