

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 19/04/2022 17:37 (SGT)
Date of Accident 19/04/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information MSCP OF 39 WOODLANDS CLOSE, LEVEL 4 (MEGA @ WOODLANDS)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD6055P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUEK HENRY
NRIC No S7904177G
Email Address SOX_79@HOTMAIL.COM
Mobile Phone No (Phone) +65-92983951
Alternative Phone No (Home) +65-92983951

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number S121V06395/VPE/R03
Cover Note Number -

DRIVER

Name of Driver QUEK HENRY

NRIC No	S7904177G
Date Of Birth	09/02/1979
Occupation	Indoor
Date Of Driving Pass	15/06/2005
Driving experience	16 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92983951
Alt. Phone Number	(Home) +65-92983951
Email Address	SOX_79@HOTMAIL.COM
Address	BLK 162 SIMEI ROAD #04-316 S520162
Address complement	-
Postcode	-
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	Side Swipe
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 ATTACHED 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	SJV1243A
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	QUEK HENRY
Gender	Male
Phone No	(Phone) +65-92983951
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD6055P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving with slow speed along MSCP at 39 Woodland Close Level 4 (Mega

@Woodlands) on a 2-way lane to exit from my office.

Suddenly, I felt an Impact from my right portion.

Veh B from the opposite direction drove with very fast speed into my lane and collided into the right portion of my vehicle and caused damage.

After the incident, Veh "B" reversed and moverate into his own lane and just alighted to discuss how to solve it.

Both of us exchange particular and take the photo, veh "B" said proceed for the claim and we leave the scene.

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.:

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 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. 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")

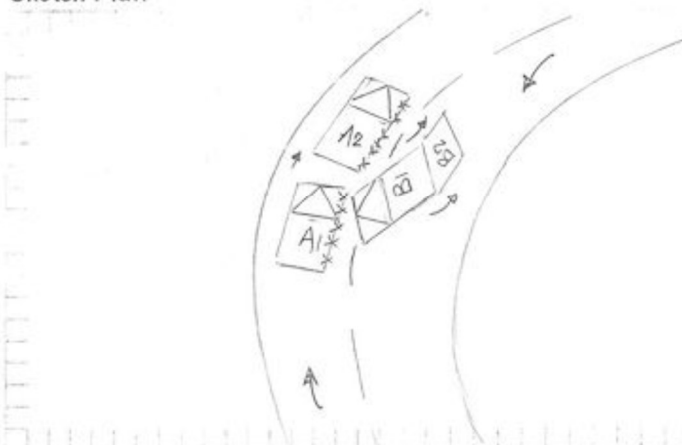
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A: SLD 6053P
 B: QJV 1243A
 MSCP of
 39 Woodlands
 Close, Level 4
 (Mega @ Woodlands)











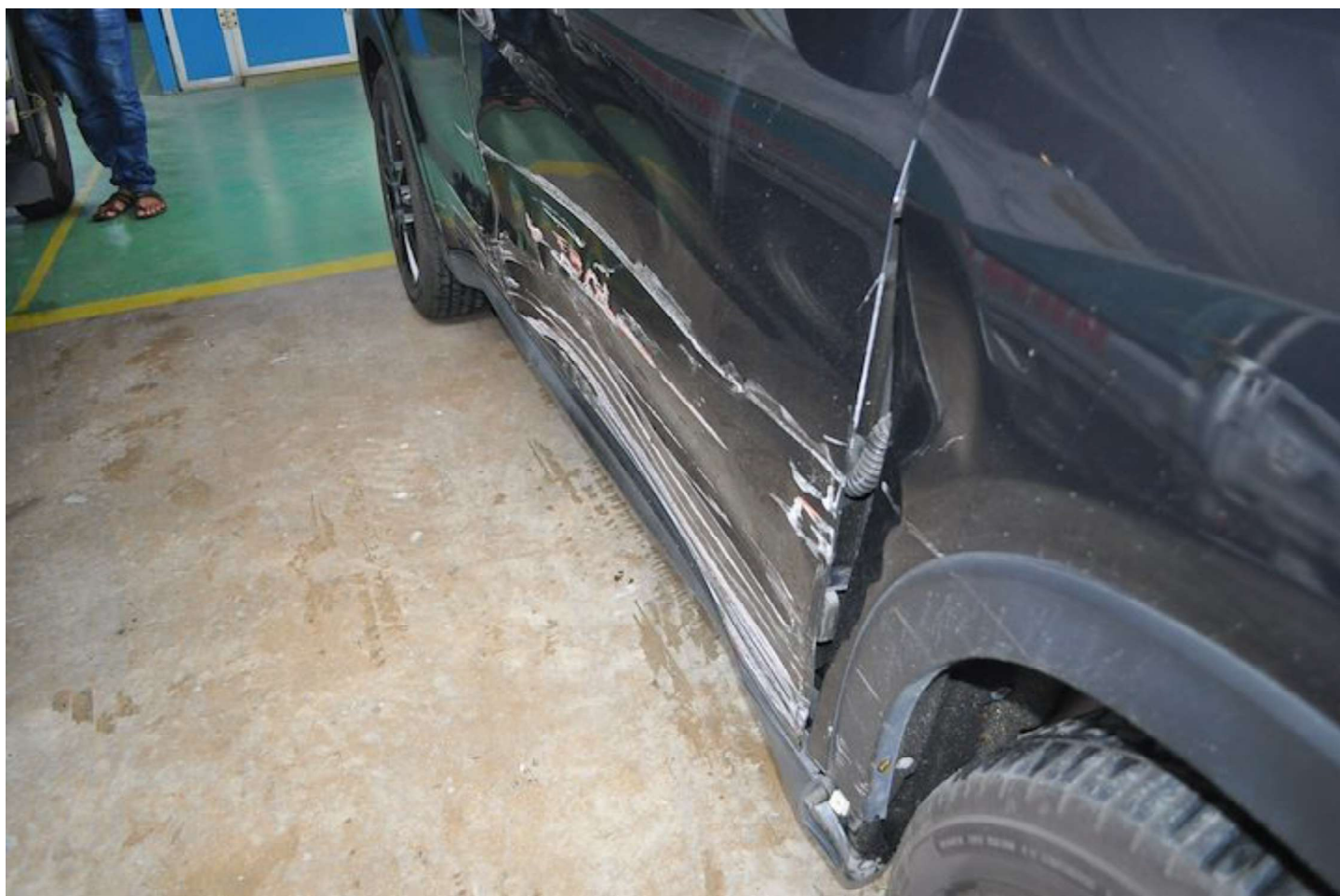






















**SINGAPORE
POLICE FORCE**



T/20220420/7034

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

1 of 3

Report No. T/20220420/7034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/04/2022 16:42		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK HENRY			Address: 162 SIMEI ROAD #04-316 SINGAPORE 520162		
ID Type / ID No.: NRIC NO / S7904177G			Contact No.: Home/Office: Mobile: 92983951		
Nationality: SINGAPORE CITIZEN			Email: SOX_79@HOTMAIL.COM		
Sex: Male	Age: 43	Date of Birth: 09/02/1979	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/04/2022 12:30	Type of Location: Car Park
Location: WOODLANDS CLOSE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SJV1243A	Car					0
SLD6055P	Car					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220420/7034

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

2 of 3

Report No. T/20220420/7034

CONTINUATION OF REPORT

Driver			
Name	QUEK HENRY	ID No.	S7904177G
Related Vehicle	SLD6055P (Car)	Contact No.	92983951
Hospital/Clinic	TRINITY MEDICAL & AESTHETIC CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	19/04/2022	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details.

I (SLD6055P) was driving with slow speed along Multistorey Car park at 39 Woodland Close Level 4 (Mega

@Woodlands) on a 2-way lane to exit from my office.

Suddenly, I felt an Impact from my right portion.

Vehicle B (SVJ1243A) from the opposite direction drove with very fast speed into my lane and collided into the right portion of my vehicle and caused damage.

After the incident, Vehicle B reversed and move into his own lane and just alighted to discuss how to solve it.

Both of us exchange particular and take the photo, vehicle B said proceed for the claim and we leave the scene.

After the accident, I felt discomfort and went to Trinity Medical & Aesthetic Clinic to seek medical treatment and was given 3 days MC by a doctor.



**SINGAPORE
POLICE FORCE**



T/20220420/7034

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

3 of 3

Report No. T/20220420/7034

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 20/04/2022 16:42
Officer In Charge Of Case: TP / TPIB / ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

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: SKOL224J000H Vehicle Registration No: SLD6055P
 Name (as shown in NRIC): Quek Henry NRIC/FIN/Passport No: S7904177G
 (*Vehicle-Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: Blk 162 Simei Road #04-316 Singapore 520162
 Contact (Tel): _____ Mobile No.: 92983951
 Email Address: SOX-79@HOTMAIL.COM
 Date of Accident: 19/4/2022 Time of Accident: 1230 hrs
 Place of Accident: MSCP of 39 Woodlands Close, level 4 (Mega @ Woodlands)
 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) Any Injuries: Yes instead of No
 2) Attach Police Report

Policyholder / Driver's Signature
 Date: _____

Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: _____
 Date: _____

GIARMC Addendum Form