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 witholding 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.

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 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 06/07/2022 14:01 (SGT) Reported by Date of Accident 05/07/2022 19:00 (SGT) Exact Location of Accident Borthwick Dr. Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Auto

1461

Vehicle Registration Number SLZ7564P

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Pang Nyik Foong NRIC No SXXXX588C Email Address germaine.txy@gmail.com Mobile Phone No (Phone) +65-81893228 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Infiniti Model Q30 Variant Infiniti Q30 1.5D Prem MY17.5 Exact purpose for which vehicle was being used at time of Private use

accident

Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private car

Transmission CC

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number

DRIVER

Name of Driver Tan Shou Wei Allen NRIC No SXXXX185C Date Of Birth 10/08/1956 Occupation Indoor

Date Of Driving Pass 20/02/1984 Driving experience 38 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96322963 Alt. Phone Number Email Address germaine.txy@gmail.com Address 58 Portchester Avenue Address complement Postcode 556340 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Spouse Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement PASSENGER 1 Name Pang Nyik Foong Gender **Female DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Bishan Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005529999 Alt. Police Station Phone No (Fax) +65-65561905 Police Station Address 20 Bishan Street 23 Singapore 579757 Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACHED ATTACHMENT(S)

DETAILS OF OTHER VEHICLE PROPERTY 1

Yes

Yes

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Vehicle Registration Number	YQ6801E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 Gender Phone No	Pang Nyik Foong Female (Phone) +65-81893228
Address Complement	-
Post Code	-
Approximate Age Years Old Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- By the lodgment 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:
 - 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.

Policyholderis Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

ETCH PLAN		
SCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
Actor to Police		
refler to 10/M	report statement.	
	N-	
	19.00	
CLARATION		
	ticulars are true in every respect.	
10		
43	100	
yholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
& Time:	(If driver is not the policyholder)	Name:

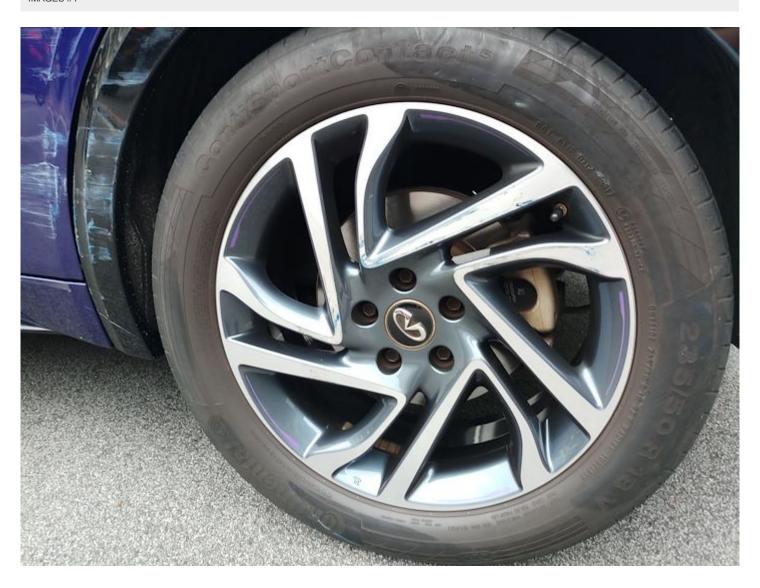
Date & Time:

NRIC/FIN No.:

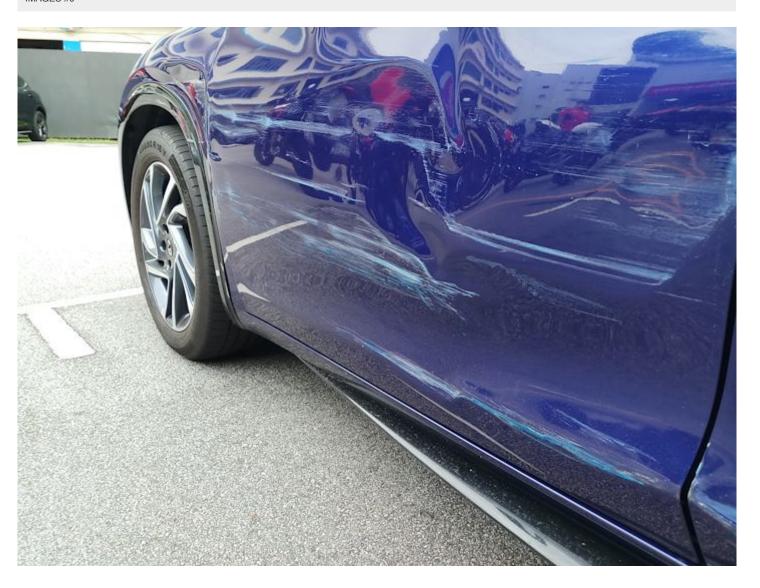


























Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

| of 3 Report No. T/20220706/2031

REPORT OF A TRAFFIC ACCIDENT

	me Report Made: 022 11:43		Vide Report No.:	Station Diary No.: 39
Informa	nt's Partic	ulars		
	Informant: OU WEI AL		Address: 58 PORTCHESTER AVE	NUE SINGAPORE 556340
	/ ID No.: D / S11671	85C	Contact No.: Home/Office:	Mobile: 96322963
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 65	Date of Birth: 10/08/1956	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: ACCOUNTANT			Driving Licence Information: Class: 3 Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/07/2022 19:0	Type of Location: Straight Road	
Location: BORTHWICK Weather:	DRIVE	Road Surface:		Road Speed Limit:	
Traffic Flow: Tra		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance:	

Details of V	ehicle Invo	lved				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SLZ7564P	Car	INFINITI.	Q30 1.5D PREM DCT EU6	Blue	Slightly Damaged	1
YQ6801E	Lorry	TOYOTA	DYNA 150 5MT	Blue	Totally Damaged	0

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





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757

Report No. T/20220706/2031

2 of 3 .

Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver						
Name	TAN SHOU WEI ALLEN			ID No		S1167185C
Related Vehicle	SLZ7564P (Car)	SLZ7564P (Car)			ct No.	96322963
Hospital/Clinic				Class Drivin Licend Expiry	g	Class; 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	charge NIL		
No. of Days gran	nted Medical Leave NIL De		Degree of	of Injury NIL		
Passenger						
Name	PANG NYIK FOONG		ID No	•	S1270588C	
Related Vehicle	SLZ7564P (Car)			Conta	ct No.	81893228
Hospital/Clinic	ALEXANDRA HOSPITAL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	06/07/2022		Date Disc	harge	06/07	//2022
No. of Days gran	ted Medical Leave	03	Degree of	Injury	Sligh	t

On 05/07/2022 at about 7pm, I was driving my vehicle SLZ7564P along Borthwick Drive heading home towards Portchester Avenue direction. Together in my vehicle, was my wife who sat at the front passenger seat. As I was approaching 62 Borthwick Drive, I noticed that there was a stationary lorry with its brake lights on bearing registration, YQ6801E along the left side of the road. I signaled and proceeded to overtake the stationary vehicle from the right lane. However, the driver of the said lorry suddenly moved his vehicle and collided onto the left of my vehicle. There were damages sustained to the front left fender area near my vehicle's front wheel to the the left rear wheel area. After taking photographs and exchanging particulars with the other driver, both of us left the scene. No police or ambulance came to scene, no government property was damaged.

On 06/07/2022, my wife felt pain and discomfort around her neck area thus, we sought medical treatment. from Alexandra Hospital and she was issued with a 3 days MC. I wish to state that I have a video footage of the incident and I am willing to share the video to facilitate investigations should it be required.

Driver particulars of YQ6801E: Name: Rashid Harunur

Fin: F8148351P





Police Station Of Origin: Bishan N.P.C 20 Bishan Street 23 SINGAPORE 579757 Tel No: 1800-5529999 Report No. T/20220706/2031

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 Informant:
Date/Time: 06/07/2022 11:43
Classification Of Case: