# **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 witholding 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 05/02/2021 12:06 (SGT) Date of Accident 04/02/2021 12:30 (SGT) Exact Location of Accident Bukit Batok East Ave 2, Singapore Additional Location Information Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGY3266R

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner H & H CAR RENTAL & LEASING Company Reg No **Email Address** JASONYAPCAR@GMAIL.COM Mobile Phone No (Phone) +65-91816096 Alternative Phone No +65-91816096

#### VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of **Employment** accident 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 Liberty Insurance Type of Coverage Comprehensive Fleet Policy Policy Number SD20V03633/VPZ/R00 Cover Note Number

#### DRIVER

Name of Driver TAN HIAN MING NRIC No SXXXX162I Date Of Birth 27/09/1962 Occupation Outdoor

Date Of Driving Pass 16/03/2016 Driving experience 4 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-86211307 Alt. Phone Number Email Address JASONYAPCAR@GMAIL.COM Address 116 HO CHING RD #09-27 Address complement Postcode 610116 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο 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 Chain Collision Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Jurong Division Headquarters Police Station Phone No (Phone) +65-18007910000 Alt. Police Station Phone No (Fax) +65-68965647 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT J/20210205/7002 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 SLS2335D

 Vehicle Registration Number
 SLS2335D

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Private car

 Name of Driver

 Contact Number



Address			 <del>-</del>
Address complement			<b>-</b>
Postcode			 <b>-</b>
Insurance Company Name			<u>-</u>
Nature Of Damage			 <u>-</u>
Details of property damaged	in accident		<u>-</u>
No. Of Passenger (Including			

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM1452L
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 Address	TAN HIAN MING
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	SGY3266R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- Any false reporting may be referred to the Police for investigation.
- 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 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)

l 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 law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time July

Driver's Signature (# driver is not the policyholder) / Date & Time Witnessed by Reporting Centre

Personnel

Sketch Plan

Bukit Catak East

A = SGY 3266 R

B + SLS 2335 D

C = SLM 1452L

B | Sukit Catak East Ave 2 2

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel























1 of 1

### POLICE REPORT (NP299)

Police Station Of Origin Jurong Division HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Report No. J/20210205/7002

Date/Time Report Made 05/02/2021 01:00	Vide Re	port No.		Station Diary No
Name Of Informant	Address			
TAN HIAN MING	116 HO CHING ROAD #09-27 SINGAPORE 610116			
ID Type / ID No. NRIC NO / S1545162I	Contact No. Home/Office: Mobile: 86211307			
Nationality SINGAPORE CITIZEN	Email Address MING2113HAND@GMAIL.COM			
Occupation	Sex	Age	Date of Birth	Race
Other car and light goods vehicle drivers nec	Male	58	27/09/1962	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 04/02/2021 12:25 - 04/02/2021 12:30	Location Of Incident 116 HO CHING ROAD #09-27 SINGAPORE 610116			
Brief details.				

on 04022021 when i am deliver good to 50 bukit batok east ave5 before i want to turn to there on the main road there are traffic light i stop there waiting to be green suddenly my car SGY 3266R was ban by behide car SLS 2335D AND SLS 2335D was ban by SLM 1452L after the accident later i feel my nick and the back pain so i when to hospital to check up as this make a report

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/02/2021 01:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	