

# 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 .....	25/07/2022 17:25 (SGT)
Reported by .....	Both
Date of Accident .....	24/07/2022 00:00 (SGT)
Exact Location of Accident .....	2 Adam Rd, Singapore 289876
Additional Location Information .....	ADAM ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLS7769C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LAW TIAM HOCK
NRIC No .....	SXXXX830A
Email Address .....	TIEWKAHHWEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90669796
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Civic
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 .....	1799

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD20V11084/VPC2/R00

### DRIVER

Name of Driver .....	LAW TIAM HOCK
NRIC No .....	SXXXX830A
Date Of Birth .....	22/06/1966
Occupation .....	Indoor

Date Of Driving Pass .....	03/06/1991
Driving experience .....	31 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-90669796
Alt. Phone Number .....	-
Email Address .....	TIEWKAHHWEE@GMAIL.COM
Address .....	BLK 408JURONG WEST ST42 #04-697
Address complement .....	-
Postcode .....	640408
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 - Head to Rear
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) .....	4
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 .....	BUI MINH ANH
Gender .....	Female

#### PASSENGER 2

Name .....	TRAN THI TAM
Gender .....	Female

#### PASSENGER 3

Name .....	SEDA ANAK KAYA
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

REFER TO POLICE REPORT

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... WITH WORKSHOP

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNF656K  
 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 ..... BUI MINH ANH  
 Gender ..... Female  
 Phone No ..... (Phone) +65-90669796  
 Address ..... BLK 408JURONG WEST ST42 #04-697  
 Address Complement ..... -  
 Post Code ..... 640408  
 Approximate Age Years Old ..... 26  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SLS7769C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 2

Name of injured person ..... TRAN THI TAM  
 Gender ..... Female  
 Phone No ..... (Phone) +65-90669796  
 Address ..... BLK 408JURONG WEST ST42 #04-697  
 Address Complement ..... -  
 Post Code ..... 640408  
 Approximate Age Years Old ..... 26  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SLS7769C  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

#### INJURED 3

Name of injured person ..... SEDA ANAK KAYA  
 Gender ..... Female  
 Phone No ..... (Phone) +65-90669796  
 Address ..... BLK 408JURONG WEST ST42 #04-697  
 Address Complement ..... -  
 Post Code ..... 640408  
 Approximate Age Years Old ..... 28  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... SLS7769C  
 Were seat belts worn? ..... Yes

Was this injured conveyed to hospital by ambulance? ..... No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.

*[Handwritten Signature]*  
25/7/22

*[Handwritten Signature]*  
25/7/22

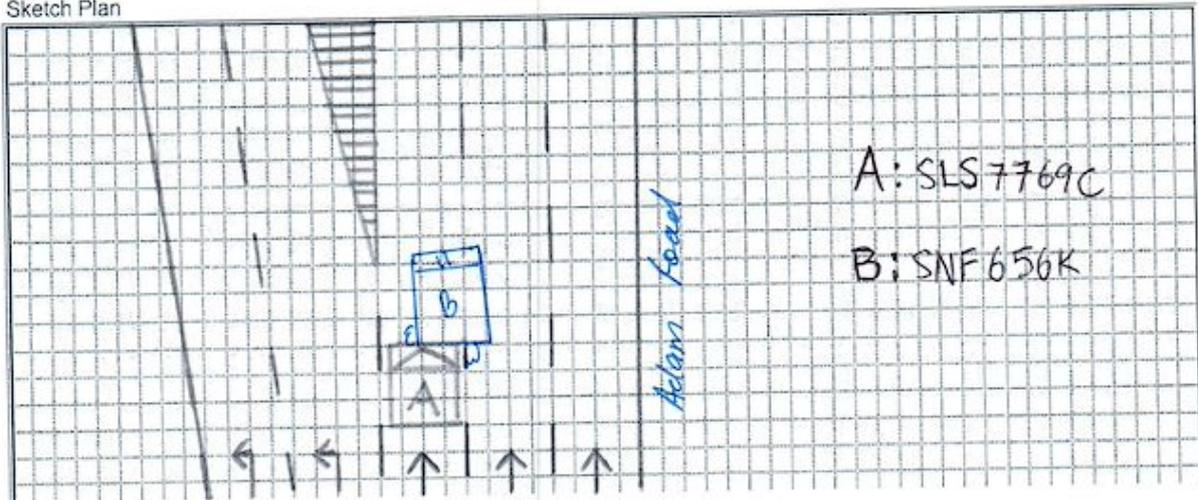
*[Handwritten Signature]*  
25/07/22

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

Refer to Police Report  
T/20220724/7029

Declaration

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

*[Signature]*  
4

Policyholder's Signature / Date & Time

*[Signature]*  
10

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

*[Signature]* 25/07/22

Witnessed by Reporting Centre Personnel






















**SINGAPORE  
POLICE FORCE**

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



T/20220724/7029

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Report No. T/20220724/7029

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2022 17:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: LAW TIAM HOCK		Address: 408 JURONG WEST STREET 42 #04-697 SINGAPORE 640408	
ID Type / ID No.: NRIC NO / S1754830A		Contact No.:	Mobile: 90669796
Nationality: SINGAPORE CITIZEN		Email: tiewkahhwee@gmail.com	
Sex: Male	Age: 56	Date of Birth: 22/06/1966	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Director		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/07/2022 00:00	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SLS7769C	Car					0
SNF656K	Car					0

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



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20220724/7029

## CONTINUATION OF REPORT

Driver			
Name	LAW TIAM HOCK	ID No.	S1754830A
Related Vehicle	SLS7769C (Car)	Contact No.	90669796
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
Passenger			
Name	BUI MINH ANH	ID No.	0 95210503
Related Vehicle	SLS7769C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	TRAN THI TAM	ID No.	0 94049083
Related Vehicle	SLS7769C (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious
Passenger			
Name	SEDA ANAK KAYA	ID No.	4 06053865
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	05	Degree of	Serious



**SINGAPORE  
POLICE FORCE**

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



T/20220724/7029

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Report No. T/20220724/7029

**CONTINUATION OF REPORT**

Brief Details.

On the stated date and time, I was driving my car (SLS7769C) along Adam Rd before Dunearn Rd on lane 3. Suddenly another vehicle (SNF656K), cut into my traveling lane and E-brake. I did brake but still didn't manage to avoid and the vehicle collided onto my front portion of my car.



**SINGAPORE  
POLICE FORCE**

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

Sketch Plan

Informant is not able to provide sketch



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Report No. T/20220724/7029

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

NP168

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

Date/Time:  
24/07/2022 17:01

Classification Of Case: