

# 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 .....	03/09/2021 15:34 (SGT)
Date of Accident .....	02/09/2021 01:30 (SGT)
Exact Location of Accident .....	Yishun Central, Singapore
Additional Location Information .....	JUNCTION WITH YISHUN CENTRAL 2
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMM2506Y
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ALLMOTORING.SG
Company Reg No .....	5XXXX502J
Email Address .....	reporting@mycar.sg
Mobile Phone No .....	(Phone) +65-98289018
Alternative Phone No .....	+65-98289018

### VEHICLE PARTICULARS

Manufacturer .....	Porsche
Model .....	Macan
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 .....	2967

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SD21V09271/VTN/R05
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SEOW RUI WEN
NRIC No .....	SXXXX509J

Date Of Birth .....	01/11/1995
Occupation .....	Outdoor
Date Of Driving Pass .....	28/08/2014
Driving experience .....	7 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-98289018
Alt. Phone Number .....	-
Email Address .....	reporting@mycar.sg
Address .....	BLK 738 PASIR RIS DRIVE 10 #10-23
Address complement .....	-
Postcode .....	510738
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Head to Rear
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	LIM KIM LIONG
Gender .....	Male

#### 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 POLICE REPORT T/20210902/7025

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMX7708R
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	ZHENG DETAO
NRIC No .....	SXXXX478F
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 .....	SEOW RUI WEN
Gender .....	Male
Phone No .....	(Phone) +65-98289018
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMM2506Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	LIM KIM LIONG
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	SMM2506Y
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 lodgment 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)

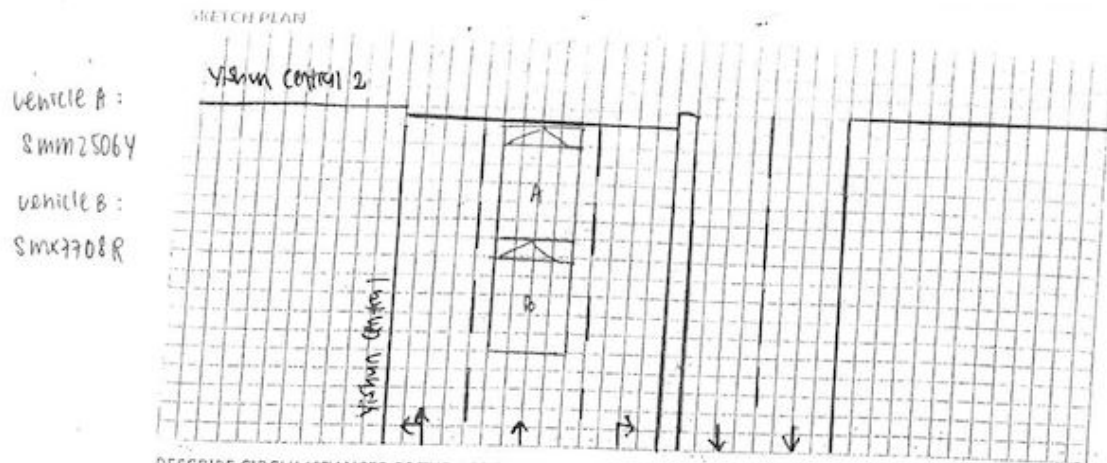
I understand, acknowledge, agree and consent that:

- (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.
- (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:

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20210902/7025.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Title:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
Date/Time:

























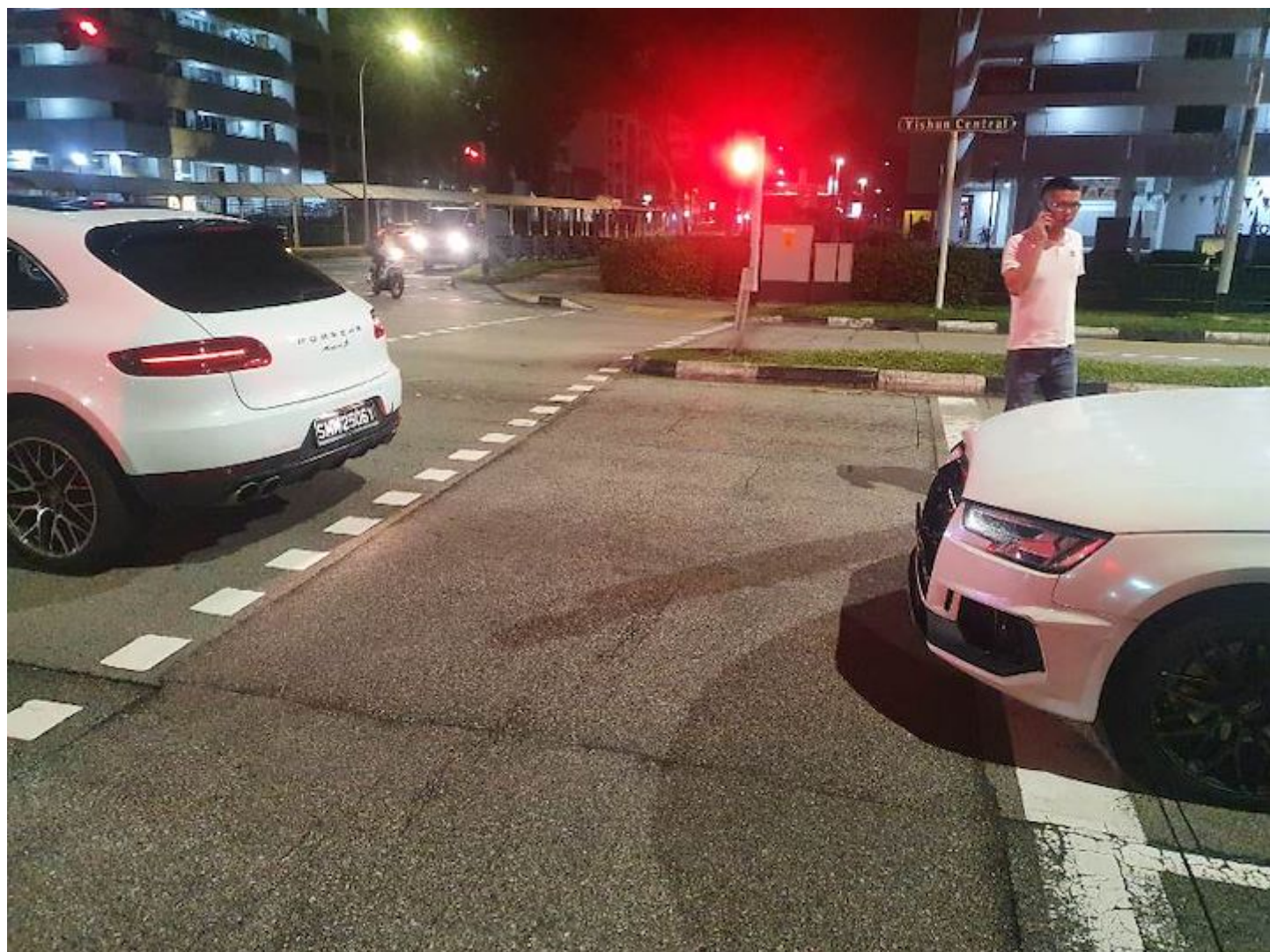




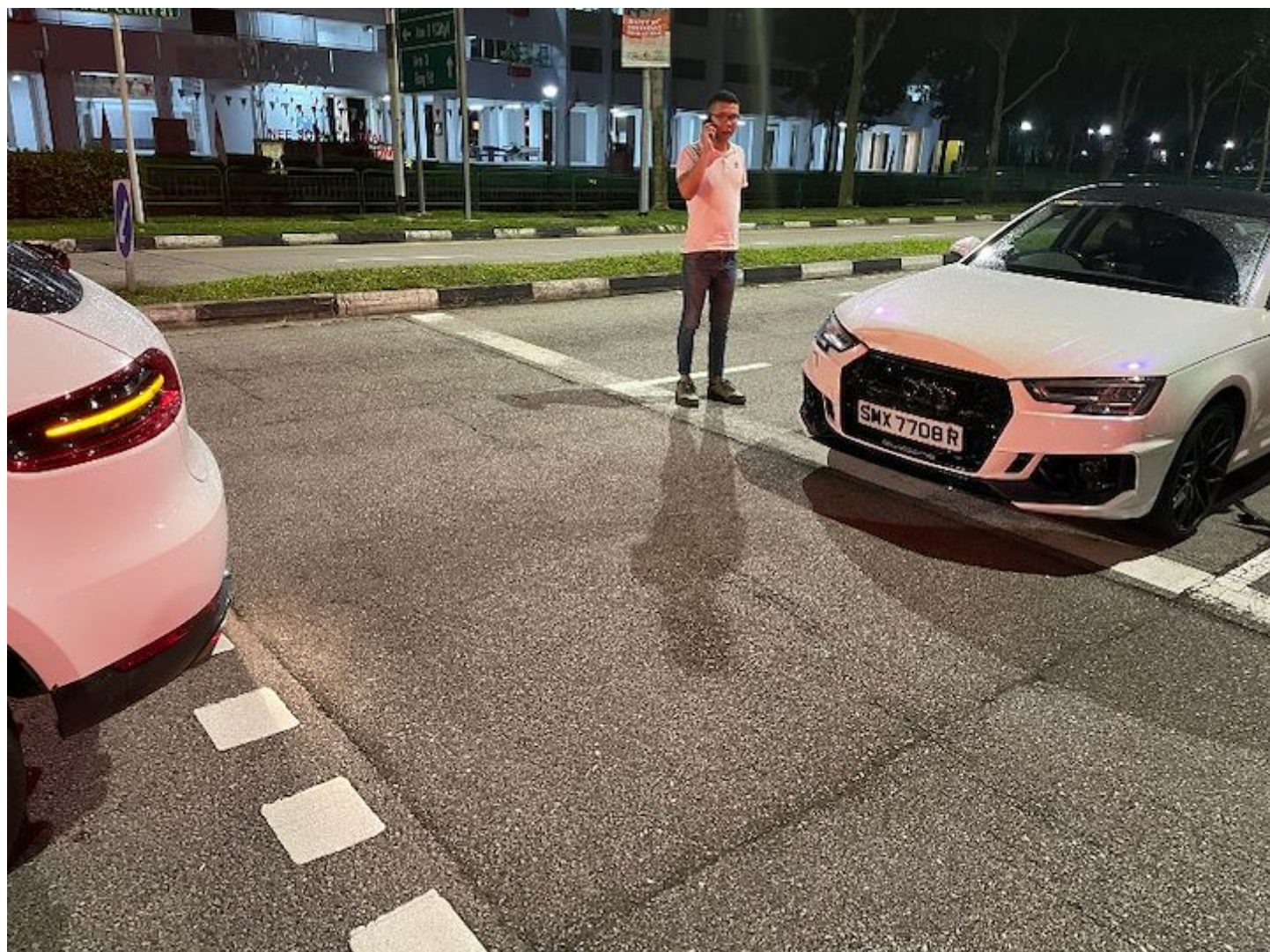























**SINGAPORE  
POLICE FORCE**


T/20210902/7025

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

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Report No. T/20210902/7025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/09/2021 17:12		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SEOW RUI WEN			Address: 738 PASIR RIS DRIVE 10 #10-23 SINGAPORE 510738		
ID Type / ID No.: NRIC NO / S9539509J			Contact No.: Home/Office: Mobile: 98289018		
Nationality: SINGAPORE CITIZEN			Email: rwseow@outlook.com		
Sex: Male	Age: 25	Date of Birth: 01/11/1995	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: CAR DEALER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/09/2021 01:30	Type of Location: Straight Road
Location:  YISHUN CENTRAL 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SMM2506Y	Car	PORSCHE	MACAN	White	Slightly Damaged	1
SMX7708R	Car	AUDI		White	Slightly Damaged	0





**SINGAPORE  
POLICE FORCE**



T/20210902/7025

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

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Report No. T/20210902/7025

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SEOW RUI WEN	ID No.	S9539509J
Related Vehicle	SMM2506Y (Car)	Contact No.	98289018
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2021	Date	02/09/2021
No. of Days granted Medical Leave	05	Degree of	Slight
Passenger			
Name	LIM KIM LIONG	ID No.	NIL
Related Vehicle	SMM2506Y (Car)	Contact No.	88001008
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	02/09/2021	Date	02/09/2021
No. of Days granted Medical Leave	03	Degree of	Slight
Driver			
Name	ZHENG DETAO	ID No.	S9375478F
Related Vehicle	SMX7708R (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

## Brief Details.

ON THE STATED TIME AND DATE, I WAS TRAVELLING ON MY VEHICLE BEARING CARPLATE NUMBER SMM2506Y. WHILE I WAS SLOWLY MOVING OFF AT THE TRAFFIC JUNCTION AFTER IT JUST TURNED GREEN, I FELT A HUGE IMPACT FROM THE REAR WITH A LOUD BANG. I ALIGHTED FROM MY VEHICLE TO REALISE THAT I WAS INVOLVED IN A HEAD TO REAR COLLISION WITH VEHICLE B BEARING SMX7708R. WE EXCHANGED PARTICULARS AND LEFT THE SCENE. ME AND MY PASSENGER HAD LEFT FOR HOME TO REST AND FELT UNWELL THE VERY NEXT MORNING WHICH WE HAVE CONSULTED A DOCTOR.



**SINGAPORE  
POLICE FORCE**



T/20210902/7025

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

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Report No. T/20210902/7025

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**

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



T/20210902/7025

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Report No. T/20210902/7025

**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 / TPIB /  
BOON YEN KIAN  
Contact No.: 65476172

NP168

Signature Of Informant:

The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
02/09/2021 17:12

Classification Of Case: