

# 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 .....	14/12/2022 16:10 (SGT)
Reported by .....	Both
Date of Accident .....	14/12/2022 07:50 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	WOODLANDS CHECKPOINT TOWARDS JOHOR BAHRU
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMH2779C
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	GAO LUYI
NRIC No .....	SXXXX119A
Email Address .....	lujianprinting@gmail.com
Mobile Phone No .....	(Phone) +65-98736193
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Shuttle
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 hire
Transmission .....	Auto
CC .....	1496

### INSURANCE COMPANY

Name of Insurance Company .....	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number .....	SI21V15729 /VPL /R03

### DRIVER

Name of Driver .....	GAO LUYI
NRIC No .....	SXXXX119A
Date Of Birth .....	08/01/1984
Occupation .....	Indoor

Date Of Driving Pass .....	05/10/2007
Driving experience .....	15 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98736193
Alt. Phone Number .....	-
Email Address .....	lujianprinting@gmail.com
Address .....	APT BLK 130B LORONG 1, TOA PAYOH
Address complement .....	# 10-514
Postcode .....	312130
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? .....	Yes
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	5
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 .....	-

#### FOREIGN VEHICLE 1

Vehicle Registration Number .....	JJG3662
Vehicle Category .....	Motorcycle

#### PASSENGER 1

Name .....	HAN JING
Gender .....	Female

#### PASSENGER 2

Name .....	LAI LAI HLIANG
Gender .....	Female

#### PASSENGER 3

Name .....	GAO WENBEI
Gender .....	Female

#### PASSENGER 4

Name .....	GAO YUHAN ELOISE
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Toa Payoh Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002519999
Alt. Police Station Phone No .....	(Fax) +65-63548749

Police Station Address .....	93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACH POLICE REPORT- T/20221214/2038

#### 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 .....	CAR CAMERA SD-CARD WITH POLICE OFFICER.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	JJG3662
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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 .....	UNKNOWN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SERIOUS INJURY
Injured person in which vehicle? .....	JJG3662
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## SKETCH PLAN

## IMPORTANT NOTICE

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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.

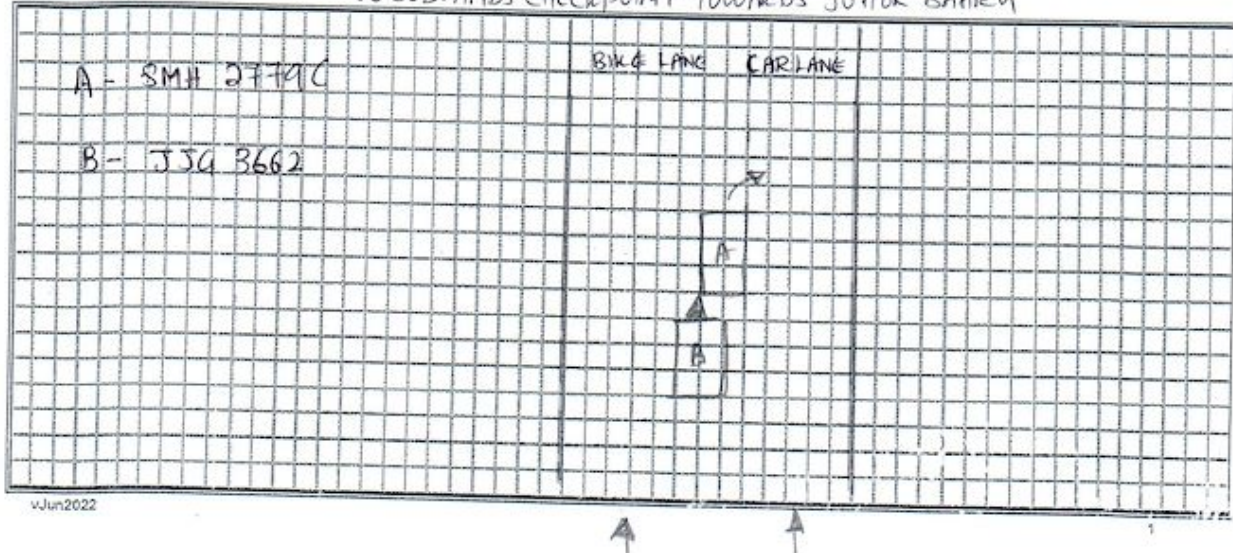
Policyholder's Signature / Date & Time

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

WOODLANDS CHECKPOINT TOWARDS JOHOR BAHRU



vJun2022




Describe Circumstance of the Accident

- please refer to the attach police Report
- T1 20221214/2038

Declaration


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

Policyholder's Signature / Date & Time

 14/12/22

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

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

 14/12/2022



**SINGAPORE  
POLICE FORCE**



T/20221214/2063

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

2 of 3

Report No. T/20221214/2063

**CONTINUATION OF REPORT**

**Brief Details.**

Complainant informed checkpoint should be Woodlands Check Point instead of Tuas Check Point. This report was made for the amendment to the change of check point.

On the 14/12/2022 at about 7.45am, I was travelling along Woodlands Check point in my vehicle (SMH2779C) together with my wife, my helper and 2 children. My 11 years old daughter was at the passenger seat and my wife, together with my helper were at the rear passenger seat together with my 1 years old baby.

It was a 2-lane road, and I was travelling at the left lane (Lane 2). However, I realized that I was at the wrong lane, as the left lane was only meant for motorcyclist. Therefore, I decided to change lane to the right (Lane 1). As I was slowing changing lane after signaling to move right, I suddenly felt an impact from my rear. Afterwhich, I realized that one Malaysia motorcycle (JJG3662) had collided into my rear.

I immediately alighted from my vehicle and make a check on the motorcyclist. Subsequently, I called for the ambulance as I observed that the motorcyclist was injured and bleeding. A while later, both ambulance and the traffic police arrived at the scene. Paramedics made a check on the motorcyclist and conveyed him to hospital. My family and I were not injured when the accident happened.

Both my front and rear in car camera captured the accident. The in-car camera SD card was handed over to the traffic police at scene.

**My passengers' particulars,**

Passenger 1: Han Jing S8375823F (Wife)  
Passenger 2: Lai Lai Hlaing G4104793W (Helper)  
Passenger 3: Gao Wenbei T1116121E (Daughter)  
Passenger 4: Gao Yuhan Eloise T2105189B (Daughter)



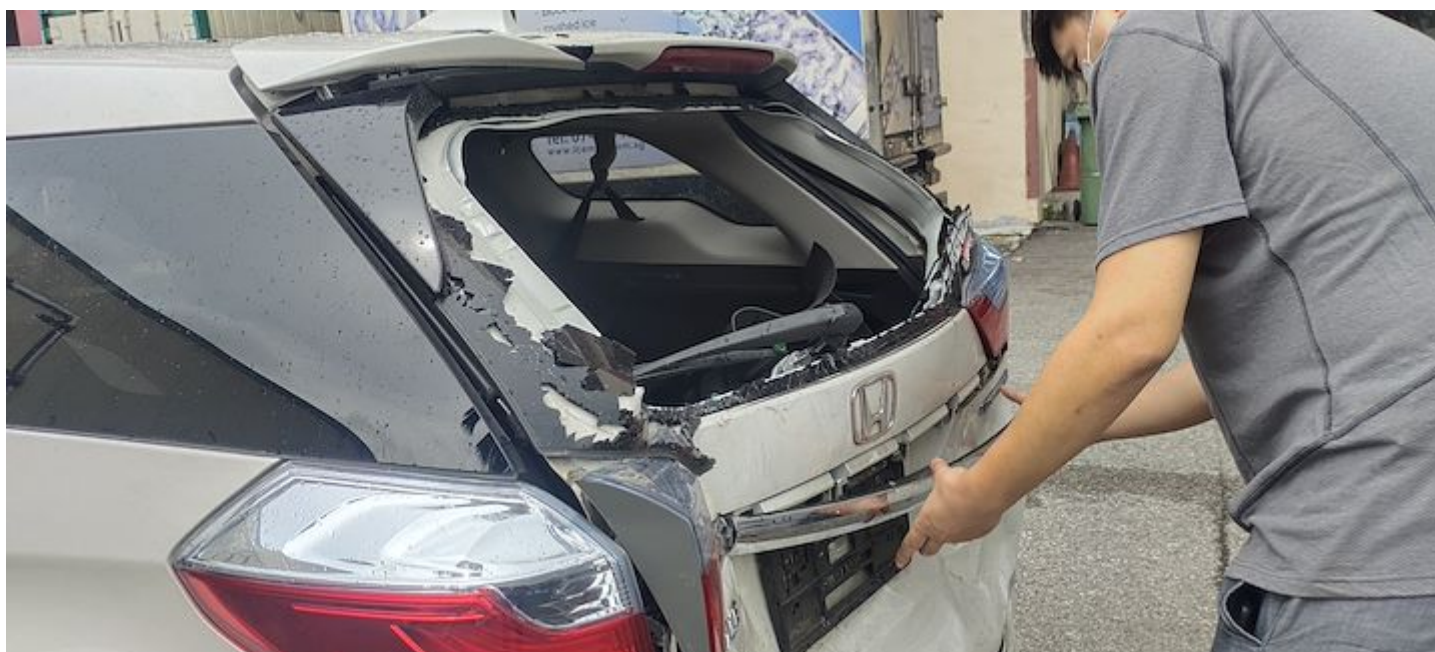




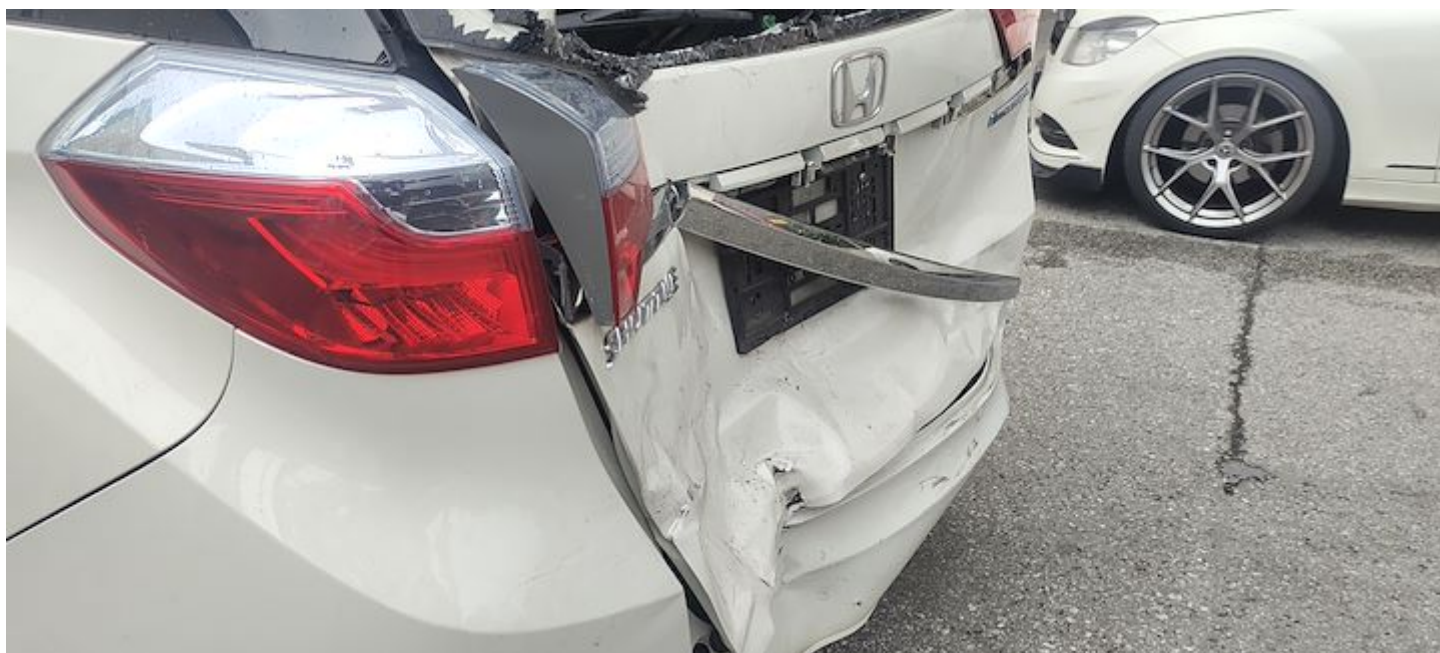























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T/20221214/2063

1 of 3

Report No. T/20221214/2063

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made:

14/12/2022 15:24

Vide Report No.:

T/20221214/2038

Station Diary No.:

62

**Informant's Particulars**

Name of Informant:

GAO LUYI

Address:

APT BLK 130B LORONG 1 TOA PAYOH #10-514  
SINGAPORE 312130

ID Type / ID No.:

NRIC NO / S8474119A

Contact No.:

Home/Office:

Mobile: 98736193

Nationality:

SINGAPORE CITIZEN

Email:

lujiangprinting@gmail.com

Sex:

Male

Age:

38

Date of Birth:

08/01/1984

Type of Informant:

Driver

Race:

Chinese

Language:

Institution / School Name:

Occupation:

SERVICE ENGINEER

Driving Licence Information:

Class: 3

Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2022 07:45	Type of Location: Straight Road
Location:  WOODLANDS CROSSING				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JJG3662	Motorcycle					0
SMH2779C	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	White		4





**SINGAPORE  
POLICE FORCE**



T/20221214/2063

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Tel No: 1800-2519999



T/20221214/2063

3 of 3

Report No. T/20221214/2063

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:  
E /

SGT 3 PHYLLIS HENG PEI LING

Signature Of Informant:

Signature Of Interpreter:  
Not applicableDate/Time:  
14/12/2022 15:24Officer In Charge Of Case:  
TP / GIT /  
SI CHONG GUAN FATT  
Contact No.: 65472077

Classification Of Case:

NP168



**SINGAPORE POLICE FORCE**  
ACKNOWLEDGEMENT SLIP

10 SUPRIYAN

65476247

Ref: Report No: 2/20221214/0040

I, SUT, T210126, T04 J2A FENG.  
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)

of TP HQ  
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 01 HK 326-B IN CAR CAMERA SD CARD.
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_
- 6 \_\_\_\_\_
- 7 \_\_\_\_\_
- 8 \_\_\_\_\_
- 9 \_\_\_\_\_
- 10 \_\_\_\_\_

from GAO LUYI, 88474119A  
(Name, NRIC or Passport No. / Rank and No.)

of APT BIK 130B LORONG 1 T01A P12Y04 #10-510  
(Address / Police Station / NPC / NPP)

on 14/12/2022 at 0830HRS  
(Date) (Time)

Witnessed by / \* Handed over by:  
(\* Delete if applicable)

Received by:

[Signature]  
(Signature)

[Signature]  
(Signature)

88474119A  
(Name, NRIC or Passport No. / Rank and No.)

SUT, T210126, J2A FENG.  
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: \_\_\_\_\_







**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SN0922CE0005 Vehicle Registration No: SMH 2779C  
 Name (as shown in NRIC): GAO LUYI NRIC/FIN/Passport No: S8474119A  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: APT BLK 130B LORONG 1 TOA PAYOH # 10-S14 Singapore (312130)  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 9873 6193  
 Email Address: lyjianprinting@gmail.com  
 Date of Accident: 14/12/2022 Time of Accident: 7:50 a.m  
 Place of Accident: Woodlands checkpoint towards Johor Bahru  
 Insurance Company: Liberty

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend policy Number - SI21VI5729/VPL/R03

\_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

gauri 15/12/2022  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: