

# 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 ..... 19/08/2021 16:33 (SGT)  
Date of Accident ..... 18/08/2021 13:15 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... HARBOUR DRIVE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJK6462J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... QUEK SOO MENG  
NRIC No ..... SXXXX834G  
Email Address ..... SOOMENGQ@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96478982  
Alternative Phone No ..... (Office) +65-96478982

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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 ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI20V11888/VPE/R01/E00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... QUEK SOO MENG  
NRIC No ..... SXXXX834G

|  |                       |
|--|-----------------------|
| Date Of Birth .....  | 10/05/1957            |
| Occupation .....   | Outdoor               |
| Date Of Driving Pass .....   | 20/06/1977            |
| Driving experience .....   | 44 YEARS AND 2 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-96478982  |
| Alt. Phone Number .....  | (Office) +65-96478982 |
| Email Address .....  | SOOMENGQ@GMAIL.COM    |
| Address .....  | BLK 33 BALAM ROAD     |
| Address complement .....   | #07-01                |
| Postcode .....   | 370033                |
| 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 - Change/cross lane |
| 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? .....  | No  |
| 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 .....                       | MacPherson Neighbourhood Police Post         |
| Police Station Phone No .....                   | (Phone) +65-18007449999                      |
| Alt. Police Station Phone No .....              | (Fax) +65-65476366                           |
| Police Station Address .....                    | Blk 54 Pipit Road #01-82/84 Singapore 370054 |
| Was notice of intended Prosecution given? ..... | No   |
| If yes, against whom? .....                     | -  |

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO T/20210819/2041

#### 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 ..... | XE4566Y            |
| 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) .....     | 1 |

## INJURED PERSONS DETAILS

### INJURED 1

|   |                    |
|---|--------------------|
| Name of injured person .....                              | QUEK SOO MENG      |
| Gender .....  | -                  |
| Phone No .....  | -                  |
| Address .....   | -                  |
| Address Complement .....                                  | -                  |
| Post Code .....   | -                  |
| Approximate Age Years Old .....                           | -                  |
| Injuries Sustained .....                                  | RIGHT ARM AND NECK |
| Injured person in which vehicle? .....                    | SJK6462J           |
| Were seat belts worn? .....                               | Yes                |
| Was this injured conveyed to hospital by ambulance? ..... | No                 |

## SKETCH PLAN

### IMPORTANT NOTICE

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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' 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 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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

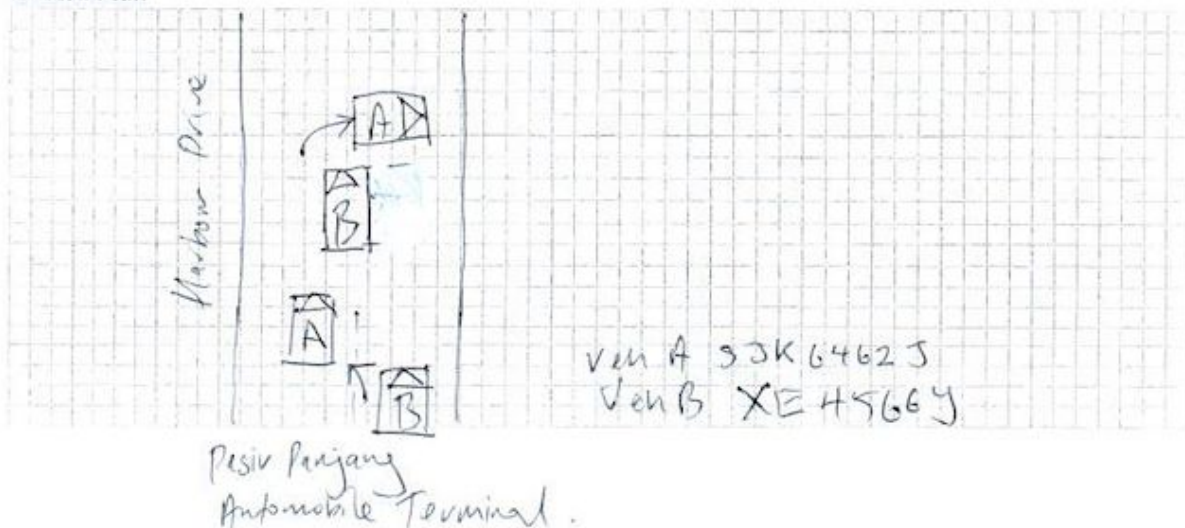
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

\_\_\_\_\_  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

### Sketch Plan



Refer to Police Report No T/20210819/2041

I/We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre Personnel















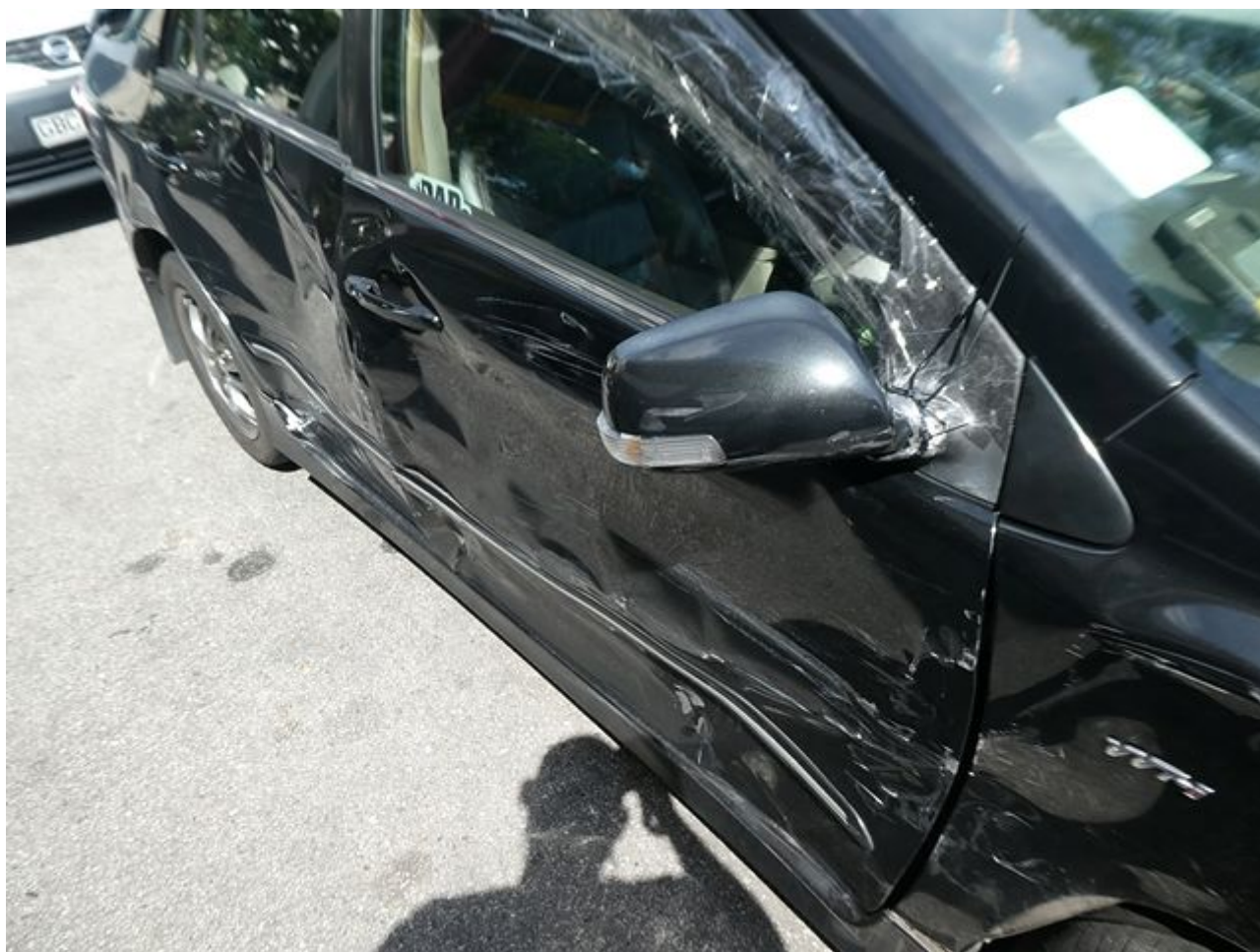














































**SINGAPORE  
POLICE FORCE**



T/20210819/2041

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

1 of 3

Report No. T/20210819/2041

**REPORT OF A TRAFFIC ACCIDENT**

|  |                  |                         |
|--|------------------|-------------------------|
| Date/Time Report Made:<br>19/08/2021 12:45 | Vide Report No.: | Station Diary No.:<br>9 |
|--|------------------|-------------------------|

**Informant's Particulars**

|  |   |                              |                              |
|--|---|------------------------------|------------------------------|
| Name of Informant:<br>QUEK SOO MENG      | Address:<br>APT BLK 33 BALAM ROAD #07-01 SINGAPORE 370033 |                              |                              |
| ID Type / ID No.:<br>NRIC NO / S1245834G | Contact No.:<br>Home/Office: Mobile: 96478982             |                              |                              |
| Nationality:<br>SINGAPORE CITIZEN        | Email:  |                              |                              |
| Sex:<br>Male                             | Age:<br>64  | Date of Birth:<br>10/05/1957 | Type of Informant:<br>Driver |
| Race:<br>Chinese                         | Language:   |                              | Institution / School Name:   |
| Occupation:<br>Senior executive          | Driving Licence Information:<br>Class: 3 Date of Expiry:  |                              |                              |

**General Information of the Accident**

|  |                  |                       |   |  |
|--|------------------|-----------------------|---|--|
| Type of Accident:  | Injury<br>Others | Drink<br>Drive:<br>No | Date/Time of<br>Accident:<br>18/08/2021 13:15 | Type of Location:<br>Straight Road     |
| Location:<br><br>HARBOUR DRIVE                               |                  |                       |   |  |
| Weather:<br>Sunny  |                  | Road Surface:<br>Dry  |   | Road Speed Limit:                      |
| Traffic Flow:  |                  | Traffic Control:      |   | Traffic Volume:                        |
| Type of Collision:<br>Between Moving Vehicles - Head To Side |                  |                       |   | Anyone conveyed by<br>ambulance:<br>No |

**Details of Vehicle Involved**

| Vehicle No. | Type | Make             | Model | Color | Condition | No of Passenger |
|-------------|------|------------------|-------|-------|-----------|-----------------|
| SJK6462J    |      | TOYOTA           |       | Black |           | 0               |
| XE4566Y     |      | MERCEDES<br>BENZ |       | White |           | 0               |

**Details of Person Involved**

|                                 |                                |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No     |                                |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



**SINGAPORE  
POLICE FORCE**



T/20210819/2041

Police Station Of Origin:  
MacPherson NPP  
54 Pipit Road #01-82/84 SINGAPORE  
370054  
Tel No: 1800-7449999

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Report No. T/20210819/2041

**CONTINUATION OF REPORT**

|                                   |                         |  |                                   |
|-----------------------------------|-------------------------|--|-----------------------------------|
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | QUEK SOO MENG           | ID No.                                 | S1245834G                         |
| Related Vehicle                   | SJK6462J                | Contact No.                            | 96478982                          |
| Hospital/Clinic                   | MOUNT ALVERNIA HOSPITAL | Class of Driving Licence & Expiry Date | Class: 3<br>Date of Expiry: NIL   |
| Date Treatment                    | 19/08/2021              | Date Discharge                         | 19/08/2021                        |
| No. of Days granted Medical Leave | 05                      | Degree of Injury                       | Slight                            |
| <b>Driver</b>                     |                         |  |                                   |
| Name                              | ONG ENG JOO             | ID No.                                 | F7017326M                         |
| Related Vehicle                   | XE4566Y                 | Contact No.                            | 96689557                          |
| Hospital/Clinic                   | NIL                     | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                     | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                     | Degree of Injury                       | NIL                               |

**Brief Details.**

On the above mentioned date, time and location, I was driving my vehicle in a two lane road with the another party towards TPAT Building 2, suddenly the truck wanted to change lane and hit the rear side of my car and my car skidded to the right and also hit onto his front right bumper that caused some scratches. My car was badly also damaged and both doors were badly dented. Both of us came out of our vehicles to take photo of the accident and damages. No Ambulance or traffic police was at scene. PSA site has the CCTV footage of the accident, however they do not allow me to view it. At night I felt pain on my right arm and neck, I then decided to go see a doctor today and I received 5 days MC. The doctor also prescribed to me some muscle relaxant pills, pain killers and gastric pills. I am lodging this report for my own record purposes and to claim insurances.



**SINGAPORE  
POLICE FORCE**



T/20210819/2041

Police Station Of Origin:  
MacPherson NPP  
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Tel No: 1800-7449999

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Report No. T/20210819/2041

**CONTINUATION OF REPORT**

**Sketch Plan**

Informant is not able to provide sketch plan

**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:  
G /  
Sgt 1 PHUA JIA JIN, DARREN .

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
19/08/2021 12:45

Officer In Charge Of Case:  
TP / AEIT /  
SSI TAY CHUN KEEN  
Contact No.: 65476436

Classification Of Case:

SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP168