

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 22/10/2021 14:17 (SGT)
Date of Accident 21/10/2021 21:49 (SGT)
Exact Location of Accident 78 Airport Blvd., Singapore 819666
Additional Location Information CHANGI AIRPORT JEWEL B3 CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB6293E

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) +65-87420435
Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota
Model Axio
Variant COROLLA AXIO 1.5EX CVT
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 hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SDV20V13100/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver SUHAILIN BINTE ABAS
NRIC No SXXXX665D

Date Of Birth	30/10/1981
Occupation	Indoor
Date Of Driving Pass	06/12/2012
Driving experience	8 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-89090130
Alt. Phone Number	-
Email Address	inezsjayden@icloud.com
Address	APT BLK 813A CHOA CHU KANG AVE 7 #13-549
Address complement	-
Postcode	681813
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 on 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	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	Airport Police Division
Police Station Phone No	(Phone) +65-65460000
Alt. Police Station Phone No	(Fax) +65-65452213
Police Station Address	35 Airport Boulevard Road Singapore 819645
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHMENT

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	SDS989A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person SUHAILIN BINTE ABAS
 Gender Female
 Phone No (Phone) +65-89090130
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained REFER TO MC
 Injured person in which vehicle? SNB6293E
 Were seat belts worn? No
 Was this injured conveyed to hospital by ambulance? No

WITNESS DETAILS

WITNESS 1

Name DANNY
 Phone (Phone) +65-97561441
 Email -

SKETCH PLAN

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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' 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

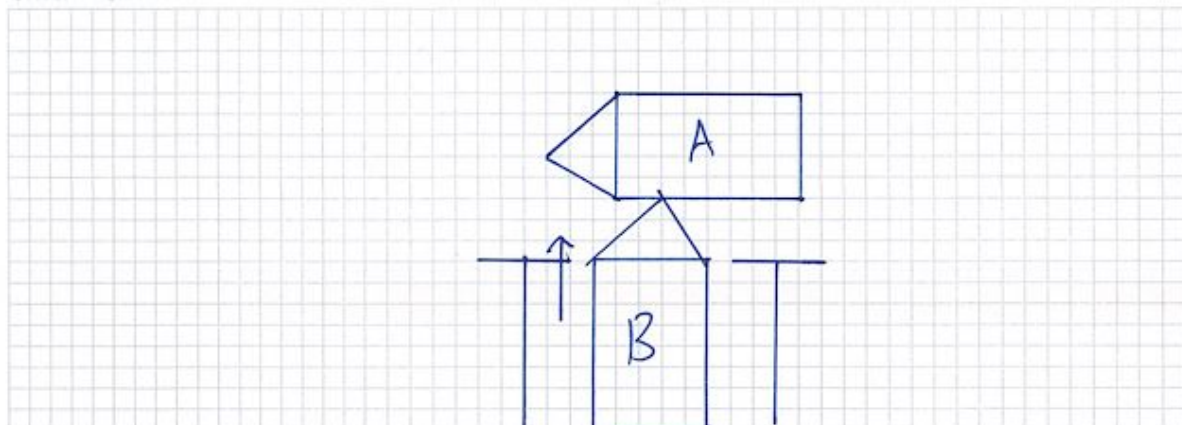
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Accident report **SR0421AM0001**

Page 5 of 17

Describe Circumstances of the Accident

Refer to Police Report

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

[Signature]

Witnessed by Reporting Centre
Personnel

















TOYOTA MOTOR CORPORATION JAPAN
MODEL 5BA-NRE161-AEXNB
ENGINE 2NR-FKE 1496 mL
FRAME No. NRE161-0094849
COLOR 1E7 FA21 N21
TRIM PLANT OPTION
TRANS./MILE K312 -03A 264



**SINGAPORE
POLICE FORCE**



P/20211022/7000

1 of 2

POLICE REPORT (NP299)

Report No. P/20211022/7000

Police Station Of Origin
Airport Police
35 Airport Boulevard SINGAPORE 819645
Tel No:1800-5460000

Date/Time Report Made 22/10/2021 14:02	Vide Report No.	Station Diary No.
Name Of Informant SUHAILIN BINTE ABAS	Address 813A CHOA CHU KANG AVE 7 #13-549 SINGAPORE 681813	
ID Type / ID No. NRIC NO / S8137665D	Contact No. Home/Office: Mobile: 89090130	
Nationality SINGAPORE CITIZEN	Email Address INEZSJAYDEN@MAC.COM	
Occupation Administration manager	Sex Female	Age 39
Institution/School Name	Date of Birth 30/10/1981	Race Malay
Date/Time Of Incident 21/10/2021 21:50 - 22/10/2021 00:00	Location Of Incident 78 AIRPORT BOULEVARD JEWEL CHANGI AIRPORT SINGAPORE 819666	

Brief details.

Was at Jewel airport b3 carpark. The car that I was driving was on a straight path. I had the right of way and a parked silver Mercedes SDS989A was coming out the parking lot on the left hand side of the car. Next thing I knew, I heard a loud bang and the silver Mercedes crashed into Toyota that I was driving. The impact was quite hard but no one was injured on the scene. We exchanged contact and took respective photos. There was a witness; Danny (97561441). Submitted my report to the insurance company on 22/10/21.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2021 14:02
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



P/20211022/7000

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. P/20211022/7000

Went to see the doctor as my body was sore due to the impact and was given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2021 14:02
Officer In-Charge Of Case:	Classification Of Case:





IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SR0421AM0001 Vehicle Registration No: S013 6293A

Name (as shown in NRIC): _____ NRIC/FIN/Passport No: _____

(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate

Address: _____ Singapore ()

Contact (Tel): _____ Mobile No.: _____

Email Address: _____

Date of Accident: 21.10.2021 Time of Accident: 2149hrs

Place of Accident: Changi Airport Jewel 93 Carpark

Insurance Company: Liberty Insurance Singapore P/L

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

* Amend Type of collision



Policyholder / Driver's Signature
Date:

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