

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	26/07/2022 11:49 (SGT)
Reported by	Both
Date of Accident	25/07/2022 09:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TWDS TUAS B4 PIONEER RD NORTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ5459X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG CHIEN WEN,ANGELINE
NRIC No	SXXXX790I
Email Address	angeline13@gmail.com
Mobile Phone No	(Phone) +65-91281022
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V02726/VPC/R03

DRIVER

Name of Driver	NG CHIEN WEN,ANGELINE
NRIC No	SXXXX790I
Date Of Birth	25/08/1986
Occupation	Indoor

Date Of Driving Pass	09/07/2008
Driving experience	14 YEARS
Gender	Female
Mobile Number	(Phone) +65-91281022
Alt. Phone Number	-
Email Address	angeline13@gmail.com
Address	BLK 980D BUANGKOK CRESCENT
Address complement	#06-55
Postcode	536980
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)	1
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	-

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 ATTACHED STATEMENT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC2600Y
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	NG CHIEN WEN,ANGELINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	SMJ5459X
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No


SKETCH PLAN

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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.


Policyholder's Signature / Date & Time


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

 26/07/22
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE towards Tuas before Pioneer Road North



(A) SMJ5459X
(B) SLC2600Y

Describe Circumstances of the Accident

Attached TP Report:

TI/20220725/7030

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

Declaration

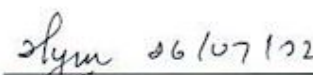
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

 26/07/22

Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**

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



T/20220725/7030

2 of 3

Report No. T/20220725/7030

CONTINUATION OF REPORT

Driver			
Name	NG CHIEN WEN, ANGELINE		ID No. S8624790I
Related Vehicle	SMJ5459X (Car)		Contact No. 91281022
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/07/2022		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

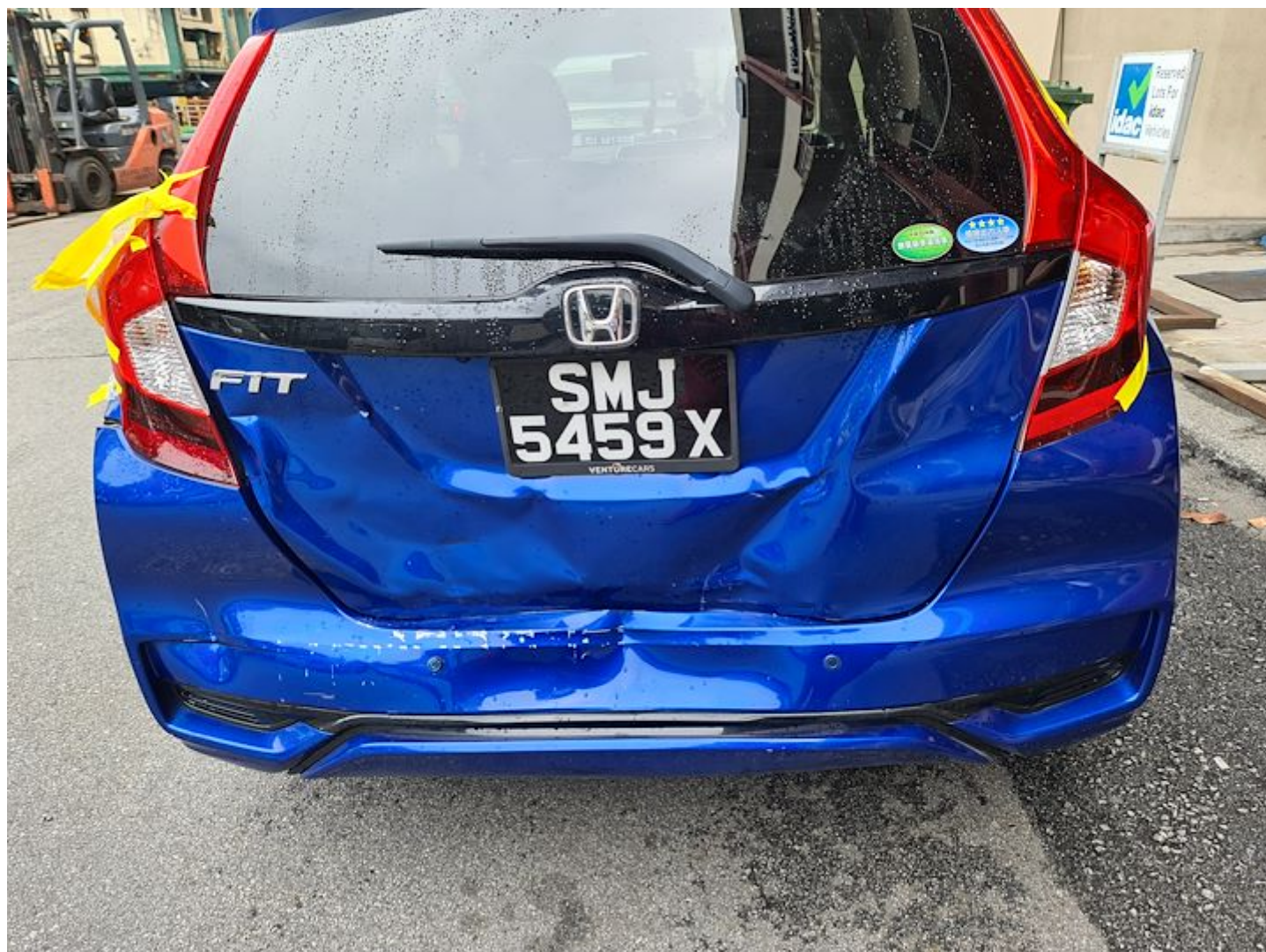
On 25/07/2022 (Date) at about _0925_ hours at along PIE towards Tuas before Pioneer Road North exit . I was travelling on the extreme left lane and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from the rear and when I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages.

After the accident, I went to consult a doctor and was awarded 05 days mc for my injury.

(A) SMJ5459X

(B) SLC2600Y

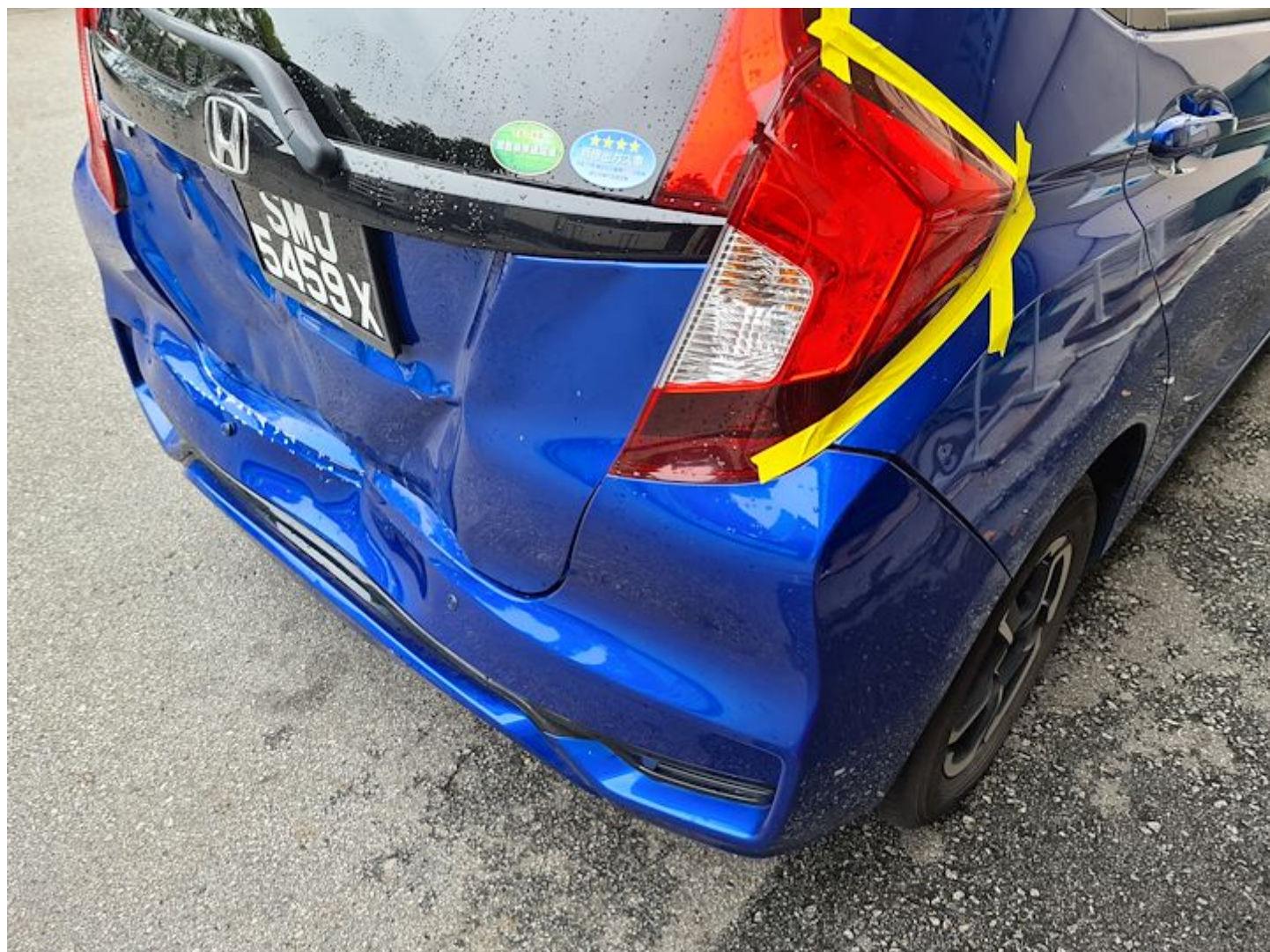




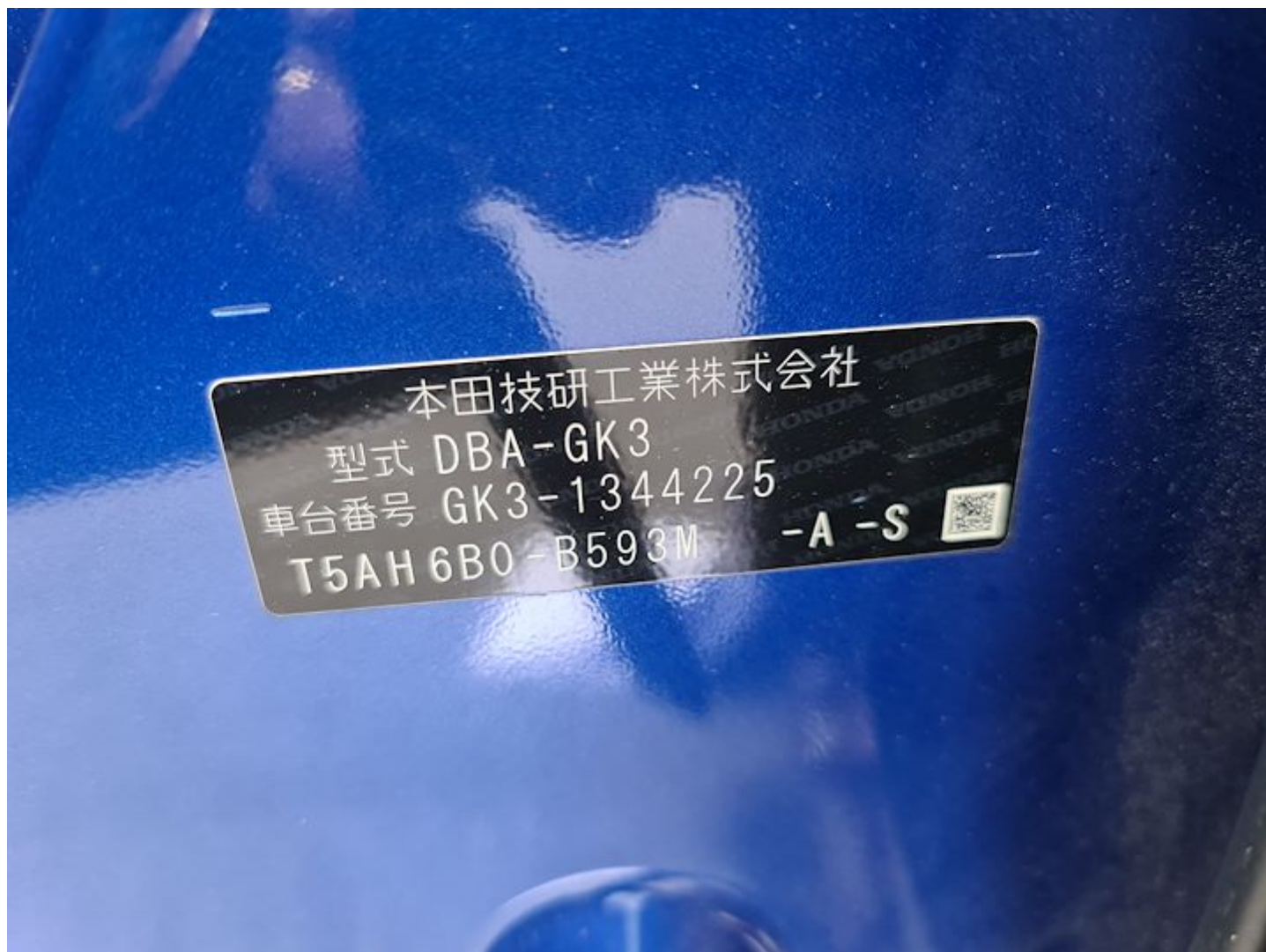
















SINGAPORE POLICE FORCE

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



T/20220725/7030

1 of 3

Report No. T/20220725/7030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/07/2022 14:27		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: NG CHIEN WEN, ANGELINE			Address: 980D BUANGKOK CRESCENT #06-55 SINGAPORE 536980		
ID Type / ID No.: NRIC NO / S86247901			Contact No.: Home/Office: Mobile: 91281022		
Nationality: SINGAPORE CITIZEN			Email: ANGELINE13@GMAIL.COM		
Sex: Female	Age: 35	Date of Birth: 25/08/1986	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 Others	Drink Drive: No	Date/Time of Accident: 25/07/2022 09:25	Type of Location: Straight Road
Location: PIE TOWARDS TUAS BEFORE PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLC2600Y	Car					0
SMJ5459X	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



T/20220725/7030

2 of 3

Report No. T/20220725/7030

CONTINUATION OF REPORT

Driver			
Name	NG CHIEN WEN, ANGELINE		ID No. S8624790I
Related Vehicle	SMJ5459X (Car)		Contact No. 91281022
Hospital/Clinic	CARE MEDICAL CLINIC		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	25/07/2022		Date NIL
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

On 25/07/2022 (Date) at about _0925_ hours at along PIE towards Tuas before Pioneer Road North exit . I was travelling on the extreme left lane and my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from the rear and when I alight, I realise it was vehicle (B) who hit onto the rear portion of my vehicle (A) causing damages.

After the accident, I went to consult a doctor and was awarded 05 days mc for my injury.

(A) SMJ5459X

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T/20220725/7030

3 of 3

Report No. T/20220725/7030

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 /
ANG YI TING, STEPHANIE
Contact No.: 65476414

NP168

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

Date/Time:
25/07/2022 14:27

Classification Of Case: