

# 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 .....	10/10/2022 11:25 (SGT)
Reported by .....	Both
Date of Accident .....	19/01/2020 14:35 (SGT)
Exact Location of Accident .....	Sembawang Rd, Singapore
Additional Location Information .....	TOWARDS UPPER THOMSON ROAD NEAR NEE SOON CAMP
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJT6009M
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	POH GIM JOO
NRIC No .....	SXXXX119C
Email Address .....	kennypoh@live.com
Mobile Phone No .....	(Phone) +65-91012723
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Kia
Model .....	Cerato
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 - Reporting only
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1591

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SD19V13641/VPE/R00/E00

### DRIVER

Name of Driver .....	POH GIM JOO
NRIC No .....	SXXXX119C
Date Of Birth .....	21/11/1965
Occupation .....	Indoor

Date Of Driving Pass .....	19/09/1986
Driving experience .....	33 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91012723
Alt. Phone Number .....	-
Email Address .....	kennypoh@live.com
Address .....	BLK 115C CANBERRA WALK #08-173
Address complement .....	-
Postcode .....	753115
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
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 .....	Sembawang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18005549999
Police Station Address .....	4 Sembawang Crescent Singapore 757633
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220304/2113

#### 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 .....	SJQ5627B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Private car
Name of Driver .....	MOHAN S/O MASILAMONEY
NRIC No .....	SXXXXX013E
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Police for investigation.**
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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

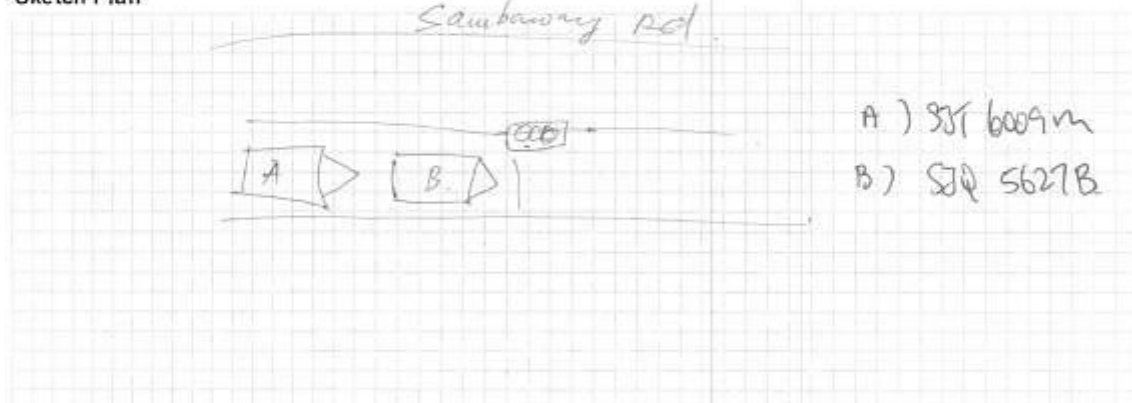
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

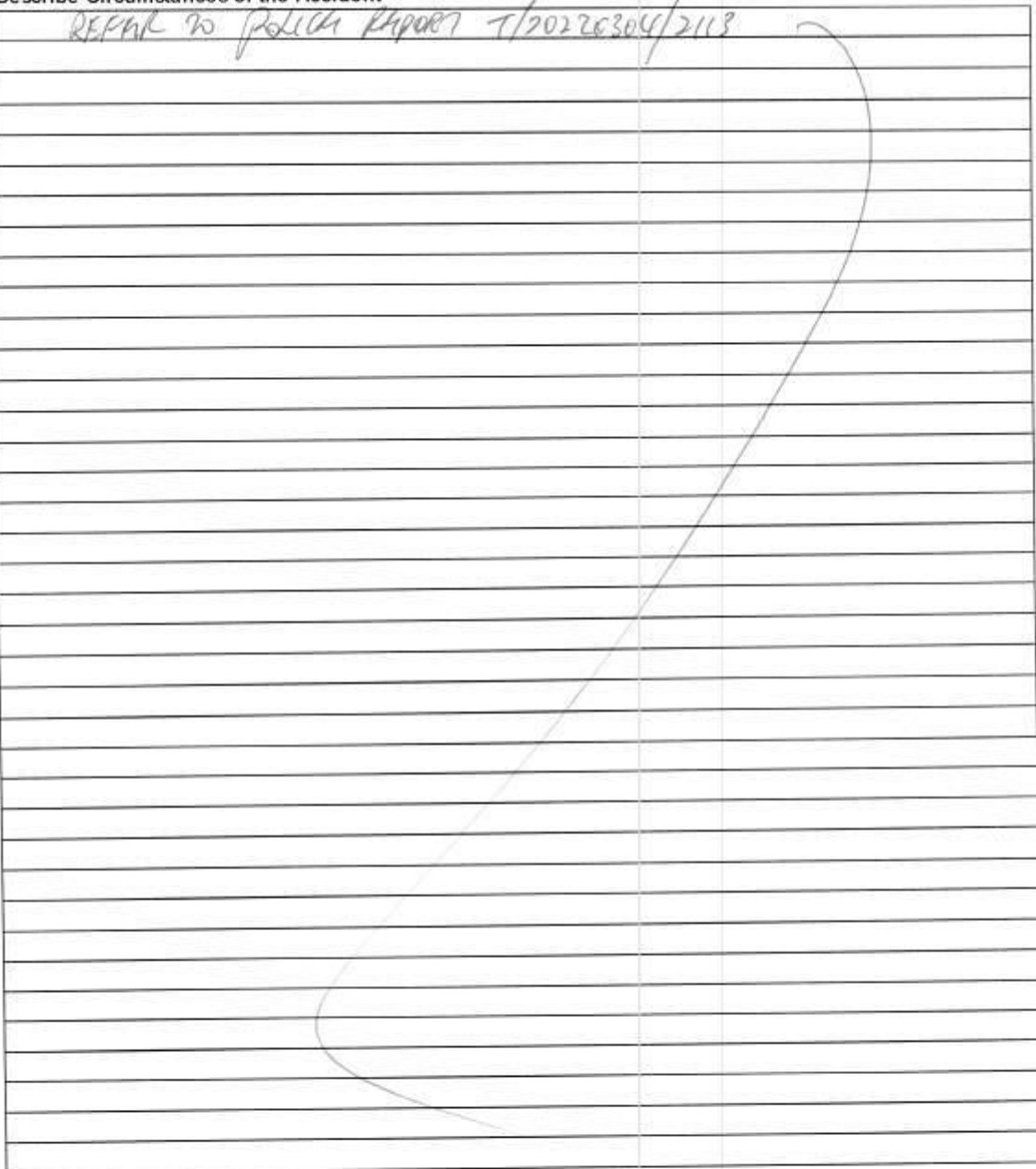
Witnessed by Reporting Centre Personnel

## **Sketch Plan**



## Describe Circumstances of the Accident

REFERR TO POLICE REPORT T/20220304/2113

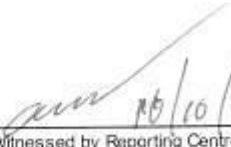


## Declaration

(We declare the foregoing particulars are true in every respect.)

 27/5/22  
Policyholder's Signature / Date &  
Time

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

 16/10/2022  
Witnessed by Reporting Centre  
Personnel































**SINGAPORE  
POLICE FORCE**



T/20200304/2113

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Report No. T/20200304/2113

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/03/2020 18:16		Vide Report No.:		Station Diary No.: 98
<b>Informant's Particulars</b>				
Name of Informant: POH GIM JOO		Address: APT BLK 115C CANBERRA WALK #08-173 SINGAPORE 753115		
ID Type / ID No.: NRIC NO / S2189119C		Contact No.: Home/Office:		Mobile: 91012723
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 54	Date of Birth: 21/11/1965	Type of Informant: Driver	
Race: Chinese		Language:		Institution / School Name:
Occupation: TECHNICIAN		Driving Licence Information: Class: 3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2020 14:35	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SEMBAWANG ROAD UPPER THOMSON ROAD NEAR NEE SOON CAMP				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJQ5627B	Car	HYUNDAI	AVANTE	White	Slightly Damaged	1
SJT6009M	Car	KIA	CERATO FORTE	Grey	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJT6009M	LIBERTY INSURANCE PTE LTD	C0100518	01/11/2019	31/10/2020





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Report No: T/20200304/2113

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MOHAN S/O MASILAMONEY	ID No.	S1628013E
Related Vehicle	SJQ5627B (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	POH GIM JOO	ID No.	S2189119C
Related Vehicle	SJT8009M (Car)	Contact No.	91012723
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date, time and location, I was driving my car in the most right lane. At a red traffic light, I stopped behind another white car. When the light turned green, I saw that the white car began to move off as such I moved off as well. Suddenly, the white car stopped due to unknown reasons. I was unable to stop in time and the front of my car hit into the white car's rear. It was just a minor impact and no one was injured.

The damage on the white car is minor scratch on its rear bumper. My vehicle had no damage. I have no invehicle CCTV. We exchanged particulars and agreed to private settlement but he never called me to discuss. I was also too busy to call him and lost his handphone number later.





# SINGAPORE POLICE FORCE

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Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999



T/20200304/2113

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Report No. T/20200304/2113

## 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:

L /

Staff Sgt KOH XIU MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/03/2020 18:16

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168