

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 21/11/2022 18:22 (SGT)
Reported by Driver
Date of Accident 20/11/2022 12:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information MANDAI AVE TURNING TO SEMBAWANG RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ5792U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SIEW CHOO
NRIC No S1440786C
Email Address TSCINDY@YAHOO.COM.SG
Mobile Phone No (Phone) +65-97266445
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model City
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd
Policy Number / Cover Note Number SLJ5792U

DRIVER

Name of Driver LESLIE ANG DEYANG
NRIC No S9310510I
Date Of Birth 17/03/1993
Occupation Indoor

Date Of Driving Pass	11/12/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98320805
Alt. Phone Number	-
Email Address	LESLIEANGDY@GMAIL.COM
Address	549B SEGAR RD #10-652 S.672549
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	CHOO JIA LING ALINA
Gender	Female

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

REFER ATTACHED POLICE REPORT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJK2508M
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	LESLIE ANG DEYANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ5792U
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	CHOO JIA LING ALINA
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ5792U
Were seat belts worn?	-
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

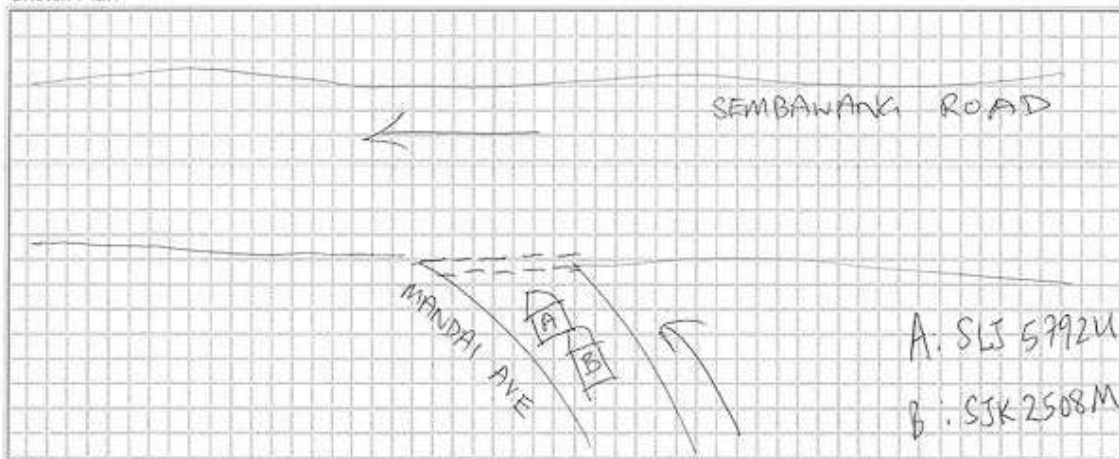
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


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

Sketch Plan



vJun2022

Describe Circumstance of the Accident

On 20 November 2022 at about 12.30pm, I was driving my vehicle (SL55792U) and filtering out from Mandai Ave to Sembawang Road. I stopped at the 'Give Way' line after the pedestrian crossing to look out for oncoming traffic. Then, I felt a huge impact from the rear of my vehicle and my vehicle was surged forward and forced to cross the 'Give Way' line. I noticed from my rear view mirror that a vehicle had collided into the back of my vehicle. I stopped my vehicle and turned on my hazard lights, with the other vehicle stopping behind me. After determining that it was safe to exit my vehicle, I alighted and noticed a black Mitsubishi vehicle (SJK250SM) had collided into the rear of my vehicle. The driver of SJK250SM apologised for colliding into my vehicle and we proceeded to exchange particulars and took photographs of the damage on our vehicles. ~~The driver of SJK250SM mentioned that she collided to a~~

Declaration

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



Policyholder's Signature / Date & Time



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



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



**SINGAPORE
POLICE FORCE**



T/20221120/7052

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

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Report No. T/20221120/7052

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2022 22:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LESLIE ANG DEYANG			Address: 549B SEGAR ROAD #10-652 SINGAPORE 672549		
ID Type / ID No.: NRIC NO / S9310510I			Contact No.: Home/Office: Mobile: 98320805		
Nationality: SINGAPORE CITIZEN			Email: LESLIEANGDY@GMAIL.COM		
Sex: Male	Age: 29	Date of Birth: 17/03/1993	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/11/2022 12:30	Type of Location: Filter lane from Mandai Ave to Sembawang Road
Location: SEMBAWANG ROAD				
Weather: Sunny		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Two Way		Traffic Control: Pedestrian Crossing	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
SLJ5792U	Car					0



**SINGAPORE
POLICE FORCE**



T/20221120/7052

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

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Report No. T/20221120/7052

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	CHOO JIA LING, ALINA	ID No.	S9548113B
Related Vehicle	SLJ5792U (Car)	Contact No.	91817429
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	20/11/2022	Date	20/11/2022
No. of Days granted Medical Leave	01	Degree of	Slight
Driver			
Name	LESLIE ANG DEYANG	ID No.	S9310510I
Related Vehicle	SLJ5792U (Car)	Contact No.	98320805
Hospital/Clinic	RAFFLES MEDICAL	Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL
Date	20/11/2022	Date	20/11/2022
No. of Days granted Medical Leave	01	Degree of	Slight

Brief Details.

On 20 November 2022 at about 12.30pm, I was driving my vehicle (SLJ5792U) and filtering out from Mandai Ave to Sembawang Road. I stopped at the 'Give Way' line after the pedestrian crossing to look out for oncoming traffic. Then, I felt a huge impact from the rear of my vehicle and my vehicle was surged forward and forced to cross the 'Give Way' line. I noticed from my rear view mirror that a vehicle had collided into the back of my vehicle. I stopped my vehicle and turned on my hazard lights, with the other vehicle stopping behind me. After determining that it was safe to exit my vehicle, I alighted and noticed a black Mitsubishi vehicle (SJK2508M) had collided into the rear of my vehicle. The driver of SJK2508M apologised for colliding into my vehicle and we proceeded to exchange particulars and took photographs of the damage on our vehicles. The driver of SJK2508M mentioned that she wished to proceed with private settlement for the damages caused. As both my wife (front passenger) and I felt pain after the accident, we went to visit a clinic for examination on the same afternoon.



**SINGAPORE
POLICE FORCE**



T/20221120/7052

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

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Report No. T/20221120/7052

CONTINUATION OF REPORTSketch 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 /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

NP168

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

Date/Time:
20/11/2022 22:37

Classification Of Case: