

## 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	23/06/2021 15:02 (SGT)
Date of Accident	22/06/2021 10:25 (SGT)
Exact Location of Accident	Corporation Rd & Yung Kuang Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ7936Y
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SIA CHEE WAH
NRIC No	SXXXX445H
Email Address	smartoneauto@gmail.com
Mobile Phone No	(Phone) +65-96464409
Alternative Phone No	(Home) +65-96464409

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1317

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SI21V02930/VPC/R02
Cover Note Number	-

#### DRIVER

Name of Driver	SIA CHEE WAH
NRIC No	SXXXX445H

Date Of Birth	22/10/1965
Occupation	Outdoor
Date Of Driving Pass	11/08/1986
Driving experience	34 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96464409
Alt. Phone Number	(Home) +65-96464409
Email Address	smartoneauto@gmail.com
Address	BLK 853 JURONG WEST STREET 81
Address complement	#06-321
Postcode	640853
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	Collision - Cross Junction
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### 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
yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN & POLICE REPORT ATTACHED.

#### 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	FILE TOO BIG
Was there any audio recorded?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD4757K
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	SIA CHEE WAH
Address	BLK 853 JURONG WEST STREET 81
Address Complement	#06-321
Post Code	640853
Approximate Age Years Old	55
Injuries Sustained	7 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SMJ7936Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes



## SKETCH PLAN

### IMPORTANT NOTICE

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6. The 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.
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.

<p><i>[Signature]</i></p> <p>Policyholder's Signature / Date &amp; Time</p>	<p><i>[Signature]</i></p> <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time</p>	<p>Witnessed by Reporting Centre Personnel</p>
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**Sketch Plan**

*Juan Kuang Rd*

Green Light

① ② ③

A = SMJ 7936Y

B = SLD 4757K

Cross Junction Of Corporation Road and Juan Kuang Road

Describe Circumstances of the Accident

Refer to Police Report

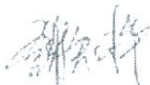
Police Report No. : T/20210622/7036

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20210622/7036

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

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Report No. T/20210622/7036

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/06/2021 18:07		Vide Report No.: J/20210622/0045		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SIA CHEE WAH			Address: 853 JURONG WEST STREET 81 #06-321 SINGAPORE 640853		
ID Type / ID No.: NRIC NO / S1729445H			Contact No.: Home/Office: Mobile: 96464409		
Nationality: SINGAPORE CITIZEN			Email: SIACHEEWAHERIC@GMAIL.COM		
Sex: Male	Age: 55	Date of Birth: 22/10/1965	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Lorry driver			Driving Licence Information: Class: 2B,3,4,5		Date of Expiry: 31/07/2023

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/06/2021 10:25	Type of Location: X-Junction
Location:  CORPORATION RD X YUAN KUANGH RD				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD4757K	Car			Maroon		0
SMJ7936Y	Car	HONDA	FIT	Blue	Seriously Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20210622/7036

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

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Report No. T/20210622/7036

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SIA CHEE WAH	ID No.	S1729445H
Related Vehicle	SMJ7936Y (Car)	Contact No.	96464409
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3,4,5 Date of Expiry: 31/07/2023
Date	22/06/2021	Date	22/06/2021
No. of Days granted Medical Leave	07	Degree of	Slight
<b>Driver</b>			
Name	WILLIAM SIAH	ID No.	S11686496Z
Related Vehicle	NIL	Contact No.	90037897
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	22/06/2021	Date	22/06/2021
No. of Days granted Medical Leave	01	Degree of	Slight

## Brief Details.

ON 22.06.2021 AT ABOUT 10.25HRS AT CORPORATION RD X YUAN KUANG RD, I WAS STATIONARY ON LANE 2 (ALONG CORPORATION RD TWDS JURONG PORT RD) AS THE TRAFFIC LIGHT WAS RED. WHEN THE TRAFFIC LIGHT TURNED GREEN IN MY FAVOUR, I STARTED TO MOVE FORWARD SLOWLY.

SUDDENLY, I HEARD A LOUD BANG AND I FELT A IMPACT. I THEN REALISED IOT WAS VEHICLE SLD4757K THAT WAS COMING FROM YUAN KUIANG RD HENCE COLLIDED ONTO THE FRONT AND LEFT HAND SIDE PORTION OF MY VEHICLE SMJ7936Y



**SINGAPORE  
POLICE FORCE**



T/20210622/7036

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

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Report No: T/20210622/7036

**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 / TP1B /  
ABDUL MUHAMMAD BIN HUSSAIN  
Contact No.: 65476090

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:  
22/06/2021 18:07

Classification Of Case: