

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	01/03/2021 20:05 (SGT)
Date of Accident	27/02/2021 10:30 (SGT)
Exact Location of Accident	Marsiling Dr, Singapore
Additional Location Information	BLK 203 CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6084A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SUAT LI
NRIC No	SXXXX215E
Email Address	EVILLINTAN@GMAIL.COM
Mobile Phone No	(Phone) +65-97662291
Alternative Phone No	+65-97662291

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	I30
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 - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD20V08998/VPL/R00
Cover Note Number	-

DRIVER

Name of Driver	TAN SUAT LI
NRIC No	SXXXX215E
Date Of Birth	13/04/1981
Occupation	Outdoor

Date Of Driving Pass	05/12/2005
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97662291
Alt. Phone Number	+65-97662291
Email Address	EVILLINTAN@GMAIL.COM
Address	BLK 780B WOODLANDS CRESCENT
Address complement	#12-37
Postcode	732780
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:L/20210301/7010

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	SJX590T
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)	-

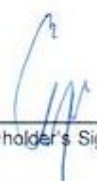
INJURED PERSONS DETAILS


INJURED 1


Name of injured person	TAN SUAT LI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SORENESS OVER THE NECK,RIGHT SHOULDER & LOWER BACK
Injured person in which vehicle?	SJS6084A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

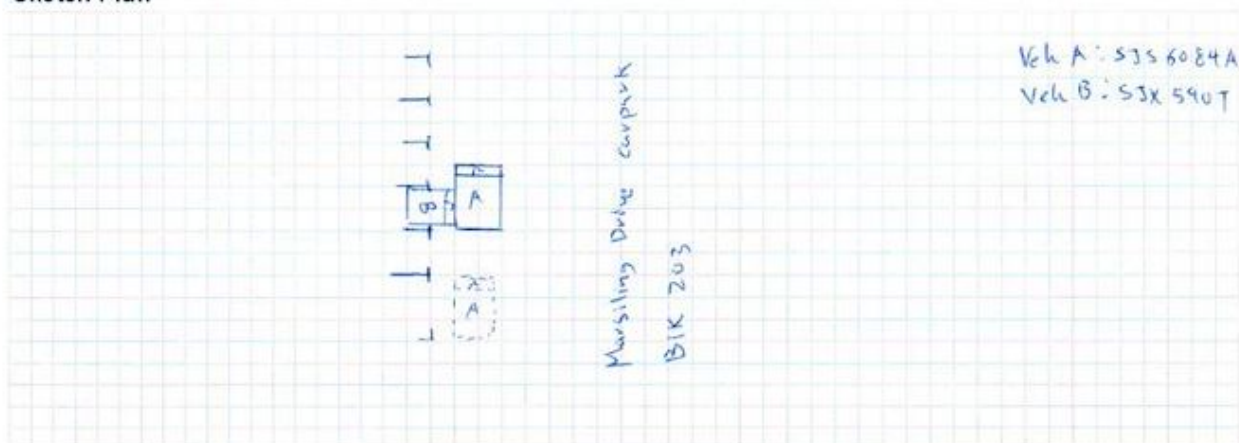
SKETCH PLAN**IMPORTANT NOTICE**

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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

 01/03/21
Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to police report: L20210301/7010

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**



L/20210301/7010

1 of 2

POLICE REPORT (NP299)

Report No. L/20210301/7010

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-4660000

Date/Time Report Made 01/03/2021 12:14	Vide Report No.	Station Diary No.
Name Of Informant TAN SUAT LI	Address 780B WOODLANDS CRESCENT #12-37 SINGAPORE 732780	
ID Type / ID No. NRIC NO / S8110215E	Contact No. Home/Office:	Mobile: 97662291
Nationality SINGAPORE CITIZEN	Email Address EVILLINTAN@GMAIL.COM	
Occupation Self Employed	Sex Female	Age 39
Institution/School Name	Date of Birth 13/04/1981	Race Chinese
Date/Time Of Incident 27/02/2021 10:30	Location Of Incident 203 MARSILING DRIVE MARSILING ADMIRALTY PARK SINGAPORE 730203	

Brief details.

On the above mentioned date and time, I was driving my vehicle SJS6084A along the open space carpark below Block 203 Marsiling Drive when SJX590T suddenly came out from one of the lots from the left and collided into my vehicle's left portion.

The impact caused my right knee to collide into my driver's door as my vehicle had jerked sideways violently.

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: 01/03/2021 12:14
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210301/7010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210301/7010

Later that afternoon, I also started feeling soreness over my neck, right shoulder and lower back areas.

The pain did not go away and as such, I proceeded to my family doctor at Intemedical Kovan for treatment.

I was given 4 days MC.

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L/20210301/7010

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