

# 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 ..... 11/05/2021 16:15 (SGT)  
Date of Accident ..... 10/05/2021 14:05 (SGT)  
Exact Location of Accident ..... CTE, Singapore  
Additional Location Information ..... NEAR BALESTIER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU7313Z

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... SOH LIMOUSINE  
Company Reg No ..... 5XXXX945K  
Email Address ..... YEWBENG28@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90083915  
Alternative Phone No ..... +65-90083915

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Wish  
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? ..... No - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI20V15236/VPL/R02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SOH YEW BENG  
NRIC No ..... SXXXX324F

Date Of Birth .....	07/12/1968
Occupation .....	Outdoor
Date Of Driving Pass .....	23/01/1990
Driving experience .....	31 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90083915
Alt. Phone Number .....	-
Email Address .....	YEWBENG28@GMAIL.COM
Address .....	BLK 640 ANG MO KIO AVE 6
Address complement .....	#12-5019
Postcode .....	560640
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 .....	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 .....	4
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 .....	CLARE TAN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Central Division Headquarters
Police Station Phone No .....	(Phone) +65-18002240000
Alt. Police Station Phone No .....	(Fax) +65-62200877
Police Station Address .....	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:A/20210511/7011

#### 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 .....	SLN8002B
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Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHIAM TECK HOCK CECIL
NRIC No .....	SXXXX271E
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 .....	SKB9800H
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 3

Vehicle Registration Number .....	SMR2981G
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 .....	SOH YEW BENG
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	SLU7313Z
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**


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**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:

 11/05/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A: SLU7313Z  
B: SLN8002B  
C: SKB98004  
D: SMR2961G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report : A/20210511/2011


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:

 11/05/21  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SPF Form 22





**SINGAPORE  
POLICE FORCE**



A/20210511/7011

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**POLICE REPORT (NP299)**

Report No. A/20210511/7011

Police Station Of Origin  
Central Division HQ  
A 391 New Bridge Road #03-112 Police  
Cantonment Complex SINGAPORE 088762  
Tel No: 1800-2240000

Date/Time Report Made 11/05/2021 11:57	Vide Report No.	Station Diary No.
Name Of Informant SOH YEW BENG	Address 640 ANG MO KIO AVENUE 6 #12-5019 SINGAPORE 560640	
ID Type / ID No. NRIC NO / S6846324F	Contact No. Home/Office: Mobile: 90083915	
Nationality SINGAPORE CITIZEN	Email Address yewbeng28@gmail.com	
Occupation Grab driver	Sex Male	Age 52
	Date of Birth 07/12/1968	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 10/05/2021 14:00 - 10/05/2021 14:05	Location Of Incident CENTRAL EXPRESSWAY	

**Brief details.**

I was driving my car SLU7313Z travelling along CTE near Balestier area, traffic was slow, the front car brake, i follow traffic flow and stop, suddenly the behind car SLN8002B hit from my behind and push me further, I noticed that total 4 car chain collision in this accident. My car was damaged badly at rear and front, i was given 05 days MC by Mount Alvernia Hospital.

<b>Subjects Involved</b>	
Suspect	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2021 11:57
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	









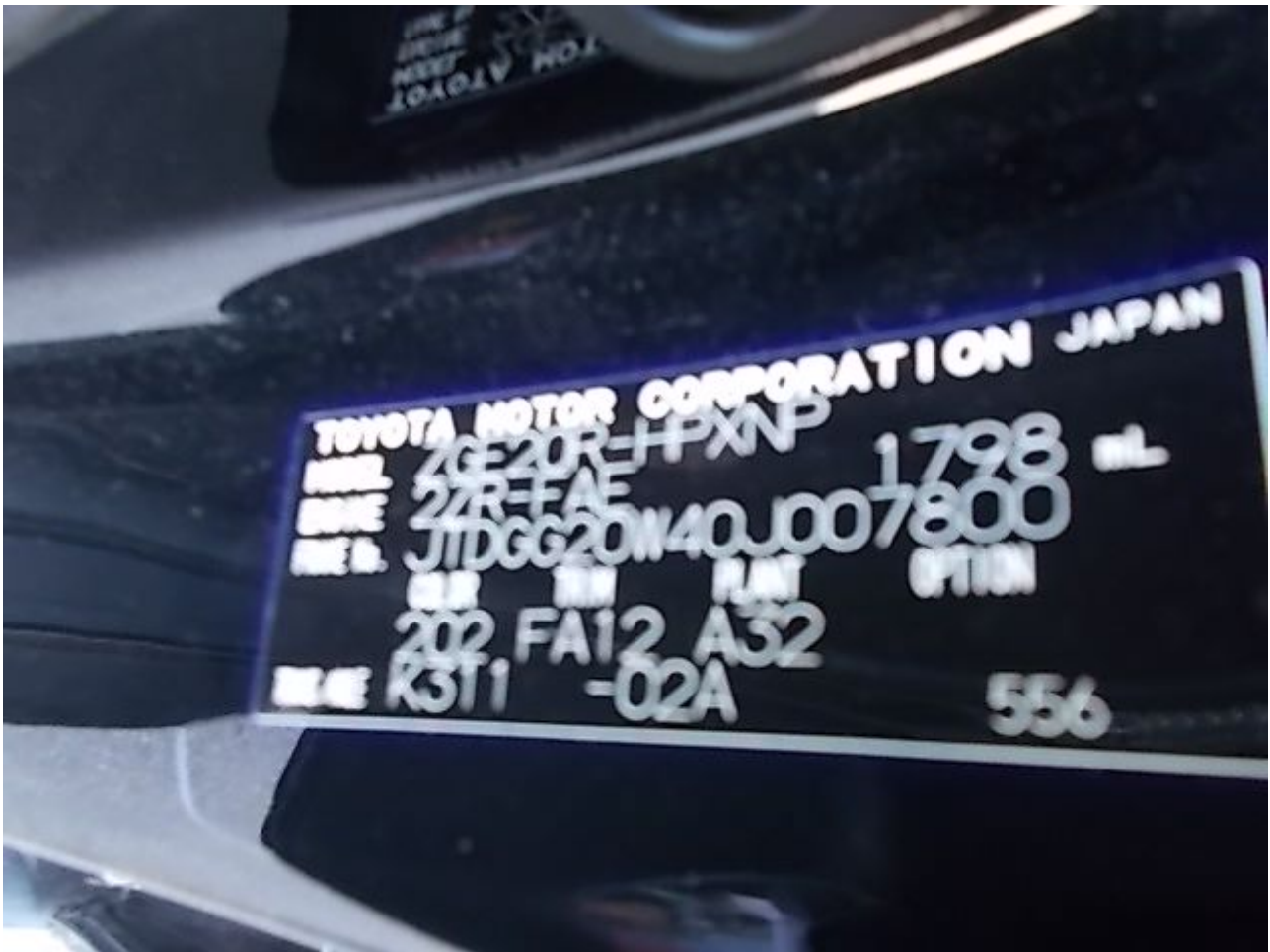
































**SINGAPORE  
POLICE FORCE**



A/20210511/7011

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**POLICE REPORT (NP299)**

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A 391 New Bridge Road #03-112 Police  
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ID Type / ID No. NRIC NO / S6846324F	Contact No. Home/Office: Mobile: 90083915	
Nationality SINGAPORE CITIZEN	Email Address yewbeng28@gmail.com	
Occupation Grab driver	Sex Male	Age 52
Institution/School Name	Date of Birth 07/12/1968	Race Chinese
Date/Time Of Incident 10/05/2021 14:00 - 10/05/2021 14:05	Location Of Incident CENTRAL EXPRESSWAY	

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**SINGAPORE  
POLICE FORCE**



A/20210511/7011

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20210511/7011

Person Name	Chiam Teck Hock Cecil		
ID Type	NRIC NO	ID No	S0006271E
Gender	Male		
<b>Victim</b>			
Person Name	SOH YEW BENG		
ID Type	NRIC NO	ID No	S6846324F
Gender	Male	Age	52
Race	Chinese	Language	English
Occupation	Grab driver	Address	640 ANG MO KIO AVENUE 6 #12-5019 SINGAPORE 560640
Mobile No	90083915	Is Informant A Victim?	Yes
<b>Person Name</b> SOH YEW BENG (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2021 11:57
Officer In-Charge Of Case:	Classification Of Case:
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