

# 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 ..... 17/03/2021 17:02 (SGT)  
Date of Accident ..... 16/03/2021 09:45 (SGT)  
Exact Location of Accident ..... Jurong West Street 71, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS2897Z

### 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 ..... Toyota  
Model ..... Wish  
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 - Reporting only  
Vehicle Category ..... Private car

### 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 ..... HENG SIHAO ELVIN  
NRIC No ..... SXXXX984B  
Date Of Birth ..... 29/11/1983  
Occupation ..... Outdoor

Date Of Driving Pass .....	23/02/2005
Driving experience .....	16 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97683450
Alt. Phone Number .....	-
Email Address .....	KHIERTHII@ROSETLIMO.COM
Address .....	BLK 780E WOODLANDS CRESCENT #11-83
Address complement .....	-
Postcode .....	735780
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 .....	Collision - Major/Minor Rd
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? .....	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 .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210316/2047

#### 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 .....	FW4862K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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.

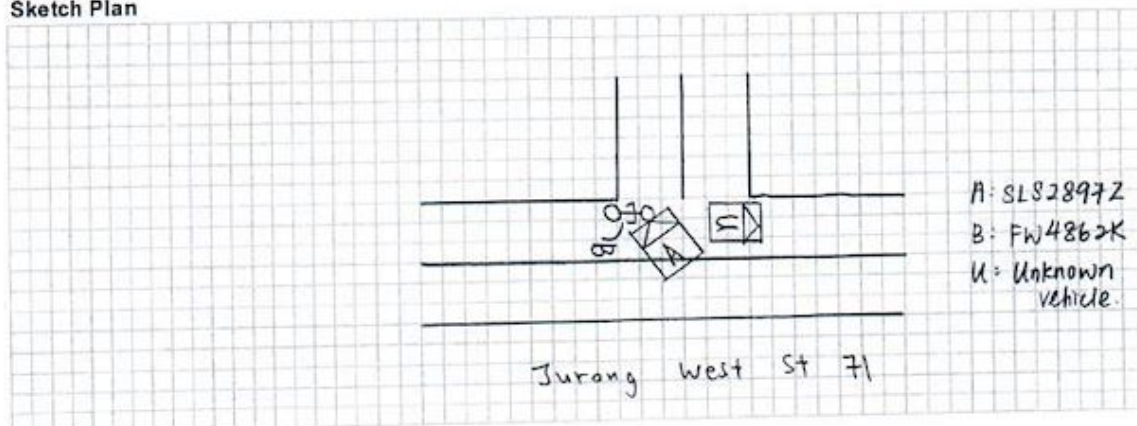


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



### Describe Circumstances of the Accident

Refer to police report T/20210316/2047 .

### 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

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Witnessed by Reporting Centre  
Personnel



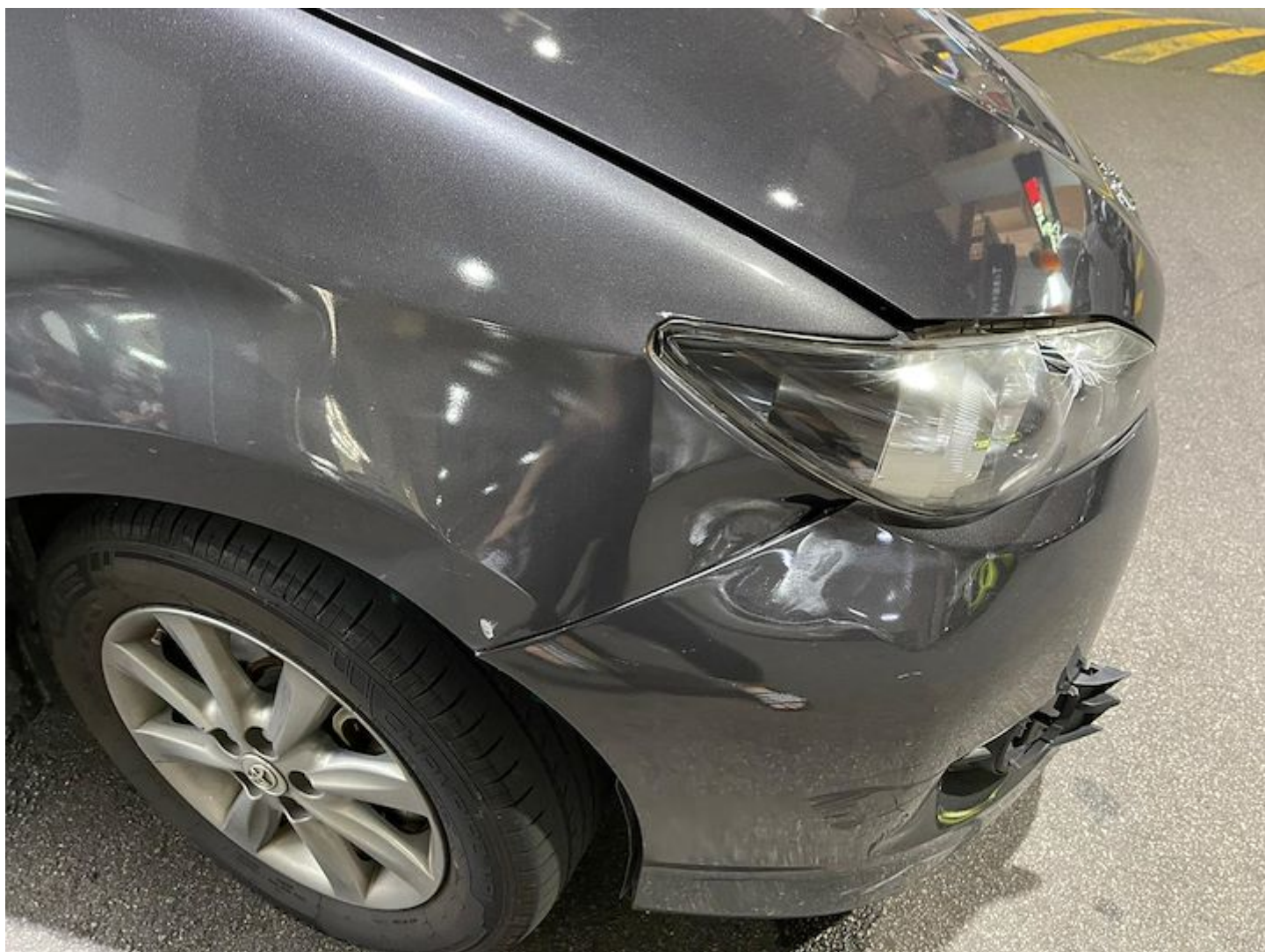


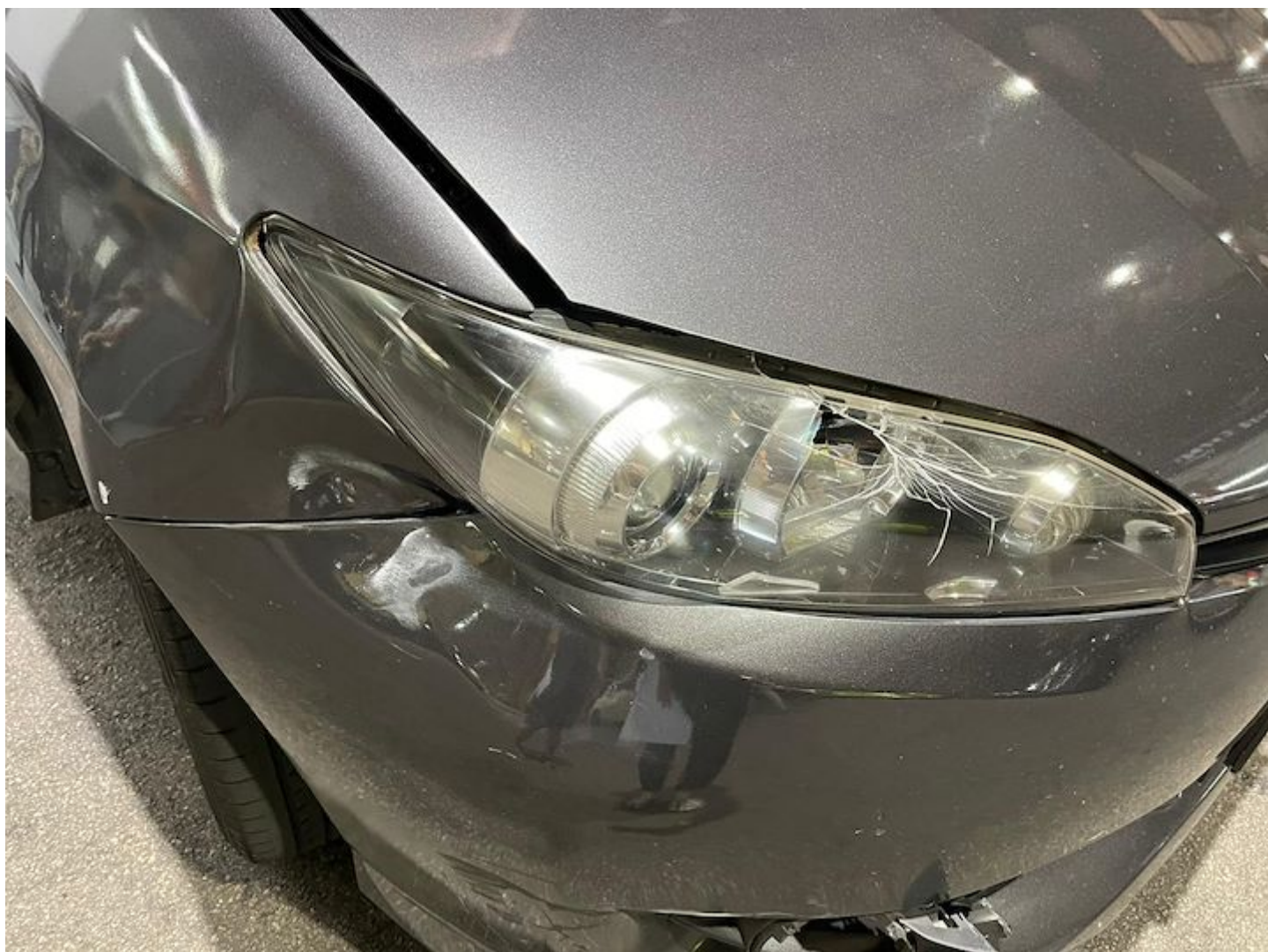


























**SINGAPORE  
POLICE FORCE**



T/20210316/2047

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

1 of 3

Report No. T/20210316/2047

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 16/03/2021 13:13		Vide Report No.: J/20210316/0074		Station Diary No.: 118	
<b>Informant's Particulars</b>					
Name of Informant: HENG SIHAO, ELVIN			Address: APT BLK 780E WOODLANDS CRESCENT #11-83 SINGAPORE 735780		
ID Type / ID No.: NRIC NO / S8338984B			Contact No.: Home/Office: Mobile: 97683450		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 37	Date of Birth: 29/11/1983	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation: PRIVATE HIRE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/03/2021 09:45	Type of Location: Car Park
Location:  JURONG WEST STREET 71				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW4862K	Motorcycle	HONDA	CB400S.F.H. V	Black	Seriously Damaged	1
SLS2897Z	Car	TOYOTA	WISH 1.8 CVT	Grey	Slightly Damaged	1





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T/20210316/2047

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Report No. T/20210316/2047

**CONTINUATION OF REPORT**

**Brief Details.**

On 16/03/2021 at about 0945hrs, I was driving vehicle bearing plate number SLS2897Z. I had entered the carpark of B/711- 719 Jurong West St 71 to drop off a passenger. Upon entering the gantry, I had made a left turn and about to make another turn to the right. Before turning right, there was a car travelling slow from the oncoming traffic, I then waited for the said car to pass.

Upon the car passing by, I am affirmed that the oncoming traffic was cleared, I then proceeded to make the right turn. Subsequently, there was a motorcycle bearing plate number FW4862K in front of my vehicle. I immediately make a stop but it was too late resulting to my front right side vehicle to collide into the motorcycle causing them to fall on their left side.

The rider and pillion of the motorcycle suffer some injuries and was then conveyed to hospital by ambulance. Traffic police was at scene and I hand handed them over my In-Car Camera SD Card. My vehicle suffer damages on the front right side bumper and headlights.


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POLICE FORCE**

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999



T/20210316/2047

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Report No. T/20210316/2047

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:  
J/  
Sgt 2 FAIZUL BIN NENWARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
16/03/2021 13:13

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

Authentication Stamp  
NP168



Signature :

SN 126

**Singapore Police Force**