

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 28/12/2022 17:59 (SGT)
Reported by Driver
Date of Accident 27/12/2022 14:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information LORNIE RD TOWARDS PIE TUAS
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC4719U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JUICY FRESH PTE LTD
Company Reg No 201619214R
Email Address SLTANJANETTAN@GMAIL.COM
Mobile Phone No (Phone) +65-85059688
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model Urvan
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 Commercial vehicle
Transmission Manual
CC 2953

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number SP2002522634

DRIVER

Name of Driver LIU LI YUAN LUXFER
NRIC No S7821050H
Date Of Birth 01/08/1978
Occupation Outdoor

Date Of Driving Pass	11/11/2002
Driving experience	20 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-85059688
Alt. Phone Number	-
Email Address	SLTANJANETTAN@GMAIL.COM
Address	BLK 34 WHAMPOA WEST #12-55 S330034
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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)	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

REFER POLICE REPORT ATTACHED

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	SHB5025R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	LIU LI YUAN LUXFER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	UNKNOWN
Injured person in which vehicle?	GBC4719U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIP Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. By the payment of the report to the insurer, 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, the undersigned, do hereby agree and consent that:
 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIAS") 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 generated by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all third parties (who have insured vehicles) involved in this accident (all insurers) who have insured vehicles involved in this accident shall be collectively referred to as the "insurers", the insurer's lawyers/law firms, the Ministry 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 the 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 recoveries 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 in order 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 insurers) who have insured vehicles 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/are be disclosed by any of the insurers and/or GIAS to their third party service providers for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my recoveries 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 in order 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");

[Handwritten Signature]



28 DEC 2022



Policyholder Signature: Date & Time

Driver's Signature (if different from the policyholder): Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Sketch Plan	
<div style="position: relative; height: 150px;"> <div style="position: absolute; top: 0; left: 0; width: 100%; height: 100%; border: 1px solid black; background-color: #f0f0f0;"></div> </div>	<p>✓ RE TWDS TWAS</p> <p>[A] GBC47194</p> <p>[B] SHB5035R</p>

Describe Circumstances of the Accident

~~I WAS DRIVING ALONG LORINE RD.~~

REFER TO POLICE REPORT NO.
T/20221227/7056

Declaration

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

[Signature]



[Signature]

28 DEC 2022

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20221227/7066

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

1 of 3

Report No: T/20221227/7066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2022 21:28		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: LIU LI YUAN LUXFER		Address: 34 WHAMPOA WEST #12-55 SINGAPORE 330034	
ID Type / ID No.: NRIC NO / S7821050H		Contact No.: Home/Office: Mobile: 85059688	
Nationality: SINGAPORE CITIZEN		Email: LUXFER_LAU@MSN.COM	
Sex: Male	Age: 44	Date of Birth: 01/08/1978	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:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/12/2022 14:15	Type of Location: Straight Road
Location: LORNIE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 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
GBC4719U	Van	NISSAN	E25	Silver	Slightly Damaged	1
SHB5025R	Car					0



SINGAPORE
POLICE FORCE

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



T/20221227/7066

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Report No. T/20221227/7066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	LIU LI YUAN LUXFER	ID No.	S7821050H
Related Vehicle	GBC4719U (Van)	Contact No.	85059688
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.

At 215pm on 27 Dec 2022, I was driving my company (Juicy Fresh) van GBC 4719U heading towards PIE (Tuas) at Lornie Road, and was joining the queue entering the expressway.

I was suddenly hit at the rear by a brown SMRT taxi SHB5025R. The bumper had a big dent and the rear door could not be opened.

The taxi driver, Mr Lee (HP: 98138819) got down and we assessed the damage caused to the company van; and took some pictures.

No injuries were sustained during this accident.



SINGAPORE
POLICE FORCE

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



T/20221227/7066

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Report No. T/20221227/7066

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 /
MUHAMMAD NOOR BIN ABDUL RAHMAN
Contact No.: 65476219

NP158

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

Date/Time:
27/12/2022 21:28

Classification Of Case: