

# 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 ..... 11/04/2022 17:45 (SGT)  
Date of Accident ..... 08/04/2022 00:30 (SGT)  
Exact Location of Accident ..... TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMX3677Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TZE SWEE POH (XU RUIBAO)  
NRIC No ..... SXXXX507D  
Email Address ..... claims@cartimes.com.sg  
Mobile Phone No ..... (Phone) +65-98223311  
Alternative Phone No ..... +65-98223311

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Shuttle  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1496

### INSURANCE COMPANY

Name of Insurance Company ..... Liberty Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... SD22V04233/VPL/R00  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TZE SWEE POH (XU RUIBAO)  
NRIC No ..... SXXXX507D

Date Of Birth .....	09/06/1982
Occupation .....	Indoor
Date Of Driving Pass .....	11/07/2015
Driving experience .....	6 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98223311
Alt. Phone Number .....	+65-98223311
Email Address .....	claims@cartimes.com.sg
Address .....	APT BLK 204A COMPASSVALE DRIVE #11-449
Address complement .....	-
Postcode .....	541204
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 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 .....	UNKNOWN
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Ang Mo Kio Division Headquarters
Police Station Phone No .....	(Phone) +65-18002180000
Alt. Police Station Phone No .....	(Fax) +65-64814246
Police Station Address .....	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

#### 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 .....	SLV2110U
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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 .....	TZE SWEE POH
Gender .....	Male
Phone No .....	(Phone) +65-98223311
Address .....	APT BLK 204A COMPASSVALE DRIVE #11-449
Address Complement .....	-
Post Code .....	541204
Approximate Age Years Old .....	-
Injuries Sustained .....	NOT FEELING WELL.
Injured person in which vehicle? .....	SMX3677Y
Were seat belts worn? .....	Yes
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

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Refer to Police Report.

TPE

Vehicle A - SMX 367TY

Vehicle B - SLV 2110 U



### Describe Circumstances of the Accident

Refer to Police Report.

### 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















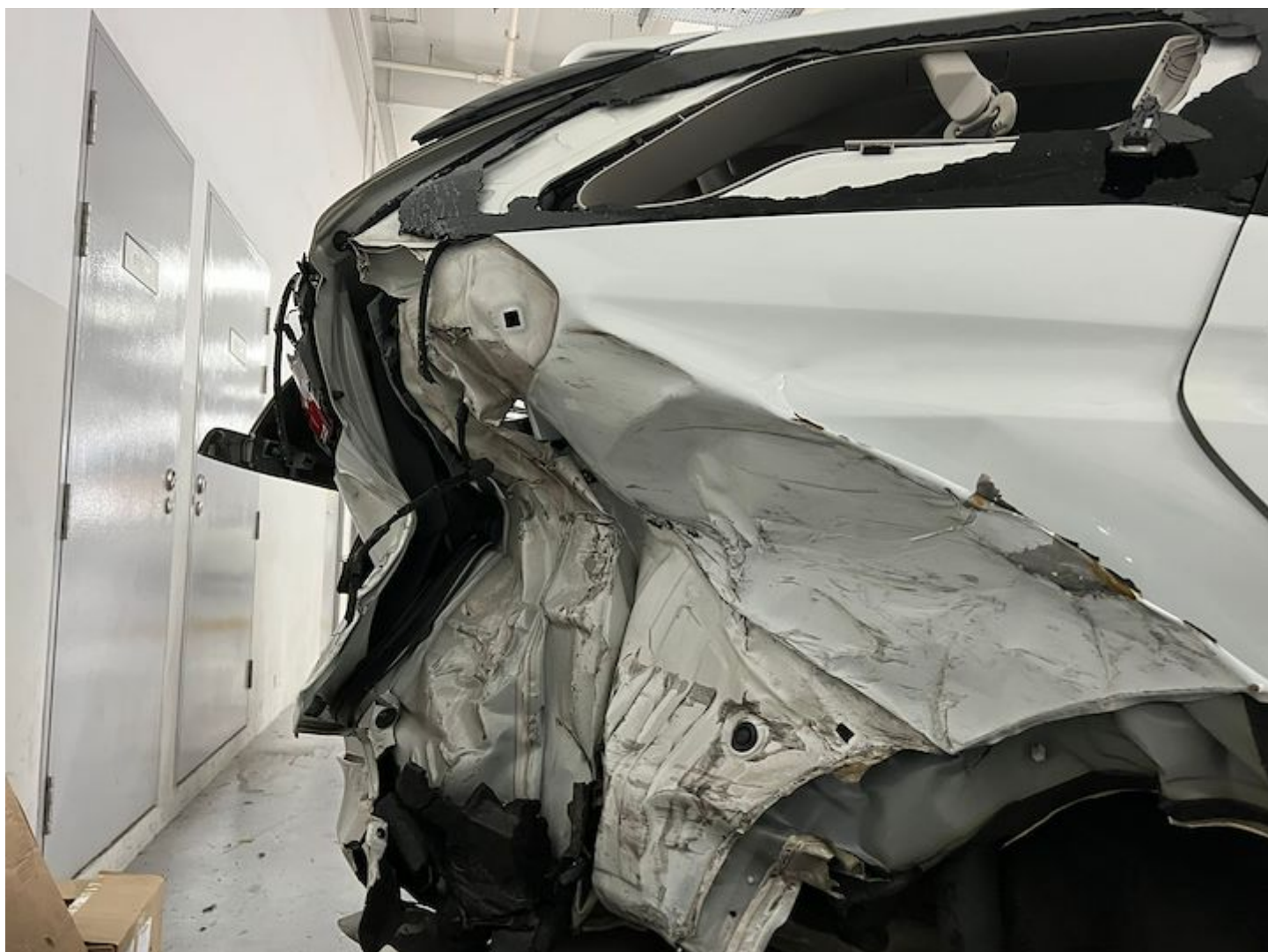





























**SINGAPORE  
POLICE FORCE**


F/20220410/7042

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**POLICE REPORT (NP299)**

Report No. F/20220410/7042

Police Station Of Origin  
Ang Mo Kio Division HQ  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-2180000

Date/Time Report Made 10/04/2022 17:56	Vide Report No.	Station Diary No.
Name Of Informant TZE SWEE POH	Address 204A COMPASSVALE DRIVE #11-449 SINGAPORE 541204	
ID Type / ID No. NRIC NO / S8215507D	Contact No. Home/Office: Mobile: 98223311	
Nationality SINGAPORE CITIZEN	Email Address RUIBAO4664@HOTMAIL.COM	
Occupation Private-hire car driver	Sex Male	Age 39
Institution/School Name	Date of Birth 09/06/1982	Race Chinese
Date/Time Of Incident 08/04/2022 00:30 - 08/04/2022 02:00	Location Of Incident 204A COMPASSVALE DRIVE #11-449 SINGAPORE 541204	

**Brief details.**

Incident number: F/20220408/0016

My car plate: SMX3677Y

The other party: SLV2110U

Car accident happened at TPE around 1230am on 8 April.

I found out my vehicle is having some driving problem.

I have on the hazard lights and move my vehicle to the most left lane of the expressway.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2022 17:56
Officer In-Charge Of Case:	Classification Of Case:





**SINGAPORE  
POLICE FORCE**



F/20220410/7042

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20220410/7042

I stop the vehicle and try to restart my engine few times.

After few tries, the engine still unable to start ,so I decided to go out of the vehicle to open my car boot to show the rest that my vehicle is broken down.

I came out of the vehicle and move to the left side.

While I want to open the car boot, I saw the other vehicle came over from the back and hit into my vehicle and me.

I was knock out then.

Traffic police arrived after that.

Subjects Involved			
Victim			
Person Name	TZE SWEE POH		
ID Type	NRIC NO	ID No	S8215507D
Gender	Male	Age	39
Race	Chinese	Language	English
Occupation	Private-hire car driver	Address	204A COMPASSVALE DRIVE #11-449 SINGAPORE 541204
Mobile No	98223311	Is Informant A Victim?	Yes
Person Name	TZE SWEE POH (Informant)		

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:  
10/04/2022 17:56

Classification Of Case: