

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 28/01/2022 14:29 (SGT)
Date of Accident 27/01/2022 12:20 (SGT)
Exact Location of Accident Glasgow Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND3476D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIM POH SOO(SHEN BAOSHU)
NRIC No SXXXX709D
Email Address jeffgood88@outlook.com
Mobile Phone No (Phone) +65-96469982
Alternative Phone No +65-96469982

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
Variant -
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number -
Cover Note Number C0124767

DRIVER

Name of Driver SIM POH SOO(SHEN BAOSHU)
NRIC No SXXXX709D

Date Of Birth	23/10/1973
Occupation	Indoor
Date Of Driving Pass	12/12/1995
Driving experience	26 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96469982
Alt. Phone Number	+65-96469982
Email Address	jeffgood88@outlook.com
Address	BLK 143 POTONG PASIR AVE 2
Address complement	#09-32
Postcode	350143
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	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?	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	Toa Payoh Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002519999
Alt. Police Station Phone No	(Fax) +65-63548749
Police Station Address	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20220127/2109

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	HAVEN'T RETRIEVE.
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBN9933B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	TAN POH SUAN
NRIC No	SXXXX002I
Contact Number	(Phone) +65-91839129
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

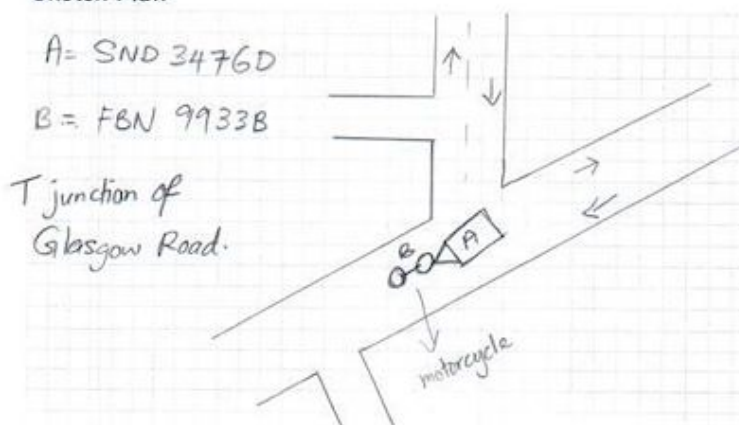
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.
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.

[Signature] 28/1/22
Policyholder's Signature / Date & Time

[Signature] 28/1/22
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 28/01/22
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

P/s refer to the police report: T/20220127/2109

Declaration

We declare the foregoing particulars are true in every respect.

 28/1/22
Policyholder's Signature / Date & Time

 28/1/22
Driver's Signature (If driver is not the policyholder) / Date & Time

 28/01/22
Witnessed by Reporting Centre Personne.



**SINGAPORE
POLICE FORCE**



T/20220127/2109

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Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20220127/2109

CONTINUATION OF REPORT

Driver			
Name	Tan Poh Suan	ID No.	S16480021
Related Vehicle	FBN9933B (Motorcycle)	Contact No.	91839129
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
Driver			
Name	SIM POH SOO	ID No.	S7338709D
Related Vehicle	SND3476D (Car)	Contact No.	96469982
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 27/01/2022 at about 1220hrs, I was travelling along Philips Ave in my vehicle (SND3476D). At the T-junction of Glasgow Road, I came to a stop. I made a check on my right and saw that there was no on coming vehicles, I then check on my left and noticed a white van. However, when the white van was approaching the junction, it came to a stop. Thinking that the white van was giving way to me, I decided to move forward to make a right turn on to Glasgow Road. The moment that I looked forward and moved forward at the same time, I noticed a motorcycle (FBN9933B) appear in front of my vehicle. The said motorcycle came from my right. I did not manage to come to a stop in time and lightly hit the motorcycle. The motorcyclist did not fall immediately but lost his balance eventually and fell on his side with the motorcycle pressing on to his leg.

I went down to assist the motorcyclist and called for an ambulance. when the ambulance and traffic police arrived, the motorcyclist was advised by the paramedics to go to a hospital for a check however he refused. The traffic police then informed us to settle the claims via our insurance or private settlement and left the scene. The said motorcyclist then called a friend who was nearby to pick him up while another friend rode his motorcycle away however I did not see the friend ride the motorcycle away as the traffic police officer told me I could leave. The said motorcyclist then went to see a doctor and thereafter informed me that he was given a 7 days mc.

I wish to state that I did not suffer any pain or injuries from the accident. My vehicle's number plate is slanted from the accident and there are some scratches on the front bumper. There is an in car camera facing the front of my vehicle that should be in working condition however I have yet to make a check on the video as I do not have the SD card reader.















SINGAPORE POLICE FORCE



T/20220127/2109

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93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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Report No. T/20220127/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/01/2022 23:39	Vide Report No.:	Station Diary No.: 97
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Informant's Particulars

Name of Informant: SIM POH SOO			Address: APT BLK 143 POTONG PASIR AVENUE 2 #09-32 SINGAPORE 350143		
ID Type / ID No.: NRIC NO / S7338709D			Contact No.:		
Nationality: SINGAPORE CITIZEN			Home/Office:		Mobile: 96469982
			Email:		
Sex: Male	Age: 48	Date of Birth: 23/10/1973	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER			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: 27/01/2022 12:20	Type of Location: T-Junction
Location: GLASGOW ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN9933B	Motorcycle					0
SND3476D	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20220127/2109

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20220127/2109

CONTINUATION OF REPORT

Driver			
Name	Tan Poh Suan	ID No.	S16480021
Related Vehicle	FBN9933B (Motorcycle)	Contact No.	91839129
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
Driver			
Name	SIM POH SOO	ID No.	S7338709D
Related Vehicle	SND3476D (Car)	Contact No.	96469982
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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Report No. T/20220127/2109

CONTINUATION OF REPORT



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T/20220127/2109

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Report No. T/20220127/2109

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 2 GARY LEW QI HAN

Signature Of Informant:

Date/Time:
27/01/2022 23:39

Signature Of Interpreter:
Not applicable

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

Classification Of Case:

Authentication Stamp
NP168



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: SN09221S0005 Vehicle Registration No: SN034760
 Name (as shown in NRIC): SIM POH SUE NRIC/FIN/Passport No: SKXXX7090
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 143 POTONG PASIR AVE 2 Singapore (350143)
 Contact (Tel): _____ Mobile No.: 96469982
 Email Address: _____
 Date of Accident: 27/01/22 Time of Accident: 12:00
 Place of Accident: GLASGOW RD
 Insurance Company: LIBERTY

(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:

1) Amend to Head to head.

Policyholder / Driver's Signature
Date: 11/2/22

Reporting Centre Personnel's Signature
Name: Sym
NRIC/FIN No.: 11/02/22
Date: