

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 08/11/2022 16:02 (SGT)
Reported by Both
Date of Accident 07/11/2022 17:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS AVE 4
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMW307R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner HUA MEITING
NRIC No SXXXX457F
Email Address huameiting@gmail.com
Mobile Phone No (Phone) +65-98396554
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model Jazz
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 SD20V13848

DRIVER

Name of Driver HUA MEITING
NRIC No SXXXX457F
Date Of Birth 11/12/1992
Occupation Indoor

Date Of Driving Pass	15/08/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98396554
Alt. Phone Number	-
Email Address	huameiting@gmail.com
Address	BLK 649 WOODLANDS RING RD
Address complement	#05-442
Postcode	730649
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	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)	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

AS ANNEX D&E
POLICE REPORT NO. T/20221108/7051

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YQ9696Y
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Commercial vehicle
Name of Driver	LEE YOON LEONG
Work Permit No	5XXXX4202
Contact Number	(Phone) +65-94228796
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	HUA MEITING
Gender	Female
Phone No	(Phone) +65-98396554
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK & LOWER BACK ACHING
Injured person in which vehicle?	SMW307R
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

Vehicle Number: SMW 307R

SKETCH PLAN

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7. By the lodgment 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.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Diagram illustrating the accident scene layout:

- Bus leaving from Bus Bay
- Vehicle (A) (SMW 307R) Stopped to Give Way
- Vehicle (B) (YQ 9696Y) Hit to Veh (A)
- Woodlands Ave

I was giving way to bus, which is leaving the bus bay.
 Stopped behind give way (double dotted line).
 Truck behind my vehicle hit the rear of my car.
 Windscreens shattered, rear camera dislodged and missing after impact.
 My car did not hit the bus leaving the bus bay.
 Developed neck and low back pain.

I/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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

























**SINGAPORE
POLICE FORCE**



T/20221108/7051

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

1 of 3

Report No. T/20221108/7051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 15:07		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HUA MEITING			Address: 649 WOODLANDS RING ROAD #05-442 SINGAPORE 730649		
ID Type / ID No.: NRIC NO / S9245457F			Contact No.: Home/Office: Mobile: 98396554		
Nationality: SINGAPORE CITIZEN			Email: HUAMEITING@GMAIL.COM		
Sex: Female	Age: 29	Date of Birth: 11/12/1992	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: 07/11/2022 17:30	Type of Location: Near bus give-way box
Location: WOODLANDS AVENUE 4				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		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	Conditio	No of
SMW307R	Car					0
YQ9696Y	Lorry					0



**SINGAPORE
POLICE FORCE**



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

Report No. T/20221108/7051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HUA MEITING	ID No.	S9245457F
Related Vehicle	SMW307R (Car)	Contact No.	98396554
Hospital/Clinic	GREENLINK MEDICAL CLINIC	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	08/11/2022	Date	08/11/2022
No. of Days granted Medical Leave	04	Degree of	Slight
Driver			
Name	LEE YOON LEONG	ID No.	537344202
Related Vehicle	YQ9696Y (Lorry)	Contact No.	94228796
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

Brief Details.

Traveling near Blk 617 Woodlands Avenue 4 S730617

I was stopping behind bus give-way box to allow public bus to exit bus stop.
Truck behind me was too close and too fast and rear-ended my vehicle.
I did not hit the bus ahead of me, bus drove off.

I have pictures and videos.



**SINGAPORE
POLICE FORCE**

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



T/20221108/7051

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Report No. T/20221108/7051

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:
08/11/2022 15:07

Classification Of Case:

