

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 06/04/2021 16:52 (SGT)
Date of Accident 06/04/2021 10:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information TRAFFIC JUNCTION AT DOVER RISE TOWARDS
COMMONWEALTH AVE WEST
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKN1158T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG LINCOLN TENG
NRIC No SXXXX674A
Email Address 6662014@ICLOUD.COM
Mobile Phone No (Phone) +65-94555522
Alternative Phone No +65-94555522

VEHICLE PARTICULARS

Manufacturer Toyota
Model Estima
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 2362

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SI20V04860/VPC/R05/E00
Cover Note Number -

DRIVER

Name of Driver HEW TIEN-SI IONA

NRIC No	SXXXX604I
Date Of Birth	26/12/1969
Occupation	Indoor
Date Of Driving Pass	06/10/1995
Driving experience	25 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-94555522
Alt. Phone Number	-
Email Address	6662014@ICLOUD.COM
Address	176 LAUREL WOOD AVENUE
Address complement	-
Postcode	275871
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	Collision - Head to Rear
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	PASSENGER 1
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT

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	QX1543R
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
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 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:

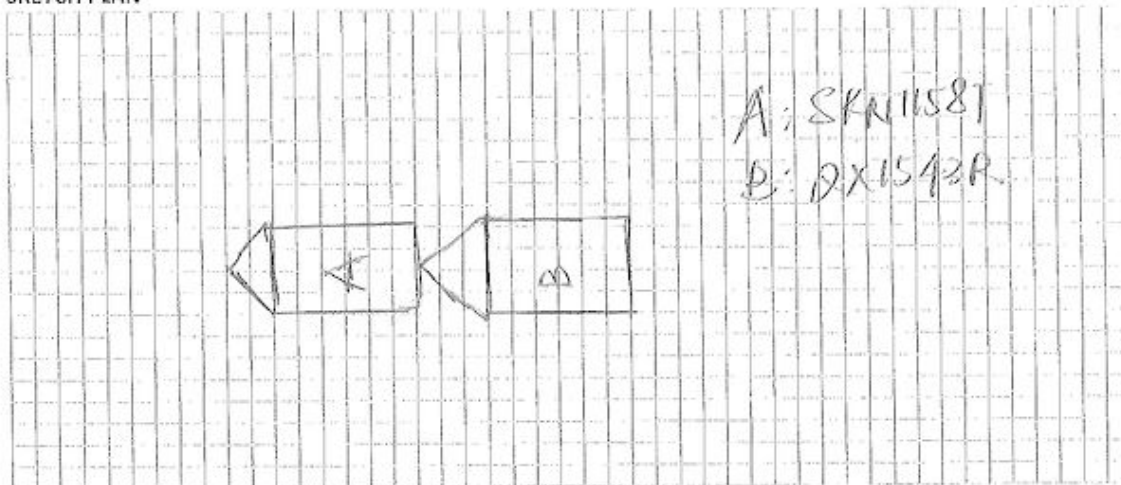
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- AS PER POLICE REPORT -

DECLARATION

I/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:

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

GIARMG SketchPlanForm_V1















TOYOTA MOTOR CORPORATION JAPAN
MODEL DBA-ACR50W-GF-XSK
ENGINE 2AZ-FE 2362 mL
FRAME No. ACR50-7120881
COLOR 1F7 TRIM FK20 PLANT C25
TRANS./AXLE K112 -01A 529



**SINGAPORE
POLICE FORCE**



T/20210406/2056

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

* Report No. T/20210406/2056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2021 13:38	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars			
Name of Informant: HEW TIEN-SI IONA		Address: 176 LAUREL WOOD AVENUE SINGAPORE 275871	
ID Type / ID No.: NRIC NO / S6945604I		Contact No.: Home/Office: Mobile: 94555522	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 51	Date of Birth: 26/12/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Housewife		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 06/04/2021 10:45	Type of Location: Straight Road
Location: DOVER RISE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Moving Vehicle Head to Stationary Vehicle Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
QX1543R	SCDF Ambulance				Slightly Damaged	2
SKN1158T	Car				Slightly Damaged	1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20210406/2056

3 of 3

Report No. T/20210406/2056

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 2 CHENG JARREL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/04/2021 13:38

* Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

05

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SIGNATURE



**SINGAPORE
POLICE FORCE**



T/20210406/2056

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20210406/2056

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I was driving in my vehicle (SKN1158T) at Dover Rise travelling toward Commonwealth Ave West on lane 1. As the traffic light was red as such I stopped and behind my vehicle was a SCDF ambulance (QX1543R) with its blinkers on however I was unable to give way to the ambulance as I would have past the stop line.

Suddenly I felt an impact coming from the back of my vehicle. I immediately came out of my vehicle and I discovered that the ambulance had collided on my vehicle which resulted my vehicle rear bumper cracked slightly.

The SCDF personnel checked on us and no one was injured in the accident. I was later informed by the SCDF personnel to lodge a traffic police report and make an accident claim with the transport services branch, Accident claim officers.

I would like to inform that no one was injured in the accident.