

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 18/05/2022 18:02 (SGT)
Date of Accident 17/05/2022 19:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNCTION OF AIRPORT ROAD AND UBI ROAD 2
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMM9820T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NGUYEN THI THAM
NRIC No SXXXX421J
Email Address kevinliang@live.com.sg
Mobile Phone No (Phone) +65-87772444
Alternative Phone No +65-87772444

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Accent
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 1368

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MR004633-R01
Cover Note Number -

DRIVER

Name of Driver LIANG JIAQING, KEVIN
NRIC No SXXXX896G

Date Of Birth	11/02/1981
Occupation	Outdoor
Date Of Driving Pass	27/08/2004
Driving experience	17 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91448088
Alt. Phone Number	-
Email Address	kevinliang@live.com.sg
Address	275B COMPASSVALE LINK
Address complement	#13-212
Postcode	542275
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 - Cross Junction
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	CHOO WEI-LYN TRISHA
Gender	Female

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

PLS REFER TO THE POLICE REPORT : T/20220518/7035

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	FBQ4365H
Vehicle Manufacturer	Honda

Vehicle Model	Cb150r
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	LIANG JIAQING, KEVIN
Gender	Male
Phone No	(Phone) +65-91448088
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	GIVEN 5DAYS MC
Injured person in which vehicle?	SMM9820T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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.

[Signature]

Policyholder's Signature / Date & Time

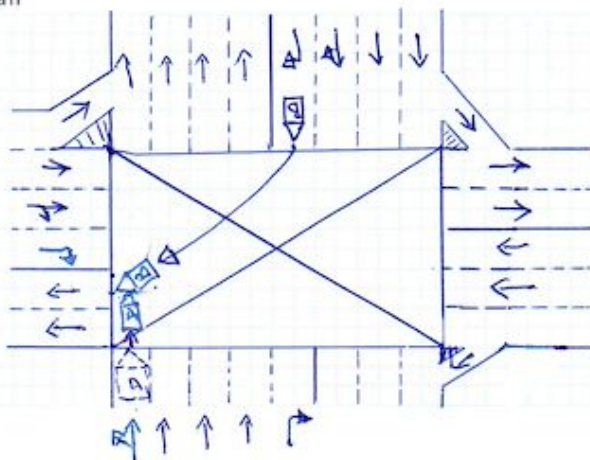
[Signature]

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

Rm 18/5/22

Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - Smm9820T

Veh B - FBQ4365H

Junction of Airport Road &
Ubi Road 2.

Describe Circumstances of the Accident

PLEASE refer to Police Report No: T/20220518 / 7035

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

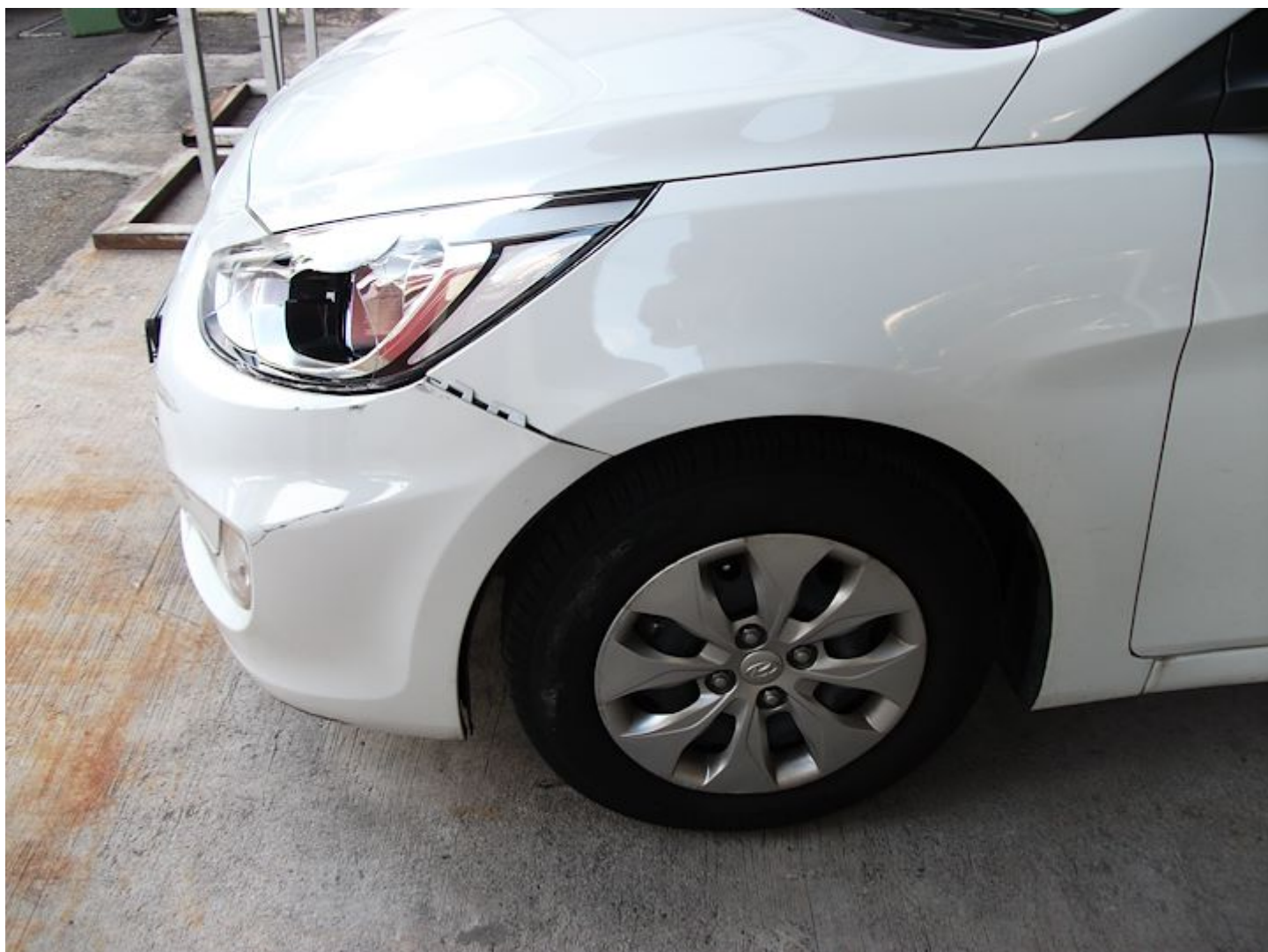
 18/5/22
 Witnessed by Reporting Centre Personnel

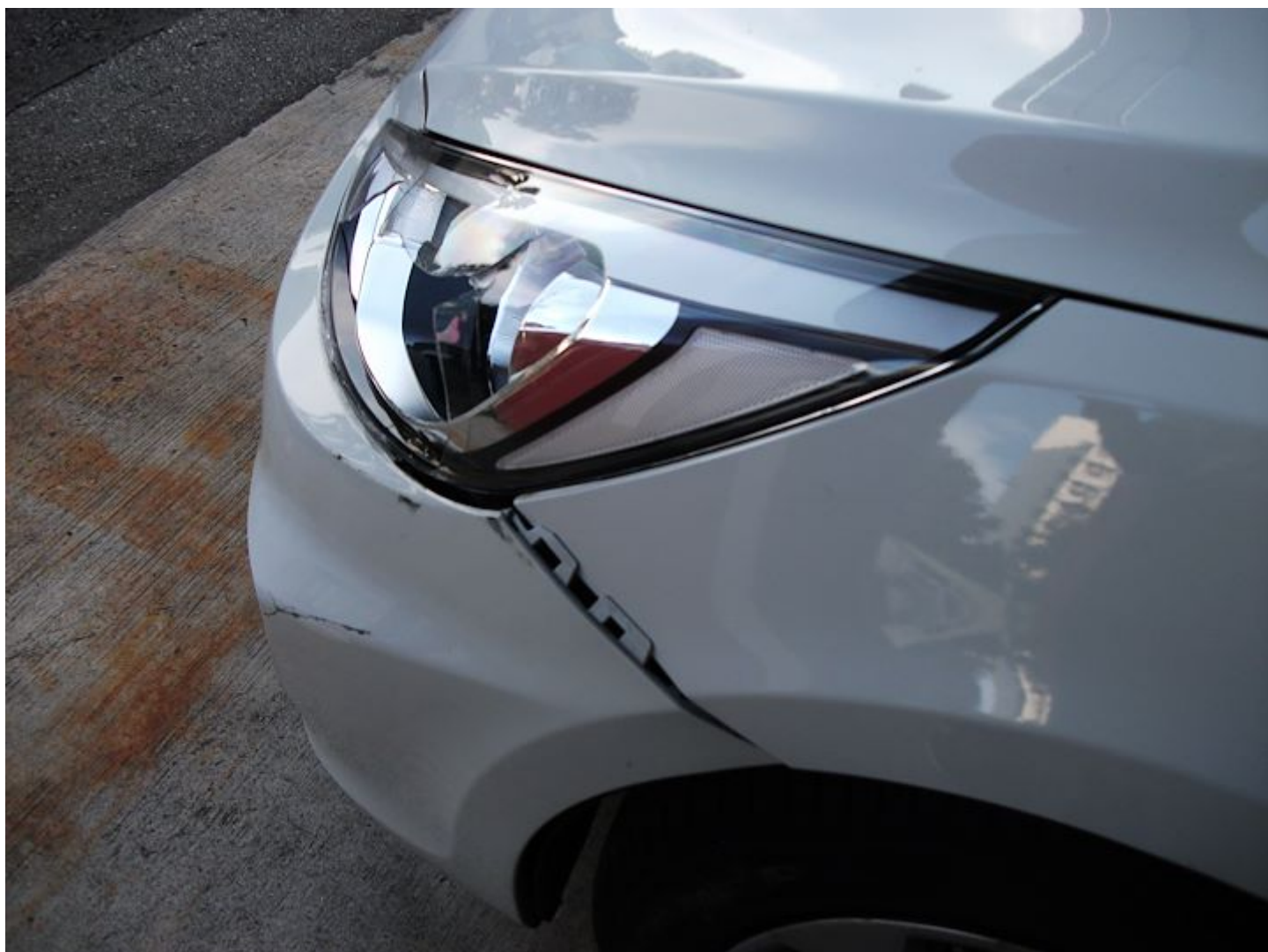






























**SINGAPORE
POLICE FORCE**



T/20220518/7035

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

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Report No. T/20220518/7035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/05/2022 15:43		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIANG JIAQING, KEVIN			Address: 275B COMPASSVALE LINK #13-212 SINGAPORE 542275		
ID Type / ID No.: NRIC NO / S8104896G			Contact No.: Home/Office: Mobile: 91448088		
Nationality: SINGAPORE CITIZEN			Email: SGKEVINLIANG@GMAIL.COM		
Sex: Male	Age: 41	Date of Birth: 11/02/1981	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 Attended by Police	Drink Drive: No	Date/Time of Accident: 17/05/2022 19:40	Type of Location: X-Junction
Location: UBI ROAD 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 70 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FBQ4365H	Motorcycle	HONDA	CB150R	Red	Seriously Damaged	1
SMM9820T	Car					0



**SINGAPORE
POLICE FORCE**



T/20220518/7035

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

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Report No. T/20220518/7035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHOO WEI-LYN TRISHA	ID No.	S8916056A
Related Vehicle	SMM9820T (Car)	Contact No.	92728052
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	LIANG JIAQING, KEVIN	ID No.	S8104896G
Related Vehicle	SMM9820T (Car)	Contact No.	91448088
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated date and time, I was travelling in my vehicle with my friend along Airport Road on Lane 5, towards the entrance of KPE (ECP). I was driving vehicle bearing plate number SMM9820T. As I was driving approaching the junction, traffic light was green in my favor as I was going straight when out of a sudden, from the opposite side there was a motorcycle bearing plate number FBQ4365H who made a discretionary right turn appeared in front of my vehicle. I had to jam the brakes of my vehicle but it was too close and I collided head on onto the motorcycle. The Rider admitted that he was wrong to make the turn as he did not fully check if the traffic was clear before making the right turn and caused the accident. My friend and I both went down to render assistance to the motorcycle rider. My friend, Trisha, made a call for an ambulance as we were worried for the rider. Shortly after the Ambulance arrived to check on the rider, a Traffic Police arrived on scene too. Traffic Police took the statement from me and the Rider. We both left the scene after Traffic Police informed us that everything is settled.

The next day, I went to INTEMEDICAL KOVAN CLINIC as I was feeling some pain/uneasiness and wanted to look for professional advice and medications. I was given 5 days MC. I also advised my friend Trisha to visit a clinic to seek professional advice if she feels any pain/uneasiness.



**SINGAPORE
POLICE FORCE**



T/20220518/7035

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

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Report No. T/20220518/7035

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

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



T/20220518/7035

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Report No. T/20220518/7035

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 /
MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

NP168

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

Date/Time:
18/05/2022 15:43

Classification Of Case: