

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 12/07/2021 17:30 (SGT)
Date of Accident 09/07/2021 21:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJC5928G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FOONG KOW MOOI
NRIC No S8323219F
Email Address i_m_lynn@hotmail.com
Mobile Phone No (Phone) +65-90899973
Alternative Phone No +65-90899973

VEHICLE PARTICULARS

Manufacturer Toyota
Model COROLLA AXIO 1.5X A
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? No - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPCSNW00039812101
Cover Note Number 25/2/21-24/2/22

DRIVER

Name of Driver POH LIYIN(FU LIYIN)
NRIC No S8323219F

Date Of Birth	11/07/1983
Occupation	Indoor
Date Of Driving Pass	30/03/2004
Driving experience	17 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-88757876
Alt. Phone Number	-
Email Address	i_m_lynn@hotmail.com
Address	BLK 8A UPPER BOON KENG RD #18-506
Address complement	-
Postcode	381008
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Raining
Road Surface	Wet

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	JOHN LOK
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands East Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18007679999
Police Station Address	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT

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	SMA8533S
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JOEL
Contact Number	(Phone) +65-96222460
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	JOHN LOK
Gender	-
Phone No	(Phone) +65-88752866
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJC5928G
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

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.

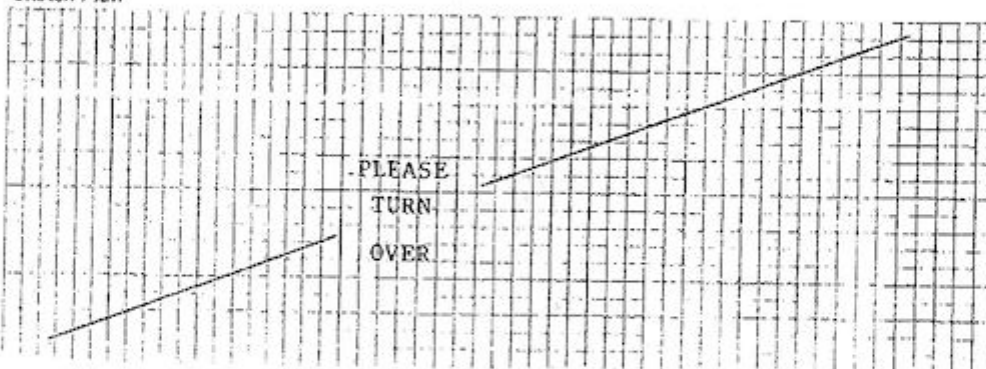
1. VEHICLE NO.: SJC 5928C
2. INSURER CO.: CHINA TAIPING
3. ACCIDENT DATE & TIME: 9/7/21 9:30 PM

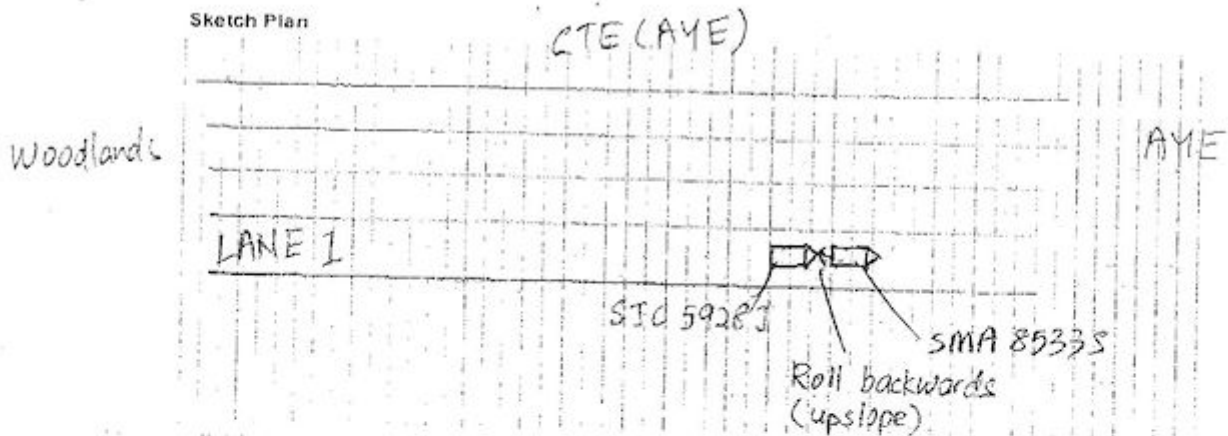
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

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

DECLARATION

I/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:

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

efeda 12/7/21

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**SINGAPORE
POLICE FORCE**



T/20210710/2014

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3
Report No. T/20210710/2014

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2021 07:29		Vide Report No.:		Station Diary No.: 20
Informant's Particulars				
Name of Informant: POH LIYIN		Address: APT BLK 8A UPPER BOON KENG ROAD #18-506 SINGAPORE 381008		
ID Type / ID No.: NRIC NO / S8323219F		Contact No.: Home/Office: Mobile: 88757876		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 37	Date of Birth: 11/07/1983	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: FINANCE ANALYST		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: 09/07/2021 21:45	Type of Location: Straight Road
Location: CENTRAL EXPRESSWAY				
Weather: Heavy rain		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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 Passengers
SJC5928G	Car	TOYOTA	AXIO	Blue	Slightly Damaged	1
SMA8533S	Car	TOYOTA	VOXY	White	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Policy No.	Expiry Date
SJC5928G	LIBERTY INSURANCE PTE LTD			



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Tel No: 1800-7679999

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Report No. T/20210710/2014

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	POH LIYIN	ID No.	S8323219F
Related Vehicle	NIL	Contact No.	88757876
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
Name	JOHN LOK	ID No.	NIL
Related Vehicle	NIL	Contact No.	88752866
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 above mentioned date, time and location, I was driving my car (SJC5928G) along CTE towards AYE at lane 1 near Ang Mo Kio area. My car front bumper rear ended this car (SMA8533S) rear bumper. While in the midst of discussing with the driver of SMA8533S, he's car suddenly reversed as I think the driver of SMA8533S was not aware to placed his handbrake. Subsequently, his car rear bumper hit my front bumper.

I wish to state that no government property damaged. There was no traffic police or ambulance at the scene and my husband suffered neck pain after the accident, he will be go to hospital or polyclinic soon to get himself check.



**SINGAPORE
POLICE FORCE**



T/20210710/2014

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Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20210710/2014

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:

L /
SC2 MUHAMMAD MIRZA BIN MOHAMED
SALLEH

Signature Of Informant:

Date/Time:
10/07/2021 07:29

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / AEIT /
Insp BOON YEN KIAN
Contact No: 65476172

SN 130

Authentication Stamp
NP168



Signature:

Singapore Police Force