

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 25/10/2022 13:29 (SGT)
Reported by Both
Date of Accident 20/10/2022 10:46 (SGT)
Exact Location of Accident 2 Aliwal St, Singapore 199895
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML8154U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HAN SUAN JUAN
NRIC No SXXXX785I
Email Address SJHAN4@GMAIL.COM
Mobile Phone No (Phone) +65-97319234
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Toyota
Model Esquire
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 1986

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SI22V05925/VPC/R03

DRIVER

Name of Driver HAN SUAN JUAN
NRIC No SXXXX785I
Date Of Birth 04/12/1964
Occupation Indoor

Date Of Driving Pass	30/11/1983
Driving experience	38 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97319234
Alt. Phone Number	-
Email Address	SJHAN4@GMAIL.COM
Address	237 SERENGOON AVE 3 #05-112
Address complement	-
Postcode	550237
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	Collided into Parked Vehicle
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	Ang Mo Kio North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004849999
Alt. Police Station Phone No	(Fax) +65-62181399
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	UNKNOWN
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)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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

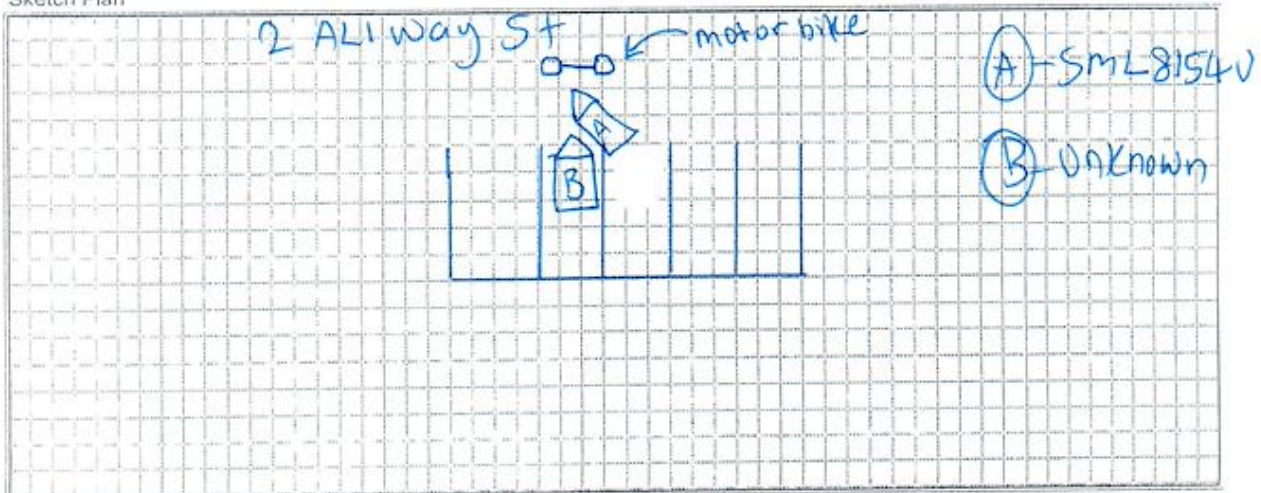
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature] 25/10
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



vJun2022

Describe Circumstance of the Accident

Refer to Police Report

T/2022102412016

Declaration

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

x [Signature]
Policyholder's Signature / Date & Time

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

[Signature] 25/10
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

























**SINGAPORE
POLICE FORCE**



T/20221024/2016

1 of 3

Report No. T/20221024/2016

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/10/2022 10:46		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: HAN SUAN JUAN			Address: APT BLK 237 SERANGOON AVENUE 3 #05-112 SINGAPORE 550237		
ID Type / ID No.: NRIC NO / S16437851			Contact No.: Home/Office: Mobile: 97319234		
Nationality: SINGAPORE CITIZEN			Email: SJHan4@Gmail.com		
Sex: Male	Age: 57	Date of Birth: 04/12/1964	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: ENGINEER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 20/10/2022 00:00	Type of Location: Car Park
Location: ALI WAL STREET				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SML8154U	Car				Slightly Damaged	0

Details of Person Involved

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



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T/20221024/2016

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569929
Tel No: 1800-4519999

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Report No. T/20221024/2016

CONTINUATION OF REPORT

Driver			
Name	HAN SUAN JUAN	ID No.	S1643785I
Related Vehicle	SML8154U (Car)	Contact No.	97319234
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 21/10/2022 at about 0700hrs. When fetched my granddaughter she informed me that there was damages on my vehicle. There were scratches on the left rear wheel arch and the left rear passenger door. Thinking that it might be hit by someone and the damages is small. I decided that I will get it settle on my own.

On 22/10/2022 at about 1700hrs I received a message from Desmond 91525221. He informed me that my vehicle SML8154U had hit another vehicle at the carpark located at Aliwal Street. He also sent me a photo of my vehicle leaving the parking lot at Aliwal Street. He ask if wants to have a private settlement or by insurance claim. Initially I told him that I am fine with private settlement. But there was no reply from him. Therefore, I informed to go for insurance claim instead.

I remembered that on 20/10/2022 I arrived at Aliwal Street. The parking along the road was full there for I went to park below a building. The place was narrow. At about 2130hrs I left the place. I remembered that there was a motorcycle parked in front of my vehicle. My focus was not to hit the motorcycle. I even remembered that I reverse twice before getting out of the lot. The accident might have happen went I was maneuvering out of the lot. However, I was unaware when it happen.

I have already informed my insurance company through phone. I will also be going to workshop to file a report. My insurance company also advice me to lodge a police report.



**SINGAPORE
POLICE FORCE**



T/20221024/2016

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

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Report No. T/20221024/2016

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 3 YAP PENG TING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/10/2022 10:46

Officer In Charge Of Case:
TP / GIA /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

NP168