

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 29/06/2021 19:42 (SGT)
Date of Accident 24/06/2021 21:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLE TOWARDS BUKIT TIMAH EXPRESSWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA6556C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No 2XXXXX722Z
Email Address KHIERTHII@ROSETLIMO.COM
Mobile Phone No (Phone) +65-87841899
Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vellfire
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 - Reporting only
Vehicle Category Commercial vehicle
Transmission Auto
CC 2494

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13100/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver POH LAY TIN
NRIC No SXXXX981A

Date Of Birth	27/12/1969
Occupation	Outdoor
Date Of Driving Pass	02/11/1991
Driving experience	29 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-87841899
Alt. Phone Number	-
Email Address	LAYTINERA@GMAIL.COM
Address	BLK 36 MARSILING DRIVE
Address complement	#24-407
Postcode	730036
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 - Change/cross lane
Weather Conditions	Raining
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?	Yes
Was any other vehicle 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
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO CIRCUMSTANCES OF ACCIDENT

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	FBH8799K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	NAUFAL ILHAM MUHAMMAD
NRIC No	SXXXX139G
Contact Number	(Phone) +65-81687453
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	MEGS
Gender	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NAUFAL ILHAM MUHAMMAD
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBH8799K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	MEGS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	ABRASION
Injured person in which vehicle?	FBH8799K
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SNA6556C
B: FBH8799K

SLE

SLE towards Bukit Timah Expressway.

Declaration

T/20210625 / 7008

We declare the foregoing particulars are true in every respect.



[Signature]

Witnessed by Reporting Centre
Personnel

































**SINGAPORE
POLICE FORCE**



T/20210625/7008

1 of 4

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

Report No. T/20210625/7008

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2021 10:11		Vide Report No.: F/20210624/0164		Station Diary No.:	
Informant's Particulars					
Name of Informant: POH LAY TIN			Address: 36 MARSILING DRIVE #24-407 SINGAPORE 730036		
ID Type / ID No.: NRIC NO / S6945981A			Contact No.: Home/Office: Mobile: 87841899		
Nationality: SINGAPORE CITIZEN			Email: LAYTINERA@GMAIL.COM		
Sex: Female	Age: 51	Date of Birth: 27/12/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/06/2021 21:45	Type of Location: Straight Road
Location: SELETAR EXPRESSWAY towards Bukit Timah expressway				
Lamp Post Number: 115				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBH8799K	Motorcycle				Slightly Damaged	2
SNA6556C	Car	TOYOTA	Vellfire	Black	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210625/7008

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

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Report No. T/20210625/7008

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH8799K	income	5105036712-02	08/11/2020	07/11/2021
SNA6556C	LIBERTY INSURANCE PTE LTD	SD20V13100/VPZ/ R02	11/05/2020	31/10/2021

Details of Person Involved

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	MEGS	ID No.	NIL
Related Vehicle	FBH8799K (Motorcycle)	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	POH LAY TIN	ID No.	S6945981A
Related Vehicle	SNA6556C (Car)	Contact No.	87841899
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	NAUFAL ILHAM MUHAMMAD	ID No.	S9675139G
Related Vehicle	NIL	Contact No.	81687453
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight



**SINGAPORE
POLICE FORCE**



T/20210625/7008

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

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Report No. T/20210625/7008

CONTINUATION OF REPORT

Pillion			
Name	MEGS	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	24/06/2021	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

i had came out from TPE onto SLE and was filtering out onto SLE towards woodlands. I was looking at my right then i filter out but didnt realised there was a motorcycle on my right front. Hence my front right hit the left rear and the motorcycle fell. Rider and Pillion sustained minor abrasions.



**SINGAPORE
POLICE FORCE**



T/20210625/7008

Police Station Of Origin:
Traffic Police
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Tel No: 65470000

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Report No. T/20210625/7008

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD FARHAN BIN SAIRI
Contact No.: 65476224

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:
25/06/2021 10:11

Classification Of Case: