

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 20/10/2021 15:10 (SGT)
Date of Accident 02/10/2021 19:20 (SGT)
Exact Location of Accident 41 Keong Saik Rd., Singapore 089146
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMJ6510Z

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) +65-68445225
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 Private hire
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 LOW JUN YAN STEVEN
NRIC No SXXXX738E

Date Of Birth	02/09/1971
Occupation	Outdoor
Date Of Driving Pass	16/09/1993
Driving experience	28 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-84327111
Alt. Phone Number	-
Email Address	limostevenlow@yahoo.com.sg
Address	BLK 48 STIRLING RD
Address complement	#01-556
Postcode	141048
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 - 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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211020/2036

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	25598
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	E-BIKE
No. Of Passenger (Including Driver)	-

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.
- (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.

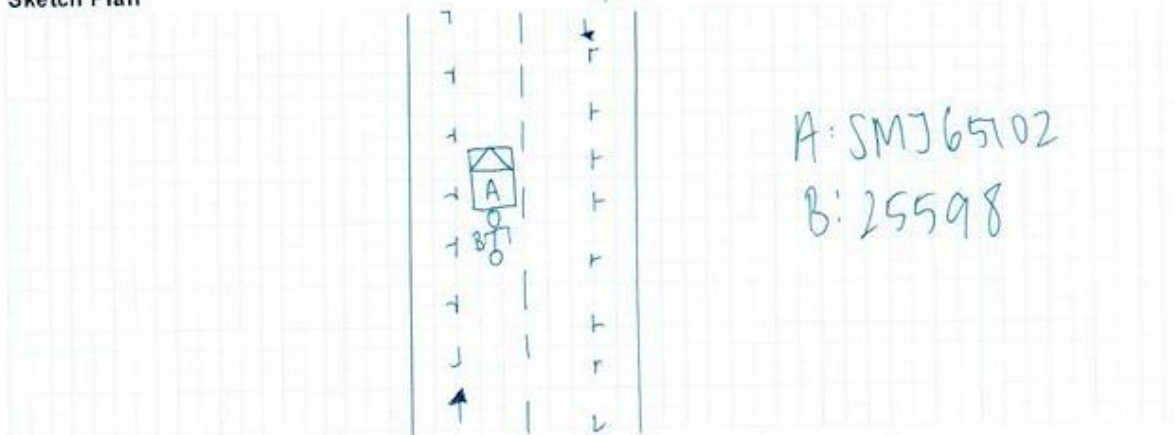


[Handwritten signature]

Policyholder's Signature / Date & Time

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

[Handwritten signature] 20/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan


Describe Circumstances of the Accident


refer to police report : T/20211020/2036

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

 20/10/21
Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211020/2036

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Report No. T/20211020/2036

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver Name	LOW JUN YAN STEVEN	ID No.	S7148738E
Related Vehicle	SMJ6510Z (Car)	Contact No.	84327111
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 02/10/2021 at around 1920hrs, I was alighting a passenger off at 41 Keong Saik road. My vehicle (SMJ6510Z) has hazard light on and my passenger was getting down. Subsequently, that was a loud bang from the back of my vehicle. I went down of my vehicle and discovered that one e-bike (25598) had collided with my vehicle. No one was injured. The rider informed that her brakes were not working and could not stop in time.

There were several scratches and a slight dent at the rear bumper. The rider informed that she had no money to pay for the damages and told me to make an insurance claim. However I did not make a police report. I tried to get the rider's particulars however she does not want to provide me.

On 20/10/2021 at around 1130hrs, I received a letter from my car rental company telling me that I have been involved in an accident and the letter from Traffic Police to inform me to lodge a report.



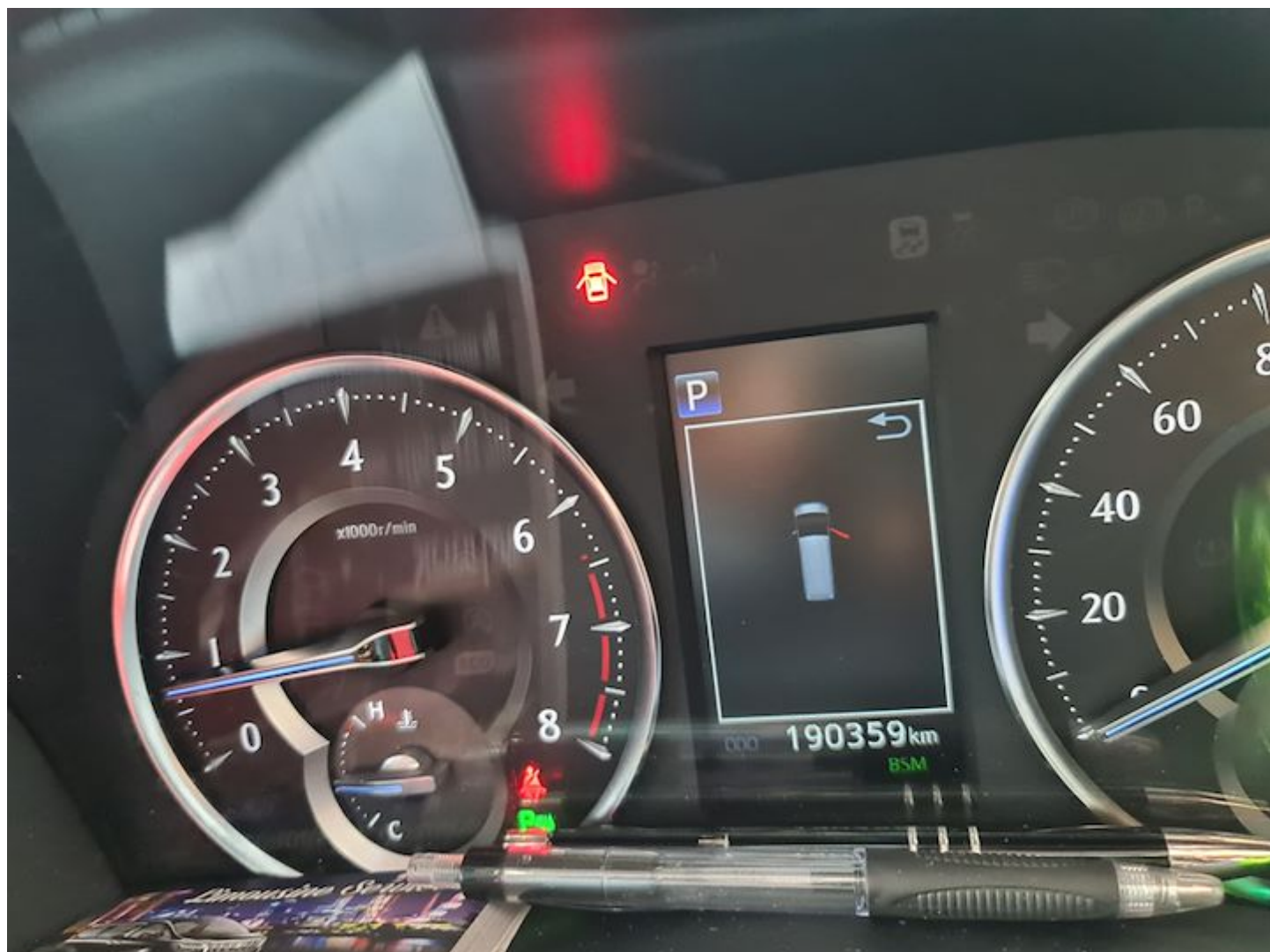
















**SINGAPORE
POLICE FORCE**



T/20211020/2036

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20211020/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/10/2021 12:53	Vide Report No.:	Station Diary No.: 20
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Informant's Particulars

Name of Informant: LOW JUN YAN STEVEN			Address: APT BLK 48 STIRLING ROAD #01-556 SINGAPORE 141048	
ID Type / ID No.: NRIC NO / S7148738E			Contact No.:	Mobile: 84327111
Nationality: SINGAPORE CITIZEN			Home/Office:	
Sex: Male			Email: limostevenlow@yahoo.com.sg	
Age: 50			Type of Informant: Driver	
Date of Birth: 02/09/1971			Institution / School Name:	
Race: Chinese			Language:	
Occupation: PRIVATE HIRED DRIVER			Driving Licence Information: Class: 3	
			Date of Expiry:	

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/10/2021 19:20	Type of Location: Straight Road
Location: KEONG SAIK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
25598	Power-assisted Bicycle					0
SMJ6510Z	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



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Report No. T/20211020/2036

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Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Driver Name	LOW JUN YAN STEVEN	ID No.	S7148738E
Related Vehicle	SMJ6510Z (Car)	Contact No.	84327111
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20211020/2036

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Report No: T/20211020/2036

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
E /
Sgt 1 CHAN JUN MIN, STANLEY

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
SI TAN JEOK LENG
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
20/10/2021 12:53

Classification Of Case:

<p>SINGAPORE POLICE FORCE</p>	SN 065
	SIGNATURE

