

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 01/04/2022 16:55 (SGT)
Date of Accident 01/04/2022 06:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information TUAS SOUTH AVENUE 4 TOWARDS TUAS SOUTH AVENUE 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2632A

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JL AUTOMOTIVE SOLUTION
Company Reg No 5XXXX094X
Email Address JOELIEW29@GMAIL.COM
Mobile Phone No (Phone) +65-90565560
Alternative Phone No +65-90565560

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5095010580-04
Cover Note Number -

DRIVER

Name of Driver LIEW WEN GIO
NRIC No SXXXX616C

Date Of Birth	16/12/1980
Occupation	Outdoor
Date Of Driving Pass	18/10/2002
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90565560
Alt. Phone Number	-
Email Address	JOELIEW29@GMAIL.COM
Address	BLK 114A ALKAFF CRESCENT #03-16
Address complement	-
Postcode	341114
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)	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	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 THE STATEMENT AND POLICE REPORT

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	VIDEO WITH THE DRIVER.
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP6098Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIEW WEN GIO
Gender	Male
Phone No	(Phone) +65-90565560
Address	BLK 114A ALKAFF CRESCENT #03-16
Address Complement	-
Post Code	341114
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD2632A
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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 willful 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. 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' 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.



[Handwritten signature]

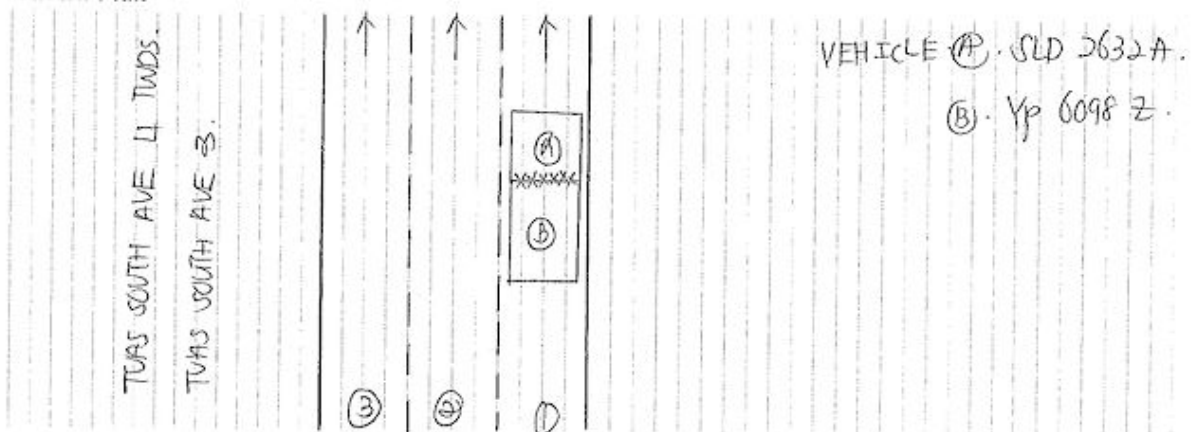
[Handwritten signature]

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

ON THE STATED DATE AND TIME, I'M DRIVING MY VEHICLE (A).
 SLD 2632 A TRAVELLING ALONG TIAS SOUTH AVE 4 TOWS TIAS SOUTH AVE 3.
 WHEN I'M NOTICE THAT THE VEHICLE INFRONT OF ME WAS STOPPED AND.
 PREPARE TO MAKE A U TURN, I ALSO MAKE A STOPPED. AFTER I COMPLETE.
 MAKE A STOP, SUDDENLY, A VEHICLE (B). YP 6098 Z WAS HIT INTO THE
 DECK OF MY VEHICLE. I'M FEELING UNWELL, I HAVE GO TO MOUNT
 AIVERNIA HOSPITAL TO SEE DOCTOR, AND THEY HAVE GIVEN 5 DAYS MC.
 TO ME.

VEHICLE (A) SLD 2632 A.

(B). YP. 6098 Z.

PLEASE REFER TO POLICE REPORT NO: 7/20220401 / 7029.

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/20220401/7029

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

1 of 3

Report No. T/20220401/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2022 16:02		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIEW WEN GIO			Address: 114A ALKAFF CRESCENT #03-16 SINGAPORE 341114		
ID Type / ID No.: NRIC NO / S8039616C			Contact No.: Home/Office: Mobile: 90565560		
Nationality: SINGAPORE CITIZEN			Email: JOELIEW29@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 16/12/1980	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SELF EMPLOYED			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: 01/04/2022 06:15	Type of Location: Straight Road
Location: TUAS SOUTH AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLD2632A	Car					0
YP6098Z	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220401/7029

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

2 of 3

Report No. T/20220401/7029

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLD2632A	NTUC Income Insurance Co-Operative Limited			

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	LIEW WEN GIO		ID No. S8039616C
Related Vehicle	NIL		Contact No. 90565560
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	01/04/2022		Date NIL
No. of Days granted Medical Leave		05	Degree of Slight

Brief Details.

ON THE STATED DATE AND DATE , I'M DRIVING MY VEHICLE (A) SLD 2632 A TRAVELLING ALONG TUAS SOUTH AVE 4 TWDS TUAS SOUTH AVE 3. WHEN I'M NOTICE THAT THE VEHICLE INFRONT OF ME WAS STOPPED AND PREPARED TO MAKE A RIGHT TURN, I ALSO MAKE A STOPPED , AFTER THAT I COMPLETED MAKE A STOPPED, SUDDENLY A VEHICLE (B) YP 6098 Z WAS HIT INTO THE REAR OF MY VEHICLE. I'M FEELING UNWELL, I HAVE GO TO MOUNT AIVERNIA HOSPITAL TO SEE DOCTOR, AND THEY HAVE GIVEN 5 DAYS MC TO ME.

VEHICLE (A) : SLD 2632 A
VEHICLE (B) : YP 6098 Z



**SINGAPORE
POLICE FORCE**

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



T/20220401/7029

3 of 3

Report No. T/20220401/7029

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 /
TAN JEOK LENG
Contact No.: 65476151

NP168

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

Date/Time:
01/04/2022 16:02

Classification Of Case:

