

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 17/06/2022 13:05 (SGT)
Date of Accident 16/06/2022 13:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information SLIP ROAD OF JURONG BIRD PARK TO PIE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJF2015U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner MHL LEASING PTE. LTD.
Company Reg No 202127780G
Email Address mhlleasingpl@gmail.com
Mobile Phone No (Phone) +65-96543012
Alternative Phone No +65-96543012

VEHICLE PARTICULARS

Manufacturer Toyota
Model Vios
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 hire
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5124931429
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver LIAU WEE CHYE
NRIC No S0184290J

Date Of Birth	12/08/1953
Occupation	Indoor
Date Of Driving Pass	03/02/1975
Driving experience	47 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96214180
Alt. Phone Number	-
Email Address	mhlleasingpl@gmail.com
Address	BLK 21 JOO SENG ROAD #04-176
Address complement	-
Postcode	360021
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	Drizzling
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	Aljunied Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002809999
Alt. Police Station Phone No	(Fax) +65-62815960
Police Station Address	Blk 13 Joo Seng Road #01-69 Singapore 360013
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN /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	XD3995D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	MURUHESWARAN MAYANDY
Passport No/FIN	F7493902M
Contact Number	(Phone) +65-91045191
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIAU WEE CHYE
Gender	Male
Phone No	(Phone) +65-96214180
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJF2015U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 17/06/2022 / 12:28

Report No: MT/

D.O.A: 16/06/2022

Time: 13:30 hrs

Vehicle No: SJF2015U

Reporting Type:

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



17/06/22 / 12:28

Policyholder's Signature / Date & Time

[Signature]

17/06/22 / 12:28

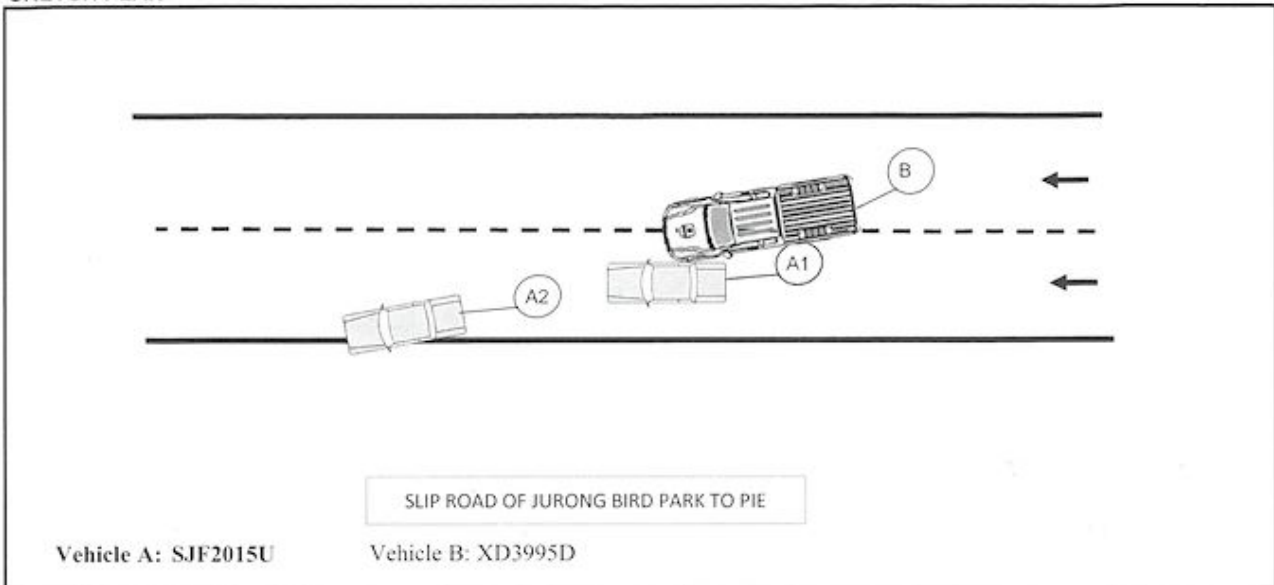
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No. T/20220616/2092

DRIVER TRAVEL ALONG

driver driving along Jurong Bird Road - slip road towards PIE

Suddenly the Prime Mover hit, driving into my lane partly the car so that the tank burst that type

The RL Rear door damaged - driver's door cannot open At Time @ 3.0 - pm

Declaration

I/We declare the foregoing particulars are true in every respect.



17/06/22 / 12:28

Policyholder's Signature / Date & Time

[Signature]

17/06/22 / 12:28

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

[Signature]

Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel











**SINGAPORE
POLICE FORCE**



T/20220616/2092

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20220616/2092

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2022 21:58	Vide Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: LIAU WEE CHYE			Address: APT BLK 21 JOO SENG ROAD #04-176 SINGAPORE 360021	
ID Type / ID No.: NRIC NO / S0184290J			Contact No.: Home/Office: Mobile: 96214180	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 12/08/1953	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Company director			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2022 13:30	Type of Location: Straight Road
Location: PIONEER ROAD				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJF2015U	Car	TOYOTA	VIOS E AUTO	White	Slightly Damaged	0
XD3995D	Lorry	HINO	SH1EEKA	White	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20220616/2092

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Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

Report No. T/20220616/2092

CONTINUATION OF REPORT

Driver			
Name	LIAU WEE CHYE	ID No.	S0184290J
Related Vehicle	SJF2015U (Car)	Contact No.	96214180
Hospital/Clinic	KIRIN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	16/06/2022	Date Discharge	16/06/2022
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 16/06/2022 at about 1.30pm, I was traveling along Pioneer Road on the 2nd Lane in my vehicle bearing the registration number SJF2015U. Suddenly a lorry bearing the registration number XD3995D from the 1st Lane had hit onto the rear right side of my vehicle. We then pulled over to the side of the road to assess the damages. We then exchanged particulars to facilitate our respective insurance claims. I had also sought medical treatment for giddiness and was given 3 days of Medical Leave. I was then advised by my insurance company to lodge a report with regards to this matter. That is all.



**SINGAPORE
POLICE FORCE**



T/20220616/2092

Police Station Of Origin:
Aljunied NPP
13 Joo Seng Road #01-69 SINGAPORE
360013
Tel No: 1800-2809999

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Report No. T/20220616/2092

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:
E /
STAFF SGT KUMARAN S/O
SANDARARAJAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2022 21:58

Officer In Charge Of Case:
TP / AEIT /
INSP (1) BOON YEN KIAN
Contact No.: 65476172

Classification Of Case:

NP168

