

## 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 Actual 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 .....	23/09/2022 12:58 (SGT)
Reported by .....	Both
Date of Accident .....	22/09/2022 09:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	VICTORIA ST TURN RIGHT TWDS ROCHOR RD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKR1531C
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIUNG CHEE MENG(LIANG ZHIMING)
NRIC No .....	S7921267I
Email Address .....	desmondliung@ymail.com
Mobile Phone No .....	(Phone) +65-92330113
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	FIT SHUTTLE 1.5X A
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private hire
Transmission .....	Auto
CC .....	1497

#### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5107201351-03

#### DRIVER

Name of Driver .....	LIUNG CHEE MENG(LIANG ZHIMING)
NRIC No .....	S7921267I
Date Of Birth .....	22/07/1979
Occupation .....	Outdoor

Date Of Driving Pass .....	26/02/2002
Driving experience .....	20 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-92330113
Alt. Phone Number .....	-
Email Address .....	desmondliung@ymail.com
Address .....	BLK 202 ANG MO KIO AVE 3 #03-1674
Address complement .....	-
Postcode .....	560202
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 .....	Raining
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) .....	2
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 .....	SHAWN LEE
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Teck Ghee Neighbourhood Police Post
Police Station Address .....	Blk 321 Ang Mo Kio Street 31 Singapore 560321
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED.

#### 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 .....	SLJ7747M
Vehicle Manufacturer .....	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PANG YAN
NRIC No .....	S7761557A
Contact Number .....	(Phone) +65-81802168
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 .....	LIUNG CHEE MENG(LIANG ZHIMING)
Gender .....	Male
Phone No .....	(Phone) +65-92330113
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	3 DAYS MC.
Injured person in which vehicle? .....	SKR1531C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

VEH NO: SKR1531 C  
INSURER: Income  
DATE OF ACC: 22/9/22 @ 9:30am


**IMPORTANT NOTICE**

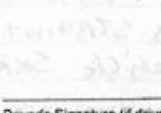
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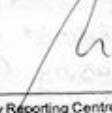
**8. Consent under the Personal Data Protection Act (PDPA)**

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  
(Name as in NRIC/ID card)

22/9/22

(Amk)

**Sketch Plan**

PLEASE  
TURN  
OVER



**Describe Circumstance of the Accident**

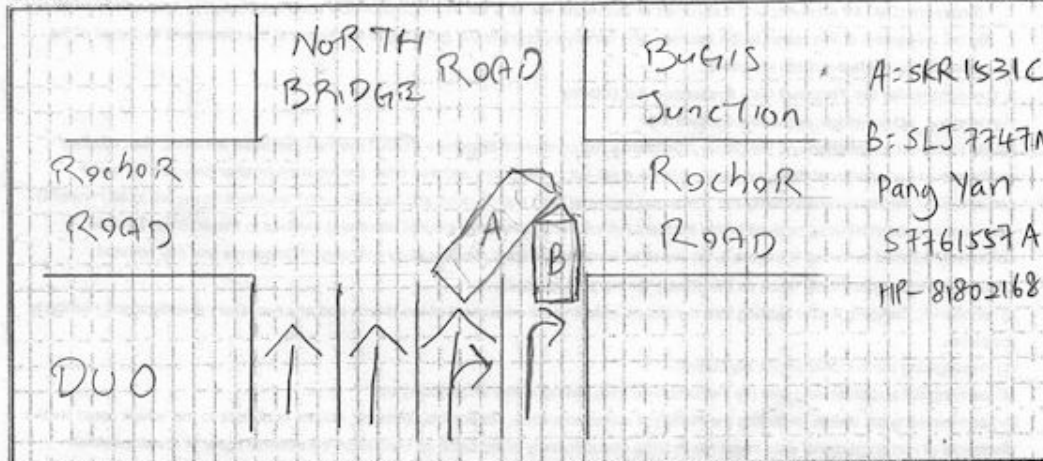
\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE

Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ) Claim Third party ( ) Reporting Only

(✓) Claim ODI/TP at other workshop ( )

Sketch Plan



My vehicle SKR1531C IS TURNING RIGHT TO ROCHOR ROAD TOWARDS CTE.

The other Vehicle SLJ7747M IS ON THE RIGHT TURNING LANE, BUT HE GOES STRAIGHT INSTEAD, THUS CAUSING COLLISION ON MY VEHICLE SKR1531C DRIVER SIDE.

**Declaration**

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

*[Signature]*

Policyholder's Signature / Date & Time

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

*[Signature]* 22/9/22

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

(AmK)





























# SINGAPORE POLICE FORCE



T/20220922/2217

1 of 3

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20220922/2217

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2022 17:13		Vide Report No.:		Station Diary No.: 19
<b>Informant's Particulars</b>				
Name of Informant: LIUNG CHEE MENG		Address: APT BLK 202 ANG MO KIO AVENUE 3 #03-1674 SINGAPORE 560202		
ID Type / ID No.: NRIC NO / S79212671		Contact No.: Home/Office: Mobile: 92330113		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 43	Date of Birth: 22/07/1979	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: GOJEK DRIVER		Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2022 09:30	Type of Location: X-Junction
Location: VICTORIA STREET				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR1531C	Car	HONDA	FIT SHUTTLE 1.5X A	Silver	Slightly Damaged	1
SLJ7747M	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





**SINGAPORE  
POLICE FORCE**



T/20220922/2217

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

2 of 3

Report No. T/20220922/2217

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKR1531C	NTUC Income Insurance Co-Operative Limited	5107201351-03	20/01/2022	19/01/2023

**Brief Details.**

On 22/09/2022 at around 0930hrs, I was fetching one passenger from duo galleria to Mount Elizabeth Orchard. At the time of the incident, I wanted to turn into Rochor road and was on the third lane where I could either move forward or make a right turn. I then wanted to make a right turn when suddenly the right side of my vehicle was hit by another vehicle SLJ7747M from the fourth lane where it could only turn right however he was moving forward. After the collision, We both got down from the vehicle and exchanged particulars. I then went to see a doctor at Clarion Medical and was given 3 days of MC by Dr. Lim Kien Sin (M19217A). Certificate NO: MC/95722.



**SINGAPORE  
POLICE FORCE**



T/20220922/2217

3 of 3

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

Report No. T/20220922/2217

## 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:

F /

SGT 1 Lai Shihao

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/09/2022 17:13

Officer In Charge Of Case:

TP / AEIT /

SR STAFF SGT MUHAMMAD NOOR BIN  
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168





**Clarion Medical**

Blk 202 Ang Mo Kio Ave 3 #01-1676 Singapore 560202  
Tel: 6353 0818 | Fax: 6353 2118 | Email: info@clarionmedical.com.sg

**MEDICAL CERTIFICATE**

This is to certify that **Liung Chee Meng (S7921267I)** is under treatment by me.

**Unfit For Duty**

Outpatient Leave: 3 Days From 22-09-2022 To 24-09-2022

Certified By:  
Dr. Lim Kien Sin (M19217A)

Certificate No: MC/95722

Date of Visit: 22-09-2022

Date of Issue: 22-09-2022

**Note:**

This certificate is not valid for absence from court.  
This certificate is electronically generated. No signature is required.

**CLARION**  
MEDICAL

Blk 202 Ang Mo Kio Ave 3, #01-1676 S(56020)  
Tel: 6353 0818 | Fax: 6353 2118  
Email: info@clarionmedic.n.a.c.

**Clarion Medical**

Blk 202 Ang Mo Kio Ave 3 #01-1676 Singapore 560202  
 Tel: 6353 0818 | Fax: 6353 2118 | Email: info@clarionmedical.com.sg  
 Co. Reg: 201732517W | GST: Reg: 201732517W

**TAX INVOICE**

**LIUNG CHEE MENG**  
**(S7921267I)**

Ang Mo Kio View, 202 Ang Mo Kio  
 Avenue 3, #03-1674  
 SINGAPORE 560202

Invoice No: CLAR2022\_13648

Visit Date: 22-09-2022

Attending Doctor: Dr. Lim Kien Sin

Items :	Amount
<b>Consultation</b>	<b>\$ 27.00</b>
Consultation	\$ 27.00
<b>Medication</b>	<b>\$ 46.00</b>
Etoricoxib (Arcoxia) 120mg10 Tablet	\$ 32.00
Paracetamol/Orphenadrine 20 Tablet (Suniton)	\$ 7.00
Fastum Gel 2.5% 1 Tube	\$ 7.00
<b>Investigation</b>	<b>\$ 0.00</b>
<b>Others</b>	<b>\$ 0.00</b>
Total :	\$ 73.00
GST-7% :	\$ 5.11
<b>Subsidy Amount :</b>	<b>\$ 10.00</b>
CHAS (Claimed On 22-09-2022)	\$ 10.00
Rounding :	\$ 0.00
<b>Grand Total :</b>	<b>\$ 68.11</b>
<b>Paid By:</b>	<b>Amount Outstanding :</b>
\$68.11 Cash (Paid on 22-09-2022)	<b>\$ 0.00</b>

Note:

(This is a computer generated invoice. No Signature is required.)