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 witholding 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.

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 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 19/07/2021 12:56 (SGT) Date of Accident 16/07/2021 18:40 (SGT) Exact Location of Accident Sembawang Rd, Singapore Additional Location Information BEFORE JUNCTION OF YISHUN AVENUE 3 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKW8585A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner CHNG SOON HENG VINCENT (ZHUANG SHUNXING VINCENT) NRIC No. SXXXX023B

Private use

Private car

No - Reporting only

Email Address 1superauditor@gmail.com Mobile Phone No (Phone) +65-84488585 Alternative Phone No +65-84488585

VEHICLE PARTICULARS

Manufacturer Toyota Model Estima Variant

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to

your vehicle? Vehicle Category

Transmission Auto CC 2362

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy

Policy Number SI20V14437/VPE/R00 Cover Note Number

DRIVER

Name of Driver CHNG SOON HENG VINCENT (ZHUANG SHUNXING VINCENT) NRIC No. SXXXX023B

Date Of Birth 28/05/1975 Occupation Indoor Date Of Driving Pass 15/06/1994 Driving experience 27 YEARS AND 1 MONTH Gender Mobile Number (Phone) +65-84488585 Alt. Phone Number +65-84488585 Email Address 1superauditor@gmail.com Address 2 SEMBAWANG WALK #01-11 Address complement Postcode 757616 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 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 Was anybody injured in the Accident? No Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name WIFE Gender Female PASSENGER 2 Name **MOTHER** Gender Female PASSENGER 3 Name **FATHER** Gender Male DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Woodlands Division Headquarters Police Station Phone No (Phone) +65-18004660000 Police Station Address 1 Woodlands St 12 Singapore 738622 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO SKETCH AND POLICE REPORT L/20210717/7021

Yes

Are accident photos available for attachment?

ATTACHMENT(S)

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBN8640C Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Motorcycle Name of Driver SHAWAL Contact Number (Phone) +65-94528479 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 SJT945A Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver LEW YING KANG NRIC No SXXXX208F Contact Number (Phone) +65-98172642 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- 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
- 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' law yers/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
- (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
- (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-law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date

Sketch Plan

A) SKW8585A B) FBN 8640C C) SJT945A

Withessed by Reporting Cent

Describe Circumstances of the Accident	
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along Semborray Road The was madely it do	
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Due to the peak hour iam we were	
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and bruped onto the vericle in front of him.	
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confirmation with all parties included the to verbal	
No one was injured in the process as por my verbal confirmation with all parties involved, with price	
Police RAPORT 1/20210717/7021	
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Declaration

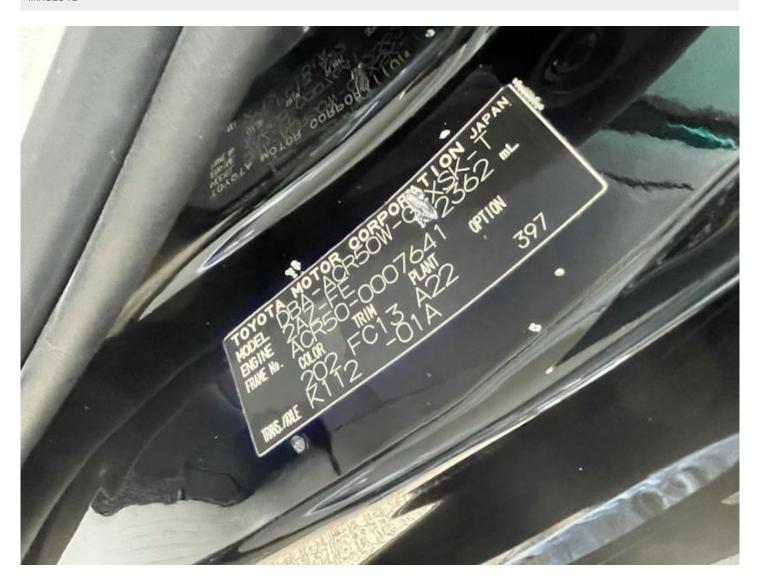
We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

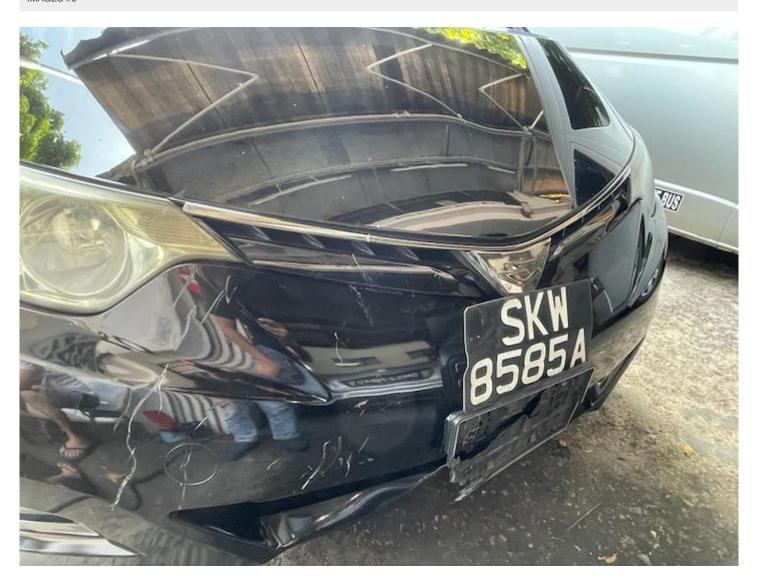






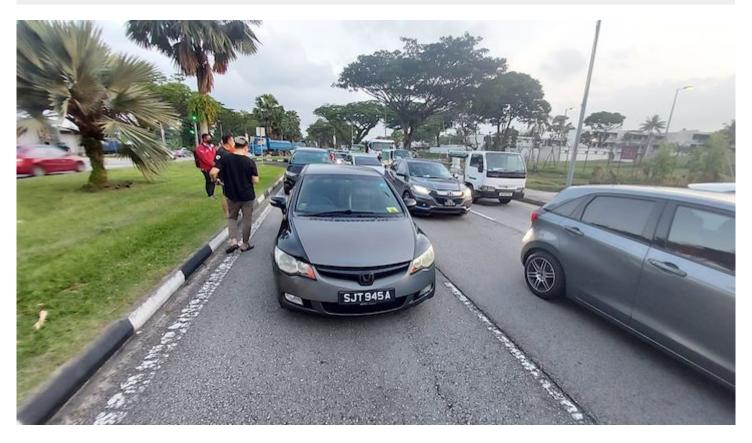






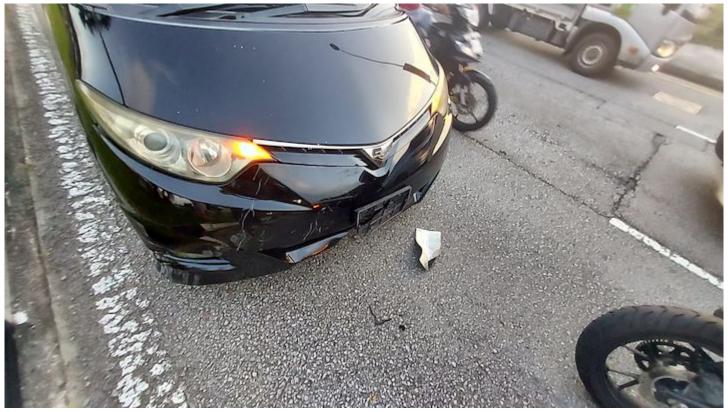


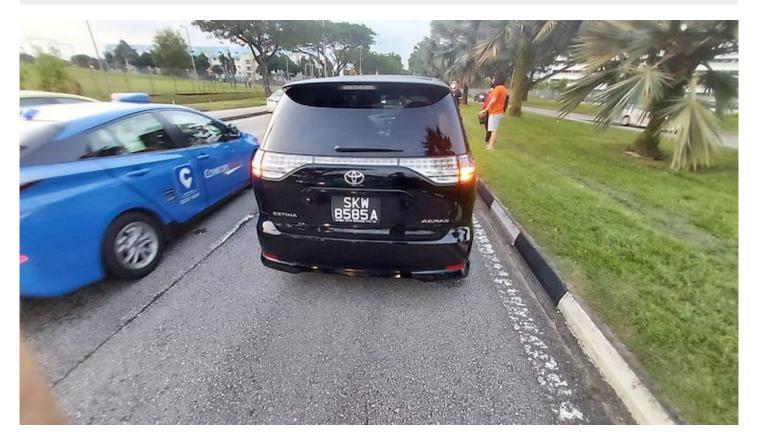




















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POLICE REPORT (NP299)

Police Station Of Origin Woodlands Division HQ 1 Woodlands Street 12 SINGAPORE 738622 Tel No:1800-4660000 Report No. L/20210717/7021

Date/Time Report Made 17/07/2021 15:50	Vide Report No.			Station Diary No.
Name Of Informant	Address			
CHNG SOON HENG VINCENT	2 SEMBAWANG WALK #01-11 SINGAPORE 757616			
ID Type / ID No. NRIC NO / S7516023B	Contact No. Home/Office: Mobile: 84488585			
Nationality SINGAPORE CITIZEN	Email Address 1superauditor@gmail.com			
Occupation	Sex	Age	Date of Birth	Race
Process System Consultant	Male	46	28/05/1975	Chinese
Institution/School Name	Language English			
Date/Time Of Incident 16/07/2021 18:40 - 16/07/2021 19:00	Location Of Incident Along Sembawang Road, Lamp Post number 132F.			

Brief details.

The non-fatal incident happened on 16-07-2021, with 3 vehicles, at around 6.40pm, along Sembawang Road. The road condition was dry floor and weather was clear at the point of incident. The said-3 vehicles were: SKW 8585 A (My vehicle - last vehicle), FBN 8640 C (Mr Shawal of Bike Owner - 2nd vehicle) and SJT 945 A (Mr Lew Ying Kang of Rental Vehicle - 1st vehicle).

Due to the peak hour jam, at that time of incident, all 3 affected vehicles were in their stationery positions, at the same moment while waiting for the traffic light to turn green colour, in our favour, in order to proceed.

Unconsciously, me being the last vehicle, SKW 8585 A, while waiting for the traffic light to turn green

The identity of the person making this report has been authenticated by Singpass. No signature is required.
ino signature is required.
Date/Time: 17/07/2021 15:50
Classification Of Case:

Authentication Stamp





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210717/7021

colour, in our favour, to proceed - I lifted my foot on the foot brake paddle which resulted my vehicle, SKW 8585 A, to roll forward and bumped onto the bike, FBN 8640 C, in front of me.

This bump action has caused the bike, uncontrollably, to being pushed forward, and knocked onto the vehicle, SJT 945 A, in front of the biker.

In the midst of this bump action, it slowly resulted the biker to lose his balance on his bike, FBN 8640 C and he has to dismount himself for safety reason which resulted his bike to fall onto the road, underneath the vehicle, SJT 945 A, in front of him.

In the aftermath, i assisted the biker to retrieve his bike, FBN 8640 C, so that it can be placed in the upright position while we exchanged information such as contact numbers, licenses, with each others. In order for us to retrieve the bike, underneath the vehicle, SJT 945 A, the driver of SJT 945 A was requested to move his vehicle forward so that we can lift up the fallen bike to its upright position - See attached picture.

However, this action of the vehicle, SJT 945 A, moving forward has caused the bumper to dislodge, in the process - See picture attached.

No one was injured in this non-fatal incident, which the bump-and-knock incident has less than 5km/h impact, as per my verbal confirmation with all parties involved with their acknowledgement.

I was further contacted by Mr Jon from Teamworks Garage, at around 8.10pm from the handphone number 9028 2012, to be informed that they will proceed with insurance claims. He further advised me and my passengers in my vehicle, to proceed for a medical checkup and make all personal medical claims, to be charged to the insurance company. However, i rejected his advise for the reason being this bump-and-knock incident which has less than 5km/h impact, does not warrant for any bodily injuries claims, and any unjust act of doing so, will inflate the insurance costs for this entire incident, for the

Signature Of Officer Recording The Report:	Signature Of Informant: The identity of the person making this
Not applicable	report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/07/2021 15:50
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	





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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210717/7021

insurance company.

i am making this police report as a statement to the truth to this incident.

That is all i have to say.

Authentication Stamp

Signature Of Informant:
The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 17/07/2021 15:50
Classification Of Case: