

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	04/05/2021 09:37 (SGT)
Date of Accident	03/05/2021 09:15 (SGT)
Exact Location of Accident	Benoi Rd, Singapore
Additional Location Information	TURNING TO AYE(MCE)ECP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL4191A

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA SOK NGOR(CAI SHU'E)
NRIC No	SXXXX848J
Email Address	s4042000@yahoo.com.sg
Mobile Phone No	(Phone) +65-96796539
Alternative Phone No	+65-96796539

VEHICLE PARTICULARS

Manufacturer	Honda
Model	City
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	1497

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V01998/VPC2/R02
Cover Note Number	-

DRIVER

Name of Driver	CHUA SOK NGOR(CAI SHU'E)
NRIC No	SXXXX848J

Date Of Birth	25/03/1978
Occupation	Outdoor
Date Of Driving Pass	10/04/2002
Driving experience	19 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-96796539
Alt. Phone Number	+65-96796539
Email Address	s4042000@yahoo.com.sg
Address	BLK 525 BEDOK NORTH STREET 3
Address complement	#10-428
Postcode	460525
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?	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	LIM XIAO LIN MICHELLE
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/20210503/7031

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	XD3222B(TRD0000M)
Vehicle Manufacturer	-

Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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 :

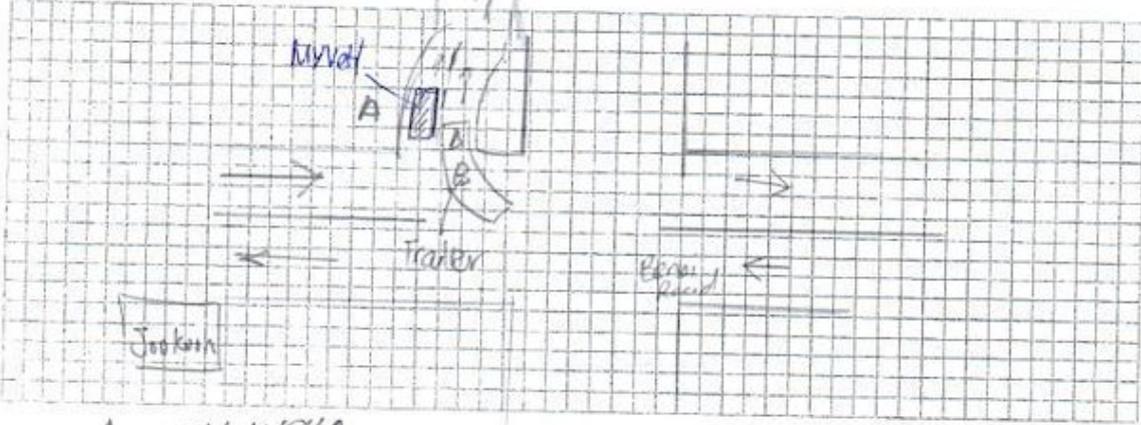
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

[Signature] 03/05/2024
 Policyholder's Signature / Date & Time

[Signature] 04/05/24
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan



A - SLL4191A
 B - XD3222B (TRD0000M)



**SINGAPORE
POLICE FORCE**



T/20210503/7031

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

2 of 4
Report No. T/20210503/7031

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL 4191A	LIBERTY INSURANCE PTE LTD	SD21V01998	24/02/2021	23/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM XIAO LIN MICHELLE		ID No.	S8140972B
Related Vehicle	SLL 4191A (Car)		Contact No.	90025202
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
Vehicle Owner				
Name	CHUA SOK NGOR		ID No.	S7807848J
Related Vehicle	NIL		Contact No.	96796539
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.

@ 9:15am on 03.05.2021, my vehicle SLL4191A was turning right towards AYE expressway (MCE/ECP) at the outer lane. The Trailer (TRD0000M/ XD3222B) which is at the inner lane collision against my vehicle's driver and passenger door. He didnt stop after the collision, I tried to honk at him but he ignore. I did a chase to his trailer side to signal him to stop along side but he ignored. I tried to go in front of his Trailer to signal him stop again but he just cut to another lane to drive off.

Damage has caused to both my driver and passenger door.

I have photos of the Trailer who hit and run my vehicle.

















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POLICE FORCE**



T/20210503/7031

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

1 of 4

Report No. T/20210503/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/05/2021 13:58		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHUA SOK NGOR			Address: 525 BEDOK NORTH STREET 3 #10-428 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S7807848J			Contact No.:		Mobile: 96796539
Nationality: SINGAPORE CITIZEN			Email: S4042000@YAHOO.COM.SG		
Sex: Female	Age: 43	Date of Birth: 25/03/1978	Type of Informant: Vehicle Owner		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Marine engineer (shore-based)		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 03/05/2021 09:15	Type of Location: Bend
Location: BENOI ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLL 4191A	Car	HONDA	CITY	Grey	Slightly Damaged	2
XD3222B	Trailer					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20210503/7031

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10 Ubi Avenue 3 SINGAPORE 408865
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2 of 4
Report No. T/20210503/7031

CONTINUATION OF REPORT

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Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLL 4191A	LIBERTY INSURANCE PTE LTD	SD21V01998	24/02/2021	23/02/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Passenger				
Name	LIM XIAO LIN MICHELLE		ID No.	S8140972B
Related Vehicle	SLL 4191A (Car)		Contact No.	90025202
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
Vehicle Owner				
Name	CHUA SOK NGOR		ID No.	S7807848J
Related Vehicle	NIL		Contact No.	96796539
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

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T/20210503/7031

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3 of 4
Report No. T/20210503/7031

CONTINUATION OF REPORT



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T/20210503/7031

4 of 4

Report No. T/20210503/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KALESWARI PALANI
Contact No.: 65476902

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
03/05/2021 13:58

Classification Of Case: