

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	31/12/2021 12:14 (SGT)
Date of Accident	30/12/2021 11:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	OPEN CARPARK AT NORTH BRIDGE RD MARKET & FOOD CENTRE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ3879T
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HO FOOK WENG
NRIC No	SXXXXX347I
Email Address	hofookweng@yahoo.com
Mobile Phone No	(Phone) +65-96725372
Alternative Phone No	+65-96725372

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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	1500

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	SD21V14696/VPL/R01
Cover Note Number	-

DRIVER

Name of Driver	HO FOOK WENG
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NRIC No	SXXXX347I
Date Of Birth	18/11/1956
Occupation	Outdoor
Date Of Driving Pass	06/12/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-96725372
Alt. Phone Number	+65-96725372
Email Address	hofookweng@yahoo.com
Address	BLK 280 TAMPINES ST 22
Address complement	#09-256
Postcode	520280
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	Collided into Parked Vehicle
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)	0
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	Changkat Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18007819999
Alt. Police Station Phone No	(Fax) +65-67832722
Police Station Address	Blk 109 Tampines Street 11 #01-261 Singapore 521109
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20211230/2059

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX2200S
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)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

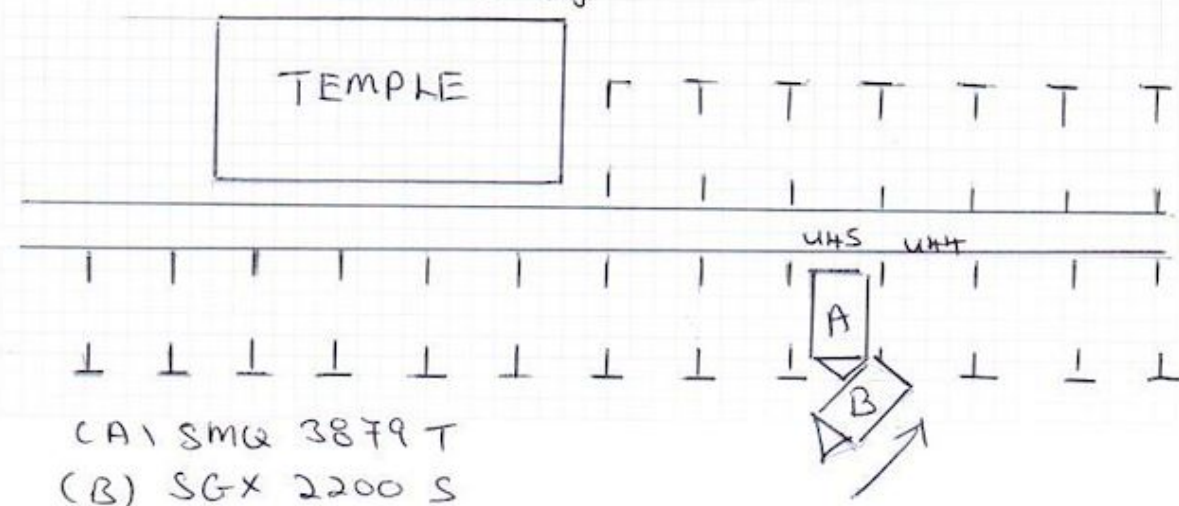
Policyholder's Signature / Date & Time

Sketch Plan

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

North Bridge Road Market

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

Refer to Police Report

Report No:-

T/20211230/2059

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20211230/2059

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Report No. T/20211230/2059

Police Station Of Origin:
Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO FOOK WENG	ID No.	S12713471
Related Vehicle	SMQ3879T (Car)	Contact No.	96725372
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/12/2021 at about 1157hrs, my vehicle bearing the registration plate number SMQ3879T was parked at the above mentioned location open space carpark. After I had my lunch, I went back to my vehicle and noticed that there was a damage on the front bumper of my car. The damage sustain was some scratch and the pain came off. I then went back home to review my in-car camera footage and it showed that a vehicle bearing the registration plate number SGX2200S hit my vehicle while he was reversing.

I am lodging this report for my insurance claim and I wish to state that I have a in-car camera which caught the whole accident.



















**SINGAPORE
POLICE FORCE**



T/20211230/2059

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

1 of 3

Report No. T/20211230/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2021 16:20		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: HO FOOK WENG			Address: APT BLK 280 TAMPINES STREET 22 #09-256 SINGAPORE 520280		
ID Type / ID No.: NRIC NO / S12713471			Contact No.: Home/Office: Mobile: 96725372		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 18/11/1956	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRVIER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 30/12/2021 11:55	Type of Location: Car Park
Location: NORTH BRIDGE ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Rear to Head				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGX2200S	Car	HONDA	ODYSSEY 2.4 EXV-S CVT SR	Grey		0
SMQ3879T	Car	HONDA	SHUTTLE 1.5G CVT SENSING	Grey	Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20211230/2059

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Report No. T/20211230/2059

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Changkat NPP
109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO FOOK WENG	ID No.	S12713471
Related Vehicle	SMQ3879T (Car)	Contact No.	96725372
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

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POLICE FORCE**

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109 Tampines Street 11 #01-261
SINGAPORE 521109
Tel No: 1800-7819999



T/20211230/2059

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Report No. T/20211230/2059

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 GOH SI HUI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/12/2021 16:20

Officer In Charge Of Case:

TP / G / A /
DS / 92 / SINGAPORE SENG NELSON
POLICE FORCE
Contact No.: 65476182

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

