

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 11/03/2021 17:43 (SGT)
Date of Accident 10/03/2021 19:10 (SGT)
Exact Location of Accident Sengkang West Ave, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8314A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No 2XXXXX722Z
Email Address KHIERTHII@ROSETLIMO.COM
Mobile Phone No (Phone) +65-68445225
Alternative Phone No +65-68445225

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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? Yes
Vehicle Category Private hire
Transmission Auto
CC 1600

INSURANCE COMPANY

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

DRIVER

Name of Driver ANG HENG LAI FRANCIS
NRIC No SXXXX342I

Date Of Birth	12/02/1969
Occupation	Outdoor
Date Of Driving Pass	26/11/1986
Driving experience	34 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87844539
Alt. Phone Number	-
Email Address	KHIERTHII@ROSETLIMO.COM
Address	BLK 182 RIVERVALE CERS #08-311
Address complement	-
Postcode	540182
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
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	-
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210310/2147

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	SMY3663G
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCP969K
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

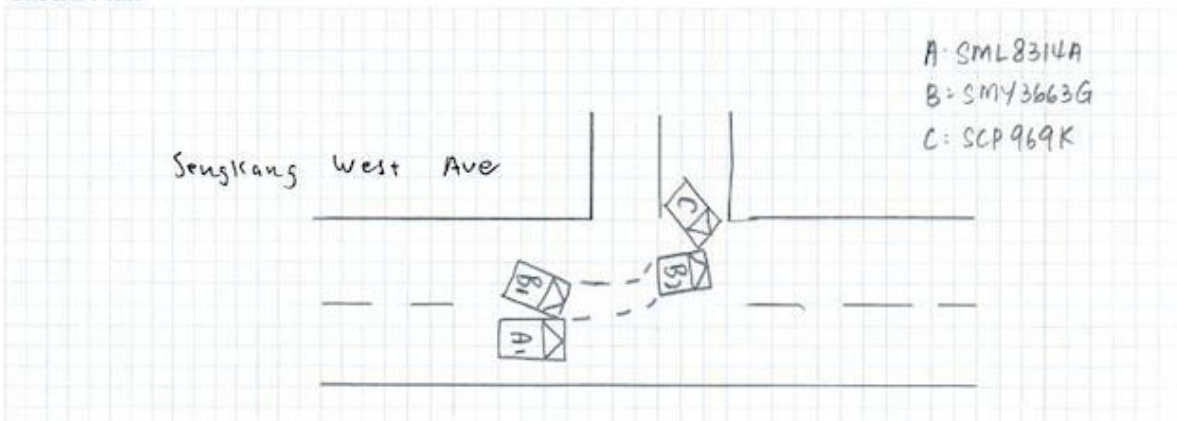
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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 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' 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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

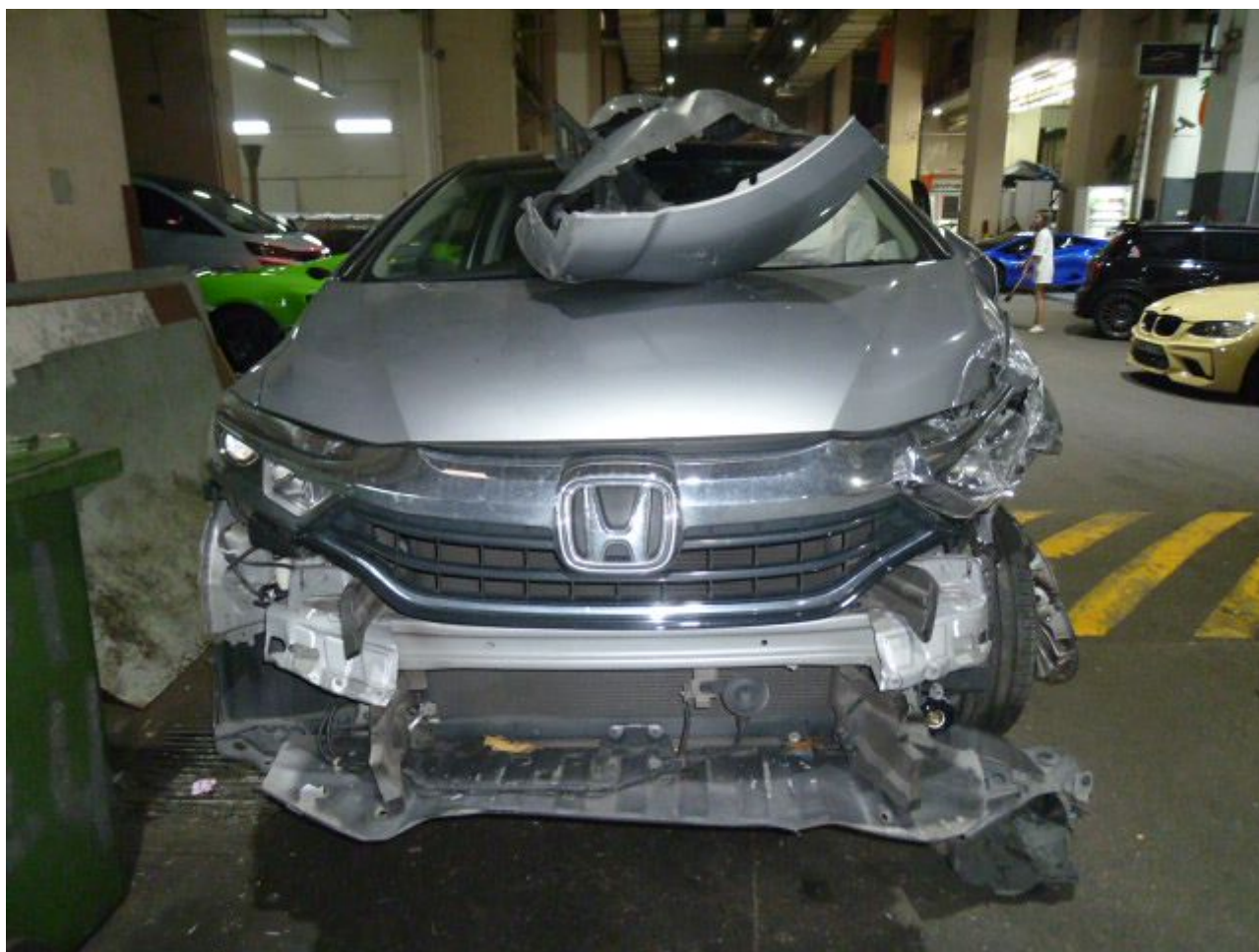
Refer to police report T/20210310/2147

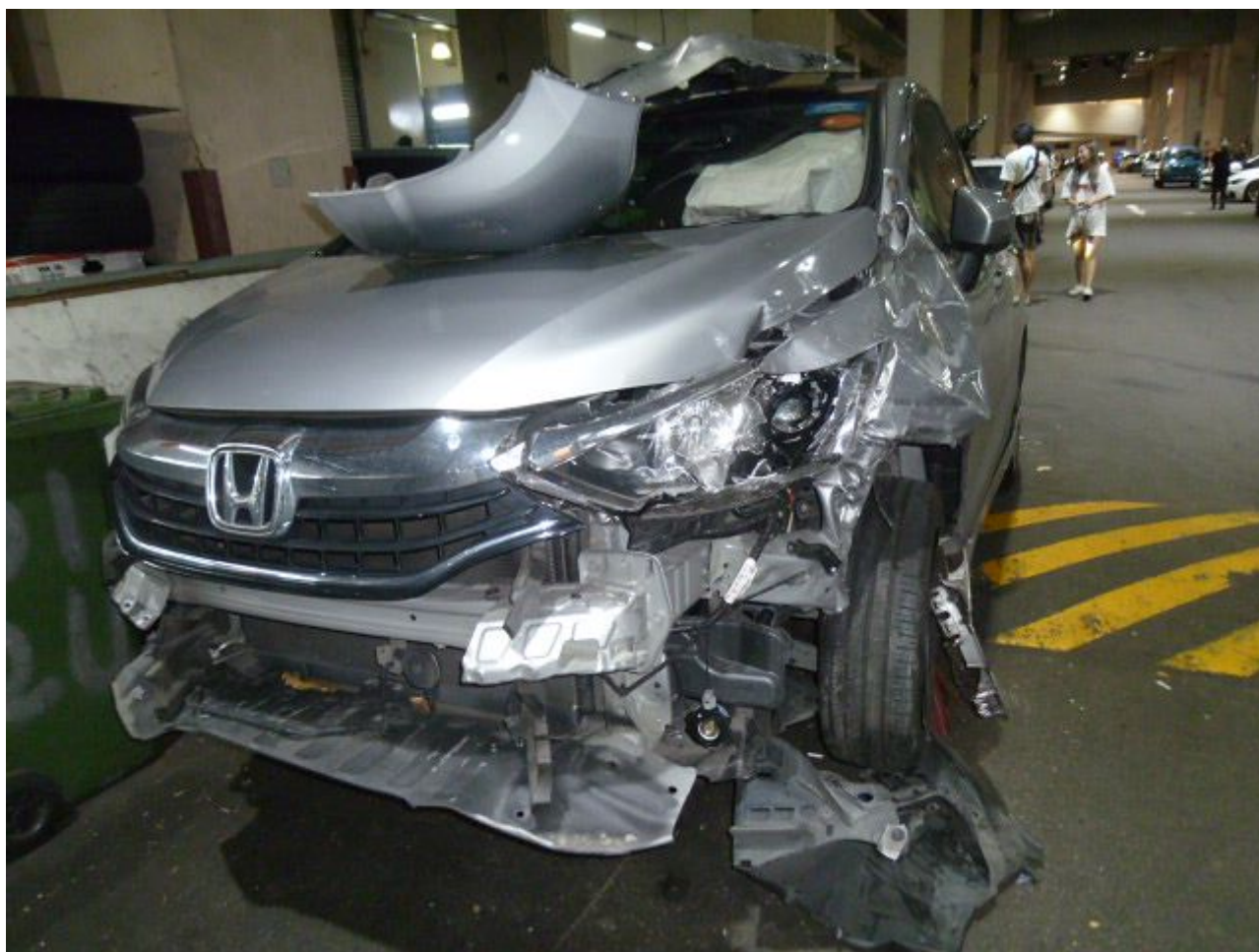
We declare the foregoing particulars are true in every respect.



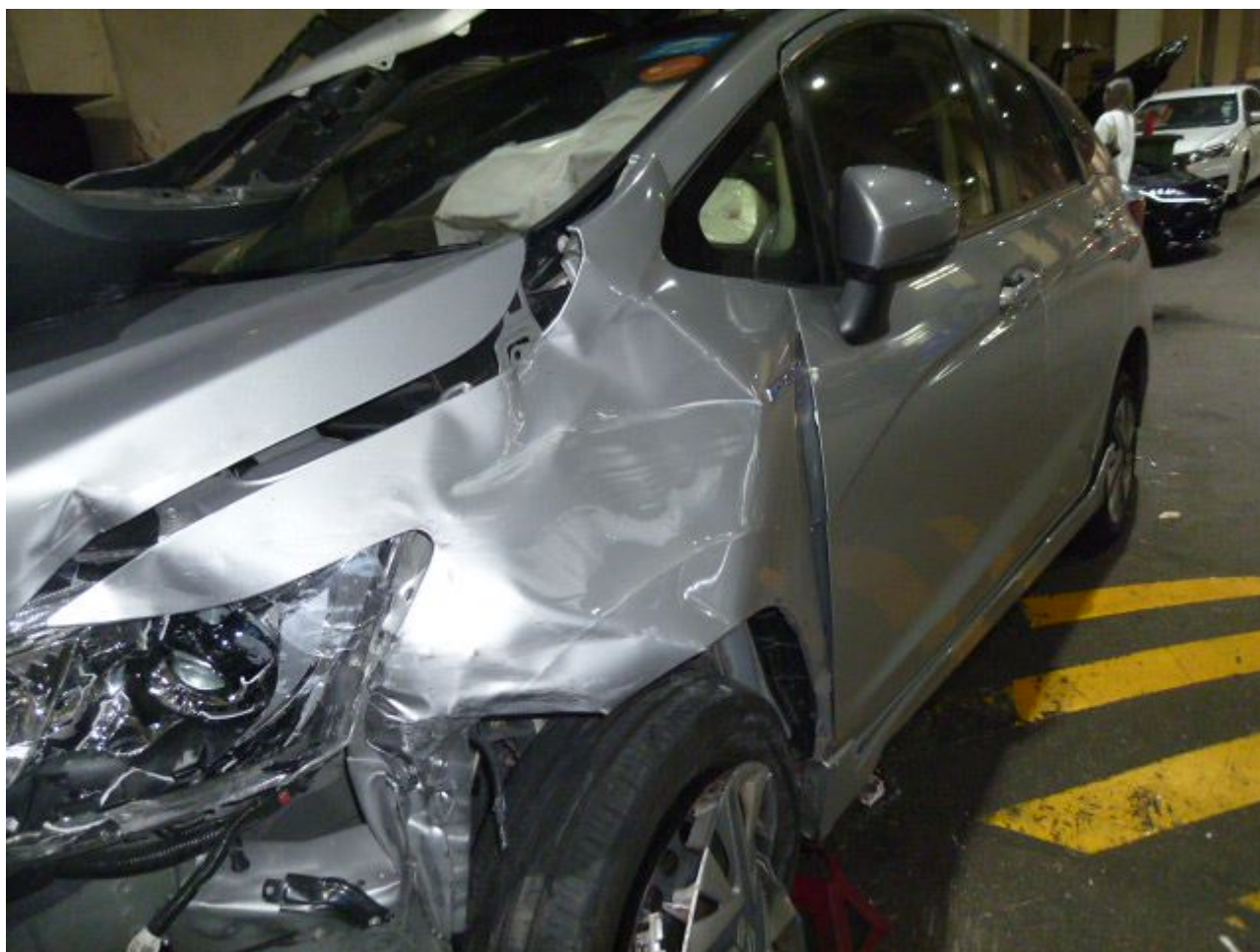
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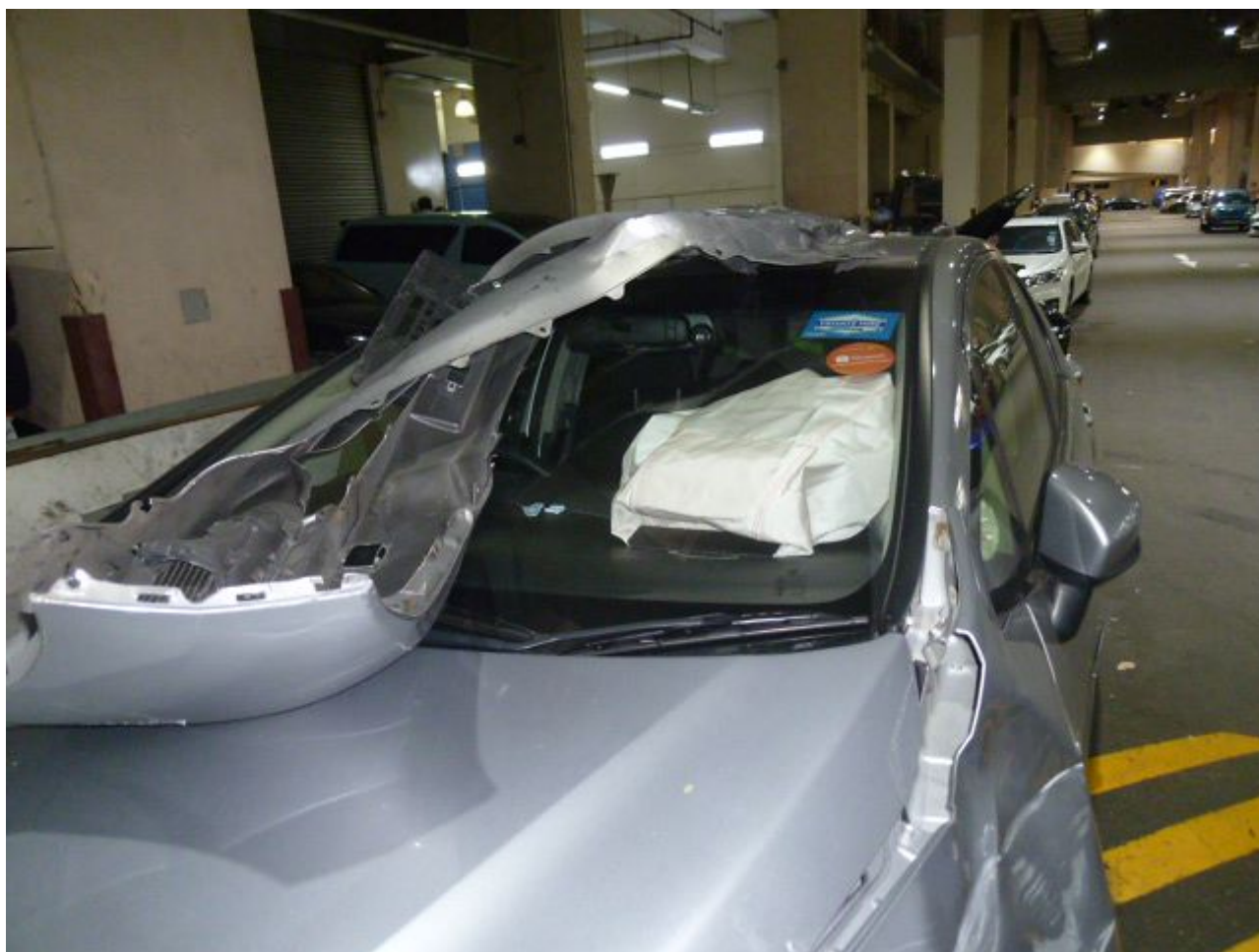
Witnessed by Reporting Centre
Personnel



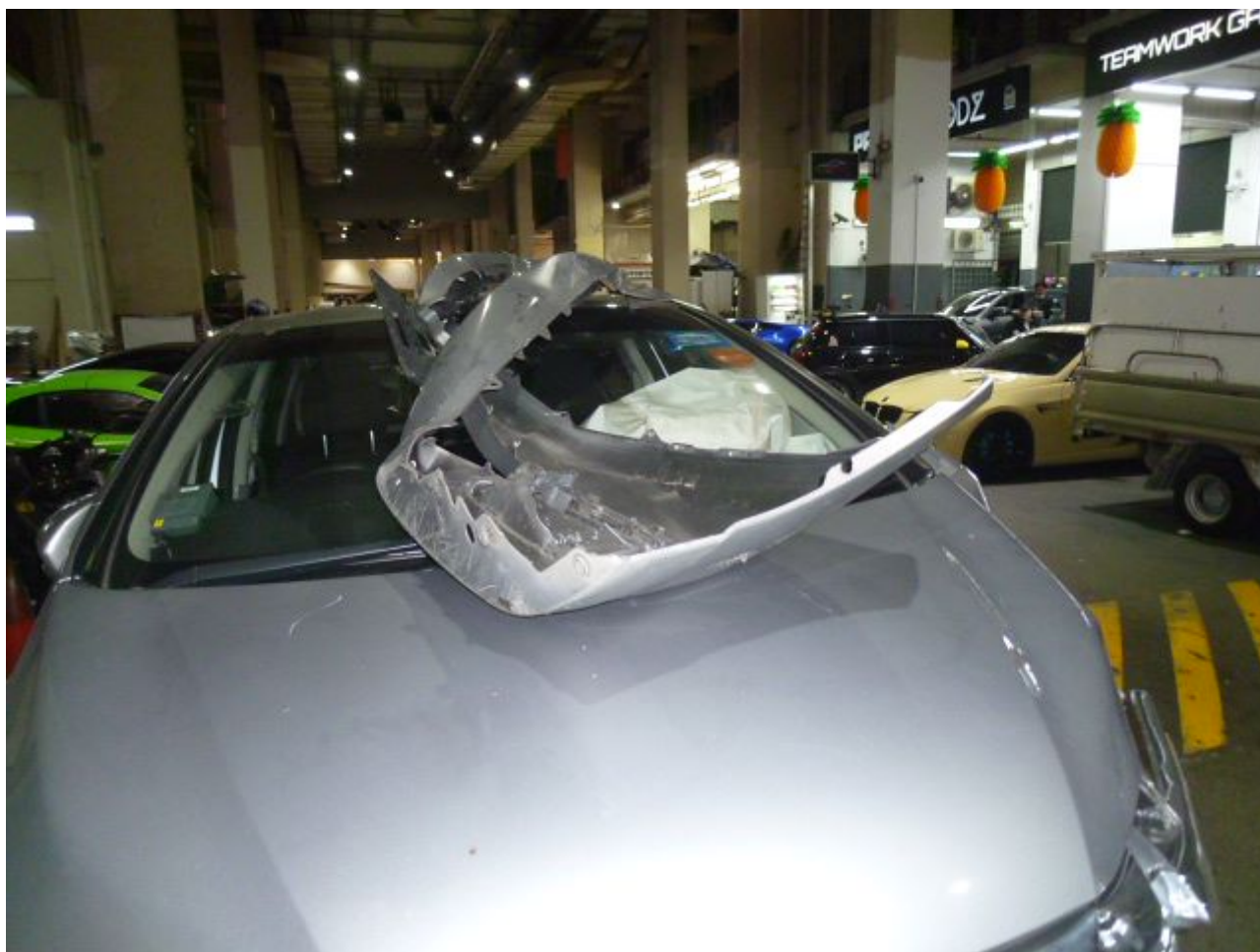






















**SINGAPORE
POLICE FORCE**



T/20210310/2147

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3

Report No. T/20210310/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2021 22:46		Vide Report No.: F/20210310/0169		Station Diary No.: 185	
Informant's Particulars					
Name of Informant: ANG HENG LAI FRANCIS			Address: APT BLK 182 RIVERVALE CRESCENT #08-311 SINGAPORE 540182		
ID Type / ID No.: NRIC NO / S6904342I			Contact No.: Home/Office: Mobile: 87844539		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 12/02/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2021 19:10	Type of Location: Straight Road
Location: SENGKANG WEST AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SCP969K	Car					0
SML8314A	Car					0
SMY3663G	Car					1



**SINGAPORE
POLICE FORCE**



T/20210310/2147

2 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20210310/2147

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG HENG LAI FRANCIS	ID No.	S6904342I
Related Vehicle	NIL	Contact No.	87844539
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 10/03/21 around 1910hrs, I was driving on the extreme left lane bearing the license plate SML8314A along Sengkang West Ave.

While driving I hit onto this vehicle bearing the license plate SMY3663G which was in front of my vehicle and I can't recall what happened exactly. Due to the impact, the vehicle moved forward and hit another vehicle that was stationary on the slip road bearing license plate SCP969K.

Due to the impact, my front portion was damaged and had to be towed away. As for the vehicle, SMY3663G, the vehicle back portion was damaged. I am unsure what the damages are for the vehicle, SCP969K.

Traffic Police was activated to scene and ambulance was at scene and conveyed two subjects to the hospital.

There is no camera in my car and I am not sure if there are cameras in the other cars and I am unsure if there is CCTV at the location.

After the accident, I felt minor pain however I am still considering if I should seek medical treatment.

There is no mechanical fault in my vehicle



SINGAPORE
POLICE FORCE



T/20210310/2147

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

3 of 3

Report No. T/20210310/2147

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:

F /

Sgt 2 J SHAFEER DEEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN

Contact No.: 65476206

Authentication Stamp

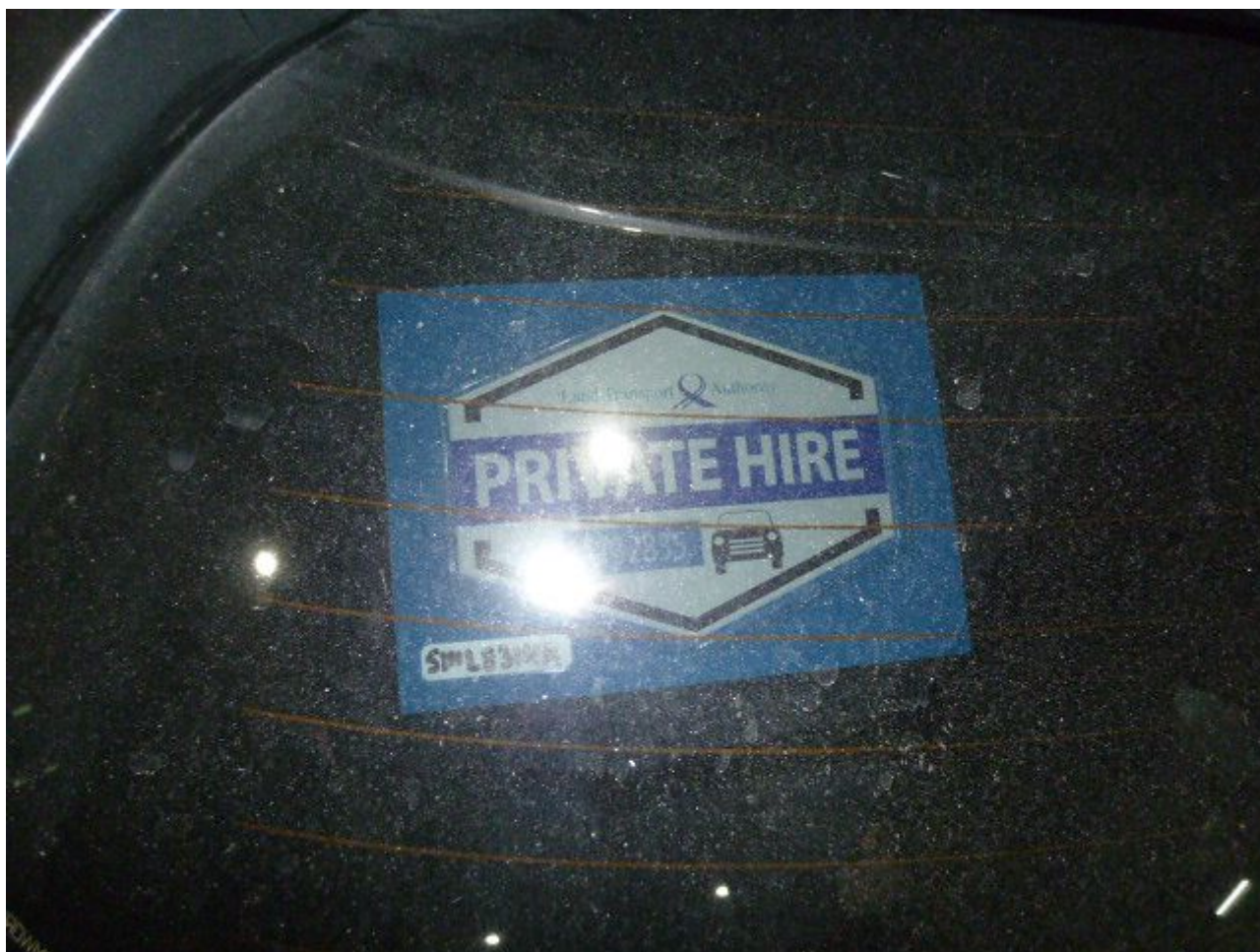
NP168

Signature Of Informant:

Date/Time:

10/03/2021 22:46

Classification Of Case:





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN09213B000J Vehicle Registration No: SML8314A
 Name (as shown in NRIC) : ROSET LIMOUSINE SERVICES PTE LTD NRIC/FIN/Passport No : 2XXXXX722Z
 (* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 53 UBI AVENUE 1 #03-47 PAYA UBI INDUSTRIAL PARK Singapore (408934)
 Contact (Tel) : 68445225 Mobile No. : _____
 Email Address : KHIERTHII@ROSETLIMO.COM
 Date of Accident : 10/03/2021 Time of Accident : 19:10
 Place of Accident : Sengkang West Ave, Singapore
 Insurance Company : Liberty Insurance

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND TO OWN DAMAGE CLAIM

Policyholder / Driver's Signature
 Date:



Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: