

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	26/05/2022 11:27 (SGT)
Date of Accident	25/05/2022 18:40 (SGT)
Exact Location of Accident	Tampines Ave 2, Singapore
Additional Location Information	JUNCTION WITH TAMPINES STREET 32
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU3753L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LING TIAN POH
NRIC No	SXXXX988B
Email Address	mysincerelead@gmail.com
Mobile Phone No	(Phone) +65-96646967
Alternative Phone No	+65-96646967

VEHICLE PARTICULARS

Manufacturer	Proton
Model	Exora
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	1597

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	21-MS009164-R02
Cover Note Number	-

DRIVER

Name of Driver	LING TIAN POH
NRIC No	SXXXX988B

Date Of Birth	27/03/1960
Occupation	Outdoor
Date Of Driving Pass	11/08/1980
Driving experience	41 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96646967
Alt. Phone Number	+65-96646967
Email Address	mysincerelead@gmail.com
Address	BLK 134 EDGEDALE PLAINS #05-76
Address complement	-
Postcode	820134
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 - Change/cross lane
Weather Conditions	AFTER RAIN
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)	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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT G/20220525/7102

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	SLT7023R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Liberty Insurance Pte Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LING TIAN POH
Gender	Male
Phone No	(Phone) +65-96646967
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SJU3753L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

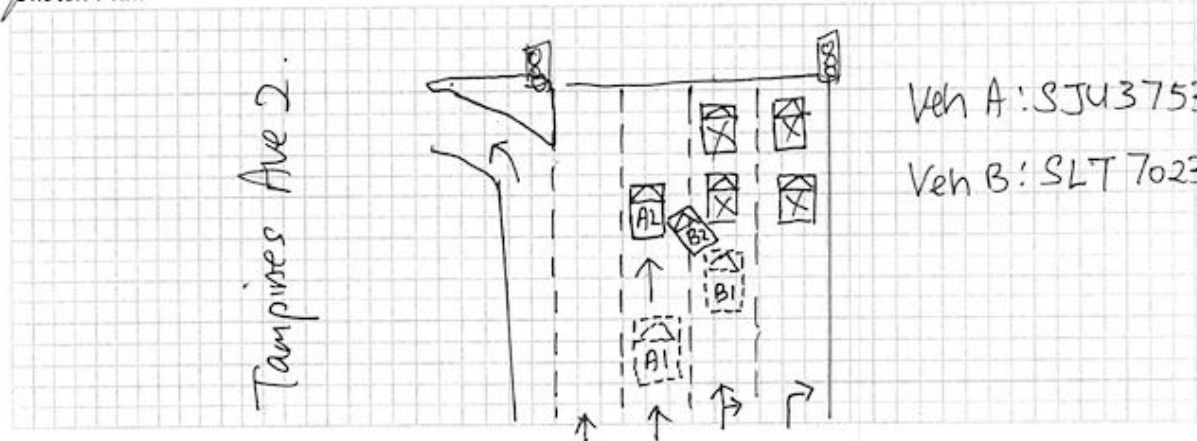
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



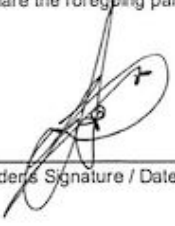
Describe Circumstances of the Accident


* PLS refer to Police Report.


G/20220525/7102

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**
POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000



G/20220525/7102

1 of 2

Report No. G/20220525/7102

Date/Time Report Made 25/05/2022 22:34	Vide Report No.	Station Diary No.	
Name Of Informant LING TIAN POH	Address 134 EDGEDALE PLAINS #05-76 SINGAPORE 820134		
ID Type / ID No. NRIC NO / S1418988B	Contact No. Home/Office: Mobile: 96646967		
Nationality SINGAPORE CITIZEN	Email Address tplim8988@gmail.com		
Occupation Driver	Sex Male	Age 62	Date of Birth 27/03/1960
			Race Chinese
Institution/School Name	Language English		
Date/Time Of Incident 25/05/2022 18:40	Location Of Incident TAMPINES AVENUE 2		

Brief details.

On the stated date and time I vehicle SJU3753L was travelling straight along Ave 2 towards Ave 9.

I was travelling on lane 3, this lane only can go straight.

As I approach the junction of Ave 2 and Street 32, I proceeded straight ahead as the traffic light was green in my favor.

Before I can cross the junction, vehicle SLT7023R which was on lane 2 on my right, this lane allows for right turn and going straight, suddenly swerve to its left and encroached into my lane and hit onto my vehicle right rear portion.

The impact causes my car to shake violently and my head hit onto the window and my left knee hit onto

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: 25/05/2022 22:34
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220525/7102

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220525/7102

my centre console.

I then alighted and realised that SLT7023R wanted to move straight and was blocked by the cars in front who were waiting to turn right and thus she cut into my lane to avoid being stuck in traffic. However she did not check clear first before moving out of her lane.

After a while i start to feel pain on my neck, shoulders, lower back and left knee areas.

I then proceeded to intermedical kovan clinic which is near and opened at that time to seek treatment and I was given 5 days MC.

I was also given a letter for A&E as I was feeling giddy and feel like vomiting.

I want to monitor and rest first myself.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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Date/Time:
25/05/2022 22:34

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