

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 GlA Records Management Centre established by the General Insurance Association of Singapore (GlA) 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	07/02/2022 12:51 (SGT)
Date of Accident	31/01/2022 14:00 (SGT)
Exact Location of Accident	Upper Bukit Timah Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD3901S
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	YUE WEI YEE
NRIC No	SXXXX439C
Email Address	liewjas@hotmail.com
Mobile Phone No	(Phone) +65-90090124
Alternative Phone No	+65-85110031

VEHICLE PARTICULARS

Manufacturer	Honda
Model	ODYSSEY ABSOLUTE CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2356

INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPG22000126
Cover Note Number	-

DRIVER

Name of Driver	LIEW MEI LING
NRIC No	SXXXX199J

Date Of Birth	31/03/1980
Occupation	Indoor
Date Of Driving Pass	31/07/2017
Driving experience	4 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-85110031
Alt. Phone Number	-
Email Address	liewjas@hotmail.com
Address	29 HILLVIEW AVENUE #10-10
Address complement	-
Postcode	669561
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	YUE WEI YEE
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT .

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - CONVINC AUTO

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	GBD3769B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	OH YUN SHENG
-	SXXXX391D
Contact Number	(Phone) +65-92772216
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	LIEW MEI LING
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD3901S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

<p>ESSO (Petrol Station)</p>		<p>A) SLD 3901 S</p> <p>B) GBZ 3769 B</p>
<p>→</p> <p>→</p>	<p>B</p> <p>A</p>	
<p>Upp Bukit Timah Road</p>		

Refer To Police Report No : T/20220207/7015

I/We declare the foregoing particulars are true in every respect.

3m

James





**SINGAPORE
POLICE FORCE**



T/20220207/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220207/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/02/2022 11:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIEW MEI LING			Address: 29 HILLVIEW AVENUE #10-10 SINGAPORE 669561		
ID Type / ID No.: NRIC NO / S8009199J			Contact No.: Home/Office: Mobile: 85110031		
Nationality: SINGAPORE CITIZEN			Email: LIEWJAS@HOTMAIL.COM		
Sex: Female	Age: 41	Date of Birth: 31/03/1980	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Housewife			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 31/01/2022 14:00	Type of Location: Straight Road
Location: UPPER BUKIT TIMAH ROAD				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Stationary (head to rear collision)				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of
GBD3769B	Van	NISSAN	NV350	Black		1
SLD3901S	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20220207/7015

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220207/7015

CONTINUATION OF REPORT

Driver			
Name	OH YUN SHENG		ID No. S8402391D
Related Vehicle	GBD3769B (Van)		Contact No. 92772216
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Driver			
Name	LIEW MEI LING		ID No. S8009199J
Related Vehicle	SLD3901S (Car)		Contact No. 85110031
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3A Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

On 31/1/2022 at about 1400 hours, i was driving my vehicle (SLD3901S) along Upper Bukit Timah Road. My stationary vehicle is queuing/waiting to go into Esso petrol kiosk. After a few minutes, i feel an impact from behind, the van (GBD3769B) hit onto my stationary vehicle. Due to the impact, i lurge forward even with my seat belt on, my chest hit on the steering wheel. I experience pain on my chest. I have built in camera in my vehicle.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220207/7015

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Report No. T/20220207/7015

CONTINUATION OF REPORT**Sketch Plan**

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

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

This report is lodged at Bukit Batok NPP Kiosk 1
NP168

Signature Of Informant:

The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
07/02/2022 11:14

Classification Of Case: