

# 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 ..... 18/01/2022 16:19 (SGT)  
Date of Accident ..... 14/01/2022 13:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALEXANDRA ROAD TOWARDS CITY INFRONT OF  
QUEENSWAY SHOPPING CENTER  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBA8181D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... VIC'S PLACE  
Company Reg No ..... 5XXXX991J  
Email Address ..... kentkh530@gmail.com  
Mobile Phone No ..... (Phone) +65-96698999  
Alternative Phone No ..... +65-96698999

### VEHICLE PARTICULARS

Manufacturer ..... Citroen  
Model ..... Berlingo  
Variant ..... -  
Exact purpose for which vehicle was being used at time of  
accident ..... Employment  
Are you claiming under your own insurance policy for repair to  
your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 1560

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... SI21V03323/VCV/R01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KHOO HUA GAN

NRIC No .....	SXXXX590Z
Date Of Birth .....	14/11/1954
Occupation .....	Indoor
Date Of Driving Pass .....	20/08/1979
Driving experience .....	42 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96698999
Alt. Phone Number .....	-
Email Address .....	harrykhoo@gmail.com
Address .....	BLK 6 BEACH ROAD
Address complement .....	#13-4873
Postcode .....	190006
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 .....	QUACH THI PHUONG TRINH
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Rochor Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002949999
Alt. Police Station Phone No .....	(Fax) +65-63918583
Police Station Address .....	11 Kampong Kapur Road Singapore 208678
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT : T/20220117/2040

#### 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 .....	SMA2336J
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Vehicle Manufacturer .....	BMW
Vehicle Model .....	520i
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MATTHEW NG
Contact Number .....	(Phone) +65-81128388
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 .....	KHOO HUA GAN
Gender .....	Male
Phone No .....	(Phone) +65-96698999
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST AND NECK AREA
Injured person in which vehicle? .....	GBA8181D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	QUACH THI PHUONG TRINH
Gender .....	Female
Phone No .....	(Phone) +65-82548969
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST AND NECK AREA
Injured person in which vehicle? .....	GBA8181D
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

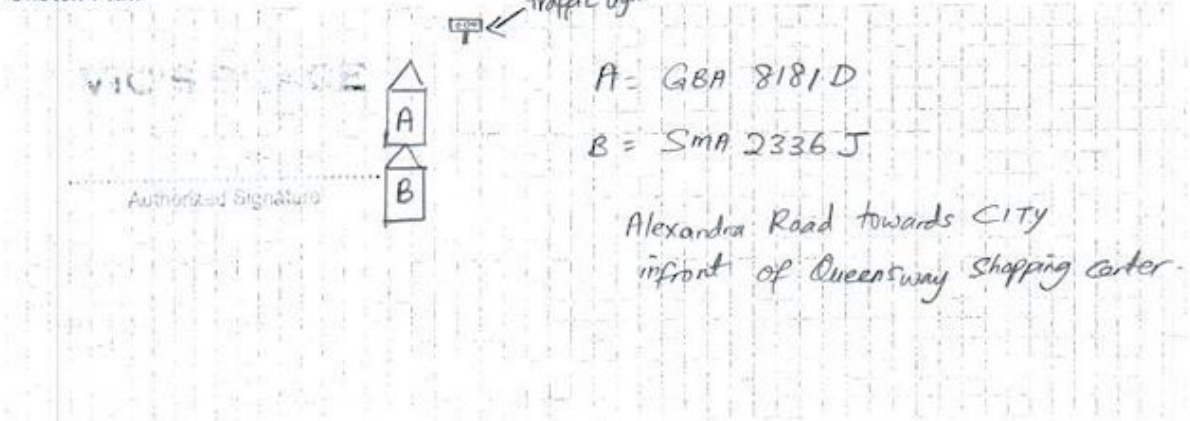
## SKETCH PLAN

## 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' 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] 18/01/22  
 Driver's Signature (if driver is not the policyholder) / Date & Time: [Signature] 18/1/22  
 Witnessed by Reporting Centre Personnel: [Signature] 18/1/22

## Sketch Plan





## Describe Circumstances of the Accident

— Pls refer to the police report : T/20220117/2040 —

## Declaration

We declare the foregoing particulars are true in every respect.

.....  
Authorized Signature

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

.....  
Witnessed by Reporting Centre Personnel











































**SINGAPORE  
POLICE FORCE**



T/20220117/2040

1 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20220117/2040

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/01/2022 12:51	Vide Report No.:	Station Diary No.: 35
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**Informant's Particulars**

Name of Informant: KHOO HUA GAN			Address: APT BLK 6 BEACH ROAD #13-4873 SINGAPORE 190006		
ID Type / ID No.: NRIC NO / S0118590Z			Contact No.: Home/Office: Mobile: 96698999		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 67	Date of Birth: 14/11/1954	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: COFFEESHOP MANAGER			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: 14/01/2022 13:45	Type of Location: Straight Road
Location:  ALEXANDRA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: moving vehicle against stationary vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBA8181D	Lorry	CITROEN	CITROEN BERLINGO 1.6 HDI (M) WITHOUT ABS	Red	Slightly Damaged	1
SMA2336J	Car	BMW	520I LED NAV		Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20220117/2040

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20220117/2040

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	KHOO HUA GAN	ID No.	S0118590Z
Related Vehicle	NIL	Contact No.	96698999
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
<b>Passenger</b>			
Name	Quach Thi Phuong Trinh	ID No.	S7667184B
Related Vehicle	NIL	Contact No.	82548969
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 the 14/01/2022 at about 1345hrs, while at the traffic junction along Alexandra Rd towards the city, I was hit from the back by a BMW bearing the number plate SMA2336J, while I was waiting for the traffic light to turn green. During the accident, I was with my wife.

On the 17/01/2022, both of us went to make a check on the injuries which we sustained from the accident and both of us sustained injuries on our chest and neck area. I have exchanged particulars with the driver of the BMW and am now making a report with regards to the incident for insurance claims.



**SINGAPORE  
POLICE FORCE**



T/20220117/2040

3 of 3

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

Report No. T/20220117/2040

**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

A /

Sgt 1 LEE YONG JIE JOSEPH

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/01/2022 12:51

Officer In Charge Of Case:  
TP / AEIT /  
SI MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

Classification Of Case:

Authentication Stamp  
NP168