

# 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 .....	05/04/2021 18:24 (SGT)
Date of Accident .....	02/04/2021 22:45 (SGT)
Exact Location of Accident .....	Bedok North Rd, Singapore
Additional Location Information .....	TWDS TAMPINES AVE 10
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMT4945M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN HUI LIN
NRIC No .....	SXXXX137C
Email Address .....	JABS670@OUTLOOK.COM
Mobile Phone No .....	(Phone) +65-87212183
Alternative Phone No .....	+65-87212183

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Jazz
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
Transmission .....	Auto
CC .....	1300

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD20V06645/VPC2/R00
Cover Note Number .....	-

### DRIVER

Name of Driver .....	ANG BO SHEN JORDAN
NRIC No .....	SXXXX077Z

Date Of Birth .....	09/12/1996
Occupation .....	Outdoor
Date Of Driving Pass .....	12/06/2015
Driving experience .....	5 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98377651
Alt. Phone Number .....	-
Email Address .....	JABS670@OUTLOOK.COM
Address .....	BLK 115A YISHUN RING RD
Address complement .....	#01-839
Postcode .....	761115
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Other
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 - Head to Rear
Weather Conditions .....	AFTER RAIN
Road Surface .....	Wet

#### 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 .....	TAN HUI LIN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Traffic Police
Police Station Phone No .....	(Phone) +65-65470000
Alt. Police Station Phone No .....	(Fax) +65-65474900
Police Station Address .....	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210403/7010

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJG3690H
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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 HUI LIN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMT4945M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	ANG BO SHEN JORDAN
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SMT4945M
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

*Jayak*

Policyholder's Signature / Date & Time

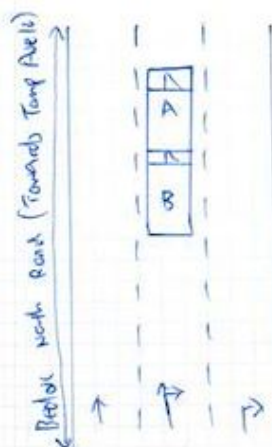
*[Signature]*

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

*afym 05/04/21*

Witnessed by Reporting Centre Personnel

### Sketch Plan



Veh A: SMT 4445M  
Veh B: STB 3690H

[illegible]

We declare the foregoing particulars are true in every respect.

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

Witnessed by Reporting Centre Personnel





SINGAPORE  
POLICE FORCE



T/20210403/7010

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210403/7010

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	TAN HUI LIN	ID No.	S9523137C
Related Vehicle	SMT4945M (Car)	Contact No.	87212183
Hospital/Clinic	INTEGRATED MEDICINE CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/04/2021	Date	03/04/2021
No. of Days granted Medical Leave	02	Degree of	Slight
<b>Driver</b>			
Name	ANG BO SHEN JORDAN	ID No.	S9645077Z
Related Vehicle	SMT4945M (Car)	Contact No.	98377651
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

on the stated time and date, we drove when the light turn green and stopped when the front vehicle stopped. The vehicle behind us (SJG3690H) could not brake in time and hit our vehicle (SMT4945M). afterwards i came down from my vehicle and check the damages on my car, shortly after, we exchange particulars and left the scene, went to consult doctor and received 3 days MC











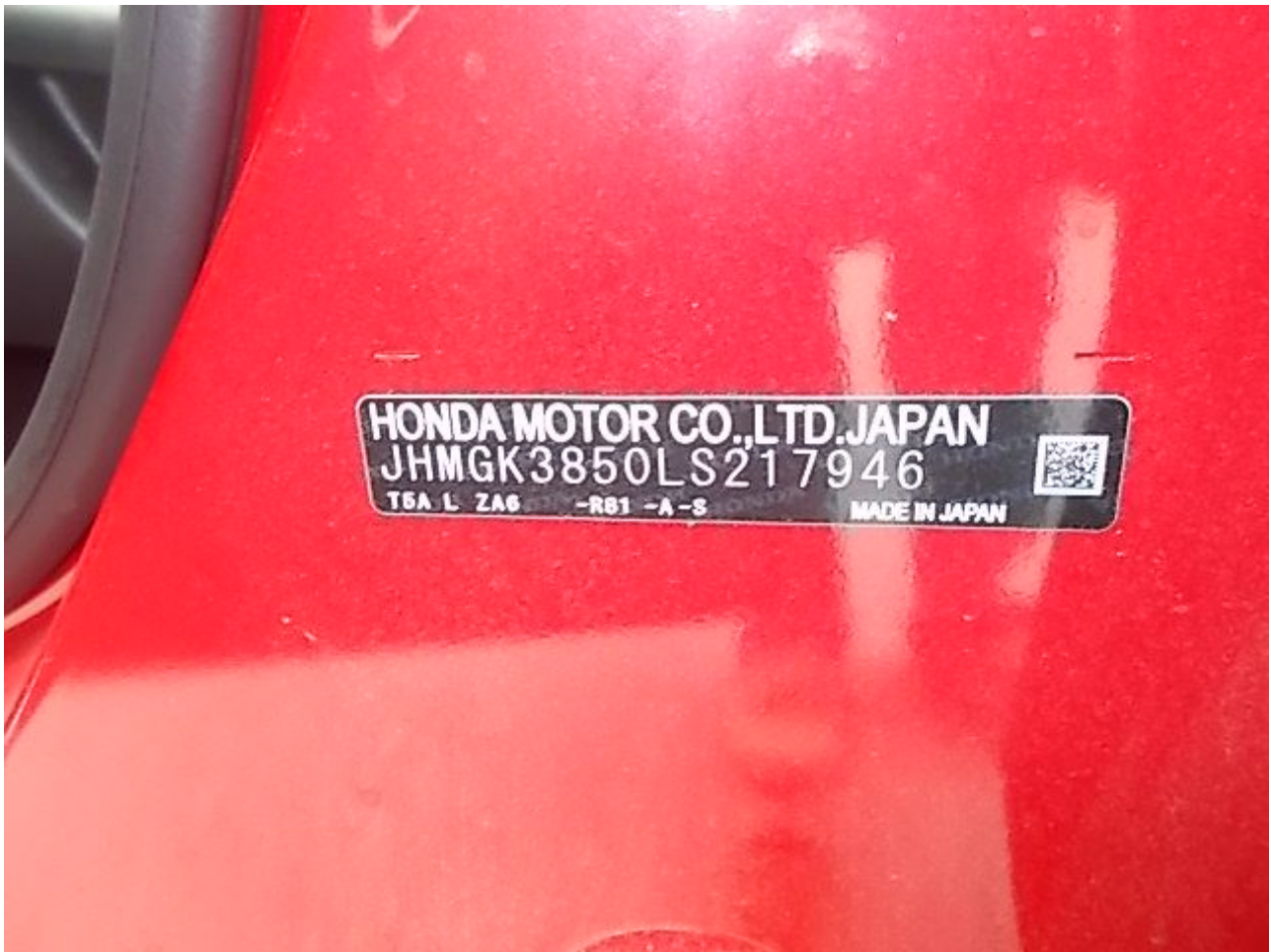


















SINGAPORE  
POLICE FORCE



T/20210403/7010

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20210403/7010

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2021 14:59		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: ANG BO SHEN JORDAN			Address: 115A YISHUN RING ROAD #07-839 SINGAPORE 761115		
ID Type / ID No.: NRIC NO / S9645077Z			Contact No.: Home/Office: Mobile: 98377651		
Nationality: SINGAPORE CITIZEN			Email: JABS670@OUTLOOK.COM		
Sex: Male	Age: 24	Date of Birth: 09/12/1996	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Sales demonstrator			Driving Licence Information: Class:		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2021 22:45	Type of Location: X-Junction
Location:  BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: between moving vehicle : head to rear				Anyone conveyed by ambulance: No

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMT4945M	Car	HONDA	jazz	Red	Slightly Damaged	1

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMT4945M	LIBERTY INSURANCE PTE LTD	SD20V06645/VPC2 /R00	23/06/2020	22/06/2022





SINGAPORE  
POLICE FORCE



T/20210403/7010

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Report No. T/20210403/7010

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Passenger</b>			
Name	TAN HUI LIN	ID No.	S9523137C
Related Vehicle	SMT4945M (Car)	Contact No.	87212183
Hospital/Clinic	INTEGRATED MEDICINE CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/04/2021	Date	03/04/2021
No. of Days granted Medical Leave	02	Degree of	Slight
<b>Driver</b>			
Name	ANG BO SHEN JORDAN	ID No.	S9645077Z
Related Vehicle	SMT4945M (Car)	Contact No.	98377651
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

on the stated time and date, we drove when the light turn green and stopped when the front vehicle stopped. The vehicle behind us (SJG3690H) could not brake in time and hit our vehicle (SMT4945M). afterwards i came down from my vehicle and check the damages on my car, shortly after, we exchange particulars and left the scene, went to consult doctor and received 3 days MC