

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 10/02/2021 10:42 (SGT)
Date of Accident 09/02/2021 18:22 (SGT)
Exact Location of Accident Singapore
Additional Location Information T JUNCTION @ THOMSON ROAD AND NEWTON ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3269S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VINCENT KOH LIAN KEE (XU LIANGGI)
NRIC No S1573981I
Email Address VKLK_VINCENT@YAHOO.COM
Mobile Phone No (Phone) +65-91711119
Alternative Phone No (Home) +65-90031114

VEHICLE PARTICULARS

Manufacturer BMW
Model 216i
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 Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number -

DRIVER

Name of Driver CHRISTINA TIN FUI LING
NRIC No S2193607C
Date Of Birth 09/04/1967
Occupation Indoor

Date Of Driving Pass	04/12/1993
Driving experience	27 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90031110
Alt. Phone Number	-
Email Address	VKLK_VINCENT@YAHOO.COM
Address	22 NOVENA RISE
Address complement	-
Postcode	307508
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	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	3
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TIN AH CHUAN
Gender	Male

PASSENGER 2

Name	TEO BON KAI
Gender	Female

PASSENGER 3

Name	REYES TIN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Orchard Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007359999
Alt. Police Station Phone No	(Fax) +65-67331934
Police Station Address	51 Killiney Road Singapore 239572
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

SEE ATTACHED SKETCH PLAN

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 SLA4145S
Vehicle Manufacturer Nissan
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver JONATHAN YEE JUN XIAN
NRIC No S9084438E
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT REAR
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLN3396Y
Vehicle Manufacturer Toyota
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private hire
Name of Driver CHAN EWE GHEE
NRIC No S2591509G
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage FRONT
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person CHRISTINA TIN FUI LING
Address 22 NOVENA RISE
Address Complement -
Post Code 307508
Approximate Age Years Old 54
Injuries Sustained WHIP SLASH
Injured person in which vehicle? SMX3269S
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLANIMPORTANT NOTICE

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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: 10/01/2021

Driver's Signature

(If driver is not the policyholder)

Date & Time: 10/02/2021

Reporting Centre Personnel's Signature

Name: Joseph Yaguel
NRIC/IN NO:
Performance Motors Limited
303 Alexandra Road
Sime Darby Performance Centre
Singapore 159941





























**SINGAPORE
POLICE FORCE**



T/20210210/2008

Police Station Of Origin:
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

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Report No. T/20210210/2008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/02/2021 01:51	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: CHRISTINA TIN FUI LING			Address: 22 NOVENA RISE SINGAPORE 307508	
ID Type / ID No.: NRIC NO / S2193607C			Contact No.: Home/Office: Mobile: 90031110	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Female	Age: 53	Date of Birth: 09/04/1967	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: RECRUITER			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/02/2021 18:20	Type of Location: Straight Road
Location: THOMSON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLA4145S	Car				Seriously Damaged	0
SLN3396Y	Car				Slightly Damaged	0
SMX3269S	Car				Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
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Police Station Of Origin:
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Report No. T/20210210/2008

CONTINUATION OF REPORT

Driver			
Name	Jonathan Yee Jun Xian	ID No.	S9084438E
Related Vehicle	SLA4145S (Car)	Contact No.	87000868
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
Passenger			
Name	Teo Bon Kai	ID No.	S2134849Z
Related Vehicle	SMX3269S (Car)	Contact No.	90031110
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHRISTINA TIN FUI LING	ID No.	S2193607C
Related Vehicle	SMX3269S (Car)	Contact No.	90031110
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Passenger			
Name	Reyes Tin	ID No.	T0516639F
Related Vehicle	SMX3269S (Car)	Contact No.	90031110
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE
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T/20210210/2008

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Report No. T/20210210/2008

CONTINUATION OF REPORT

Passenger			
Name	Tin Ah Chuan	ID No.	S2678504I
Related Vehicle	SMX3269S (Car)	Contact No.	90031110
Hospital/Clinic	MOUNT ELIZABETH NOVENA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/02/2021	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Chan Ewe ghee	ID No.	S2591509G
Related Vehicle	NIL	Contact No.	92385519
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 09/02/2021 at about 1820hrs, my vehicle (SMX3269S) was stationary at Thomson road, right in front of Velocity Square due to the traffic light. Subsequently, my vehicle was hit by a vehicle (SLA4145S) from the rear. I then alighted from my vehicle to check on the damage. The driver of SLA4145S alighted as well and told me that he was hit from the rear by another vehicle (SLN3396Y) which resulted his vehicle to collide onto mine.

I was in the car together with my 2 parents and my nephew. I did not see any passengers in the other 2 cars. I am unsure if the other drivers sustained any injury, but I felt a tightness at the back of my head and my mother felt dizzy for a short time just now. My father and nephew seems okay as of now.

My vehicle rear bumper sustained scratches and the rubber strap came off. SLA4145S front bumper was slightly dislodged and the rear was badly dented. Whereas SLN3396Y only has slight dent on the front bumper.

I would like to add that there was no government property and foreign vehicle involved. No one sustained visible injury or conveyed to hospital by ambulance. I have camera install at the front and rear of my vehicle. The driver of SLN3396Y also informed me that his vehicle is a rented car.



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T/20210210/2008

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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: E / Sgt 3 HENGKY SETIAWAN HOO	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/02/2021 01:51
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	

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