

# 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 ..... 13/12/2021 16:29 (SGT)  
Date of Accident ..... 12/12/2021 05:20 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... Ang Mo Kio Avenue 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH417Y

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Mavel  
Company Reg No ..... 5XXXX319J  
Email Address ..... cwericelee71@gmail.com  
Mobile Phone No ..... (Phone) +65-97601081  
Alternative Phone No ..... +65-97601081

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Prius  
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 - Claiming third party  
Vehicle Category ..... Private hire  
Transmission ..... Auto  
CC ..... 1798

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SI21V03489/VPL/R1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Lee Soo Guan  
NRIC No ..... SXXXX538Z

Date Of Birth .....	18/09/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	18/03/2009
Driving experience .....	12 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97601081
Alt. Phone Number .....	-
Email Address .....	cwericlee71@gmail.com
Address .....	Blk 388D Anchorvale Crescent
Address complement .....	#04-27
Postcode .....	544338
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Boss
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 .....	Unknown
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18004519999
Alt. Police Station Phone No .....	(Fax) +65-65535679
Police Station Address .....	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Refer to Police Report: T/20211213/2012

#### 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 .....	SLS2512J
Vehicle Manufacturer .....	Mazda

Vehicle Model .....	3
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	Tan Ah Guan
NRIC No .....	SXXXX641D
Contact Number .....	(Phone) +65-82146641
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 .....	Lee Soo Guan
Gender .....	Male
Phone No .....	(Phone) +65-97601081
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLH417Y
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

## SKETCH PLAN

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## 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.

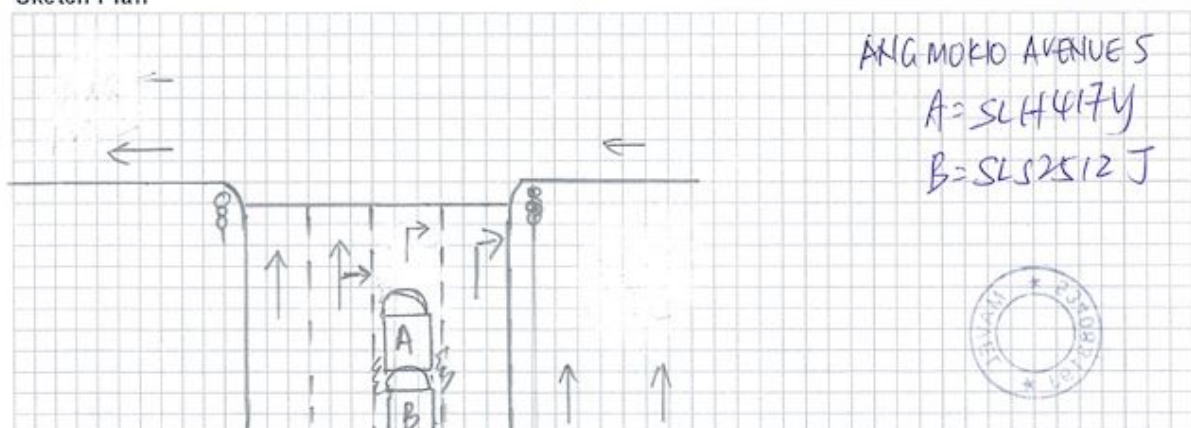


Policyholder's Signature / Date & Time  
13/12/2021

Driver's Signature (If driver is not the policyholder) / Date & Time  
13/12/2021

Witnessed by Reporting Centre Personnel  
13/12/2021

## Sketch Plan



## Describe Circumstances of the Accident

Refer to Police Report No: 7/2021/213/2012

## Declaration

We declare the foregoing particulars are true in every respect.

  
Policyholder's Signature / Date &  
Time

13/12/2021

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

13/12/2021

  
Witnessed by Reporting Centre  
Personnel

13/12/2021





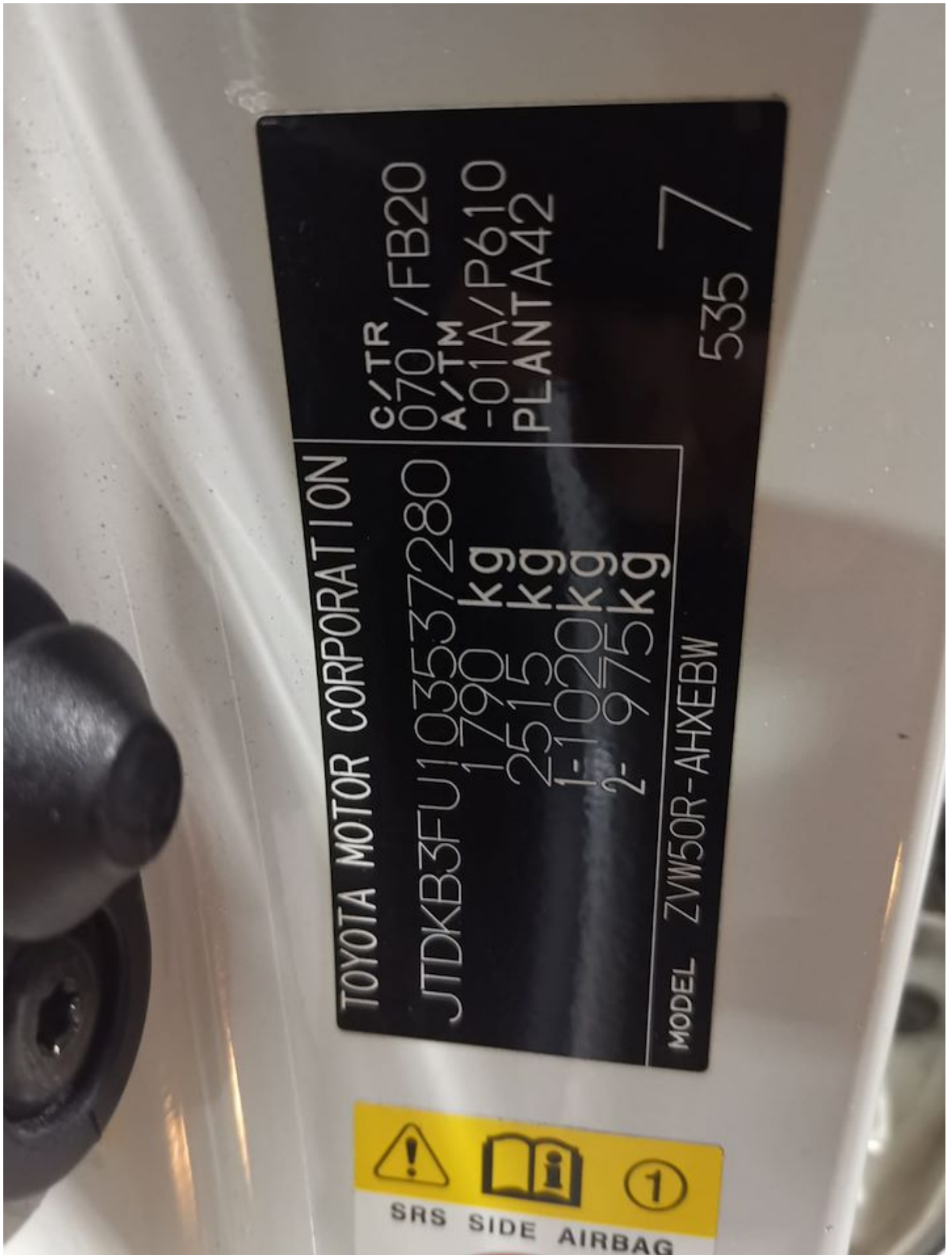
























SINGAPORE  
POLICE FORCE



T/20211213/2012

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Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

Report No. T/20211213/2012

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:

F /

Sgt 2 Nicholes Wong Wen En

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/12/2021 11:44

Officer In Charge Of Case:

TP / AEIT /

SSI TAY CHUN KEEN

Contact No.: 65476436

Classification Of Case:

Authentication Stamp  
NP158






**SINGAPORE  
POLICE FORCE**


1/20211213/2012

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Report No. 1/20211213/2012

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/12/2021 11:44	Vide Report No.:	Station Diary No.: 53
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**Informant's Particulars**

Name of Informant: LEE SOO GUAN		Address: APT BLK 338D ANCHORVALE CRESCENT #04-27 SINGAPORE 544338	
ID Type / ID No.: NRIC NO / S7131538Z		Contact No.: Home/Office:                      Mobile: 97601081	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 50	Date of Birth: 12/09/1971	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: GRAB DRIVER		Driving Licence Information: Class: 3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 12/12/2021 05:20	Type of Location:
Location:  ANG MO KIO AVENUE 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH417Y	Car				Slightly Damaged	2
SLS2512J	Car				Slightly Damaged	0

**Details of Person Involved**

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





**SINGAPORE  
POLICE FORCE**



T/20211213/2012

2 of 3

Report No. T/20211213/2012

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LEE SOO GUAN	ID No.	S7131538Z
Related Vehicle	SLH417Y (Car)	Contact No.	97601081
Hospital/Clinic	ONEDOCTORS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	13/12/2021	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	TAN AH GUAN	ID No.	S1776541D
Related Vehicle	SLS2512J (Car)	Contact No.	82146641
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 12/12/2021 at about 0520hrs, I was stationary along CTE Exit 12B junction of Ang Mo Kio Avenue 5 due to red traffic light. Suddenly, I felt an impact from behind. I alighted and realized that vehicle SLS2512J front portion had collided into the rear portion of my vehicle causing damage. I felt some ache on my neck. We exchanged particulars and left.

On 13/12/2021 at about 1000hrs, I was still feeling the ache so I went to OneDoctors Family Clinic to see Dr Toh Sheng Cheong. I was given 3 days of MC from 13/12/2021 to 15/12/2021. MC No. GA0000143563.

