

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	25/01/2023 14:41 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/01/2023 22:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE towards Changi Airport (Near Kallang Bahru Exit)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1844E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Knq Swee Moi Susan
NRIC No	SXXXX453C
Email Address	susankng551454@yahoo.com
Mobile Phone No	(Phone) +65-96672835
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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	1995

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V06175/VPE/R00

DRIVER

Name of Driver	Knq Swee Moi Susan
NRIC No	SXXXX453C
Date Of Birth	04/06/1962
Occupation	Indoor

Date Of Driving Pass	13/04/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96672835
Alt. Phone Number	-
Email Address	susankng551454@yahoo.com
Address	Blk 55 New Upper Changi Road
Address complement	#22-1454
Postcode	461055
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Tanah Merah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004499999
Alt. Police Station Phone No	(Fax) +65-62447251
Police Station Address	Blk 51 New Upper Changi Road #01-1514 Singapore 461051
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to the attached statement.

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	SHC5138T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	Ahmad Saifuddin Bin Mukhtar
NRIC No	SXXXX684G
Contact Number	(Phone) +65-90791437
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.



Policyholder's Signature / Date & Time

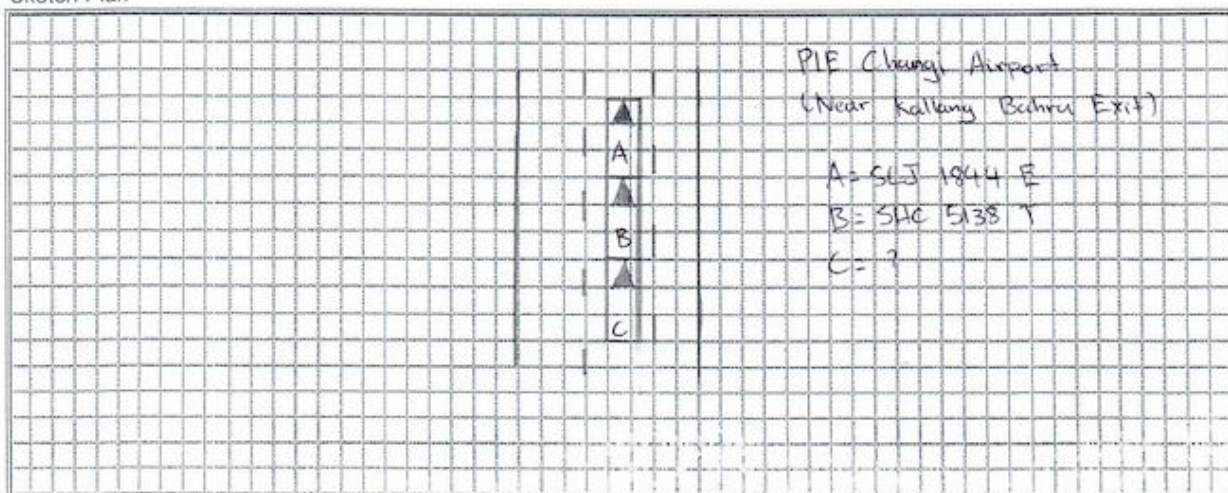
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



25/01/2023

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

Sketch Plan

	
<p>PIE Chung Airport (Near Kallang Bahru Exit)</p> <p>A = SLJ 1844 E B = SHC 5138 T C = ?</p>	

vJun2022

Describe Circumstance of the Accident

Was travelling along PIE towards Changi Airport on 20/01/2023
at around ~~1200hrs~~ 2220hrs on the second lane. The road
was slippery and wet. I was involved in a 3 car accident
A Trans Cab SHC 5138T hit my rear bumper. I would also
like to state that I am unable to take Vehicle C Plate
number and particulars as the driver left the scene.

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



25/01/2023

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



**SINGAPORE
POLICE FORCE**



T/20230208/2032

2 of 3

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

Report No. T/20230208/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD SAIFUDDIN	ID No.	S1340684G
Related Vehicle	SHC5138T (Car)	Contact No.	90791437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KNG SWEE MOI SUSAN	ID No.	S1566453C
Related Vehicle	SLJ1844E (Car)	Contact No.	96672835
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.

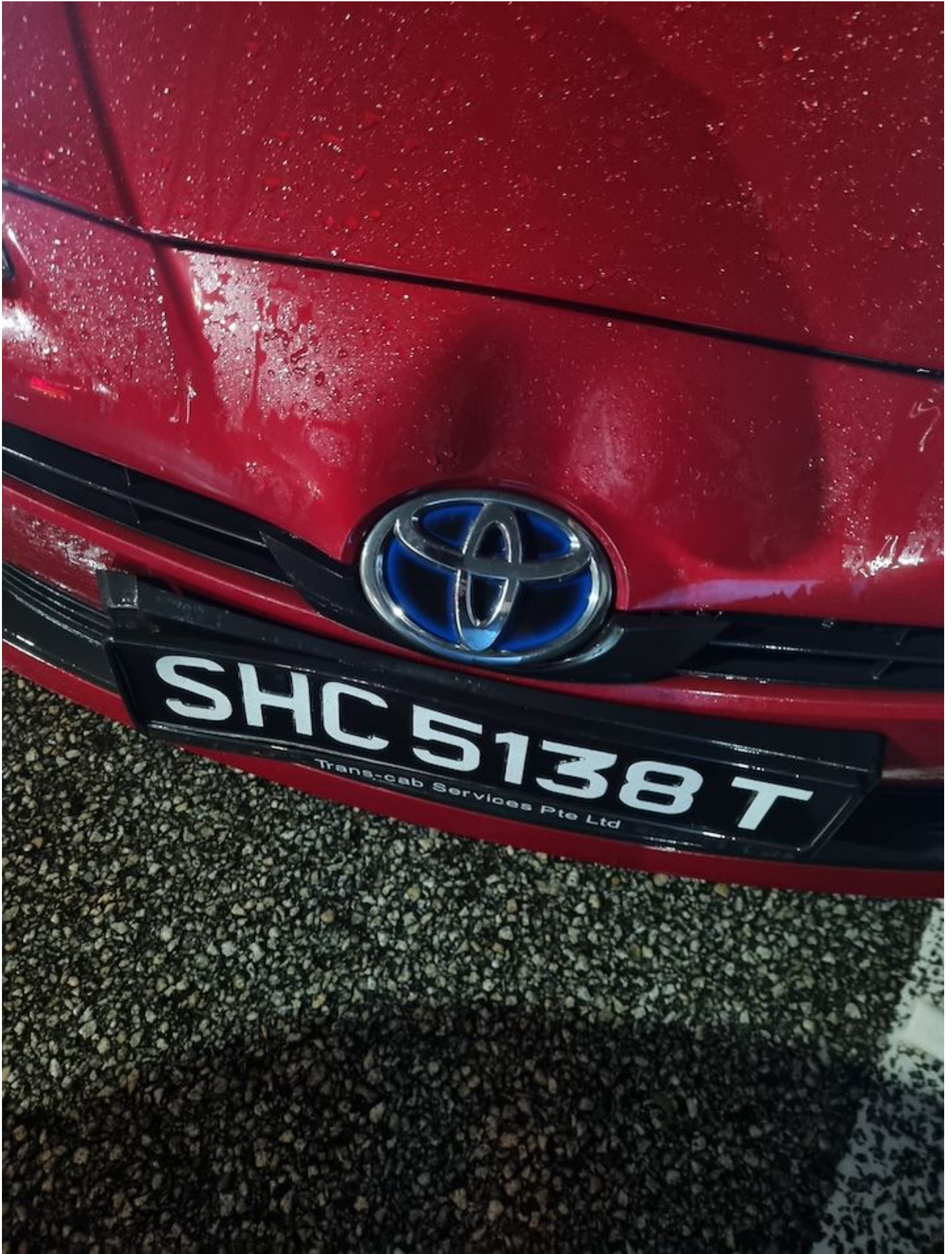
On 07/02/2023, I received a letter from the Traffic Police to lodge a Traffic Accident which happened on 20/01/2023.

On 20/01/2023 about 2230hrs, I was driving my personal vehicle and was on the way back home. I was driving along PIE towards Changi and it was a wet weather and it was raining heavily. I was driving before Kallang Bahru exit and the front car stopped, and I pressed my brake to stop. However, the rear vehicle which is a Transcab was unable to stop in time and knocked onto my rear. I came out and realized that it was three vehicles chained collision accident and there was another vehicle knocked onto the said cab from the rear. I exchanged particulars with the cab driver and left as it was raining heavily. Nobody was injured at that moment as well. I returned back home and discovered my rear bumper was dented. I had reported to IDAC as well. I wish to state that there is a in-car camera on the front however it was not functioning at that point of time.















































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POLICE FORCE**



T/20230208/2032

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51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

1 of 3
Report No. T/20230208/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2023 13:24	Vide Report No.:	Station Diary No.: 12
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Informant's Particulars

Name of Informant: KNG SWEE MOI SUSAN	Address: APT BLK 55 NEW UPPER CHANGI ROAD #22-1454 SINGAPORE 461055		
ID Type / ID No.: NRIC NO / S1566453C	Contact No.: Home/Office: Mobile: 96672835		
Nationality: SINGAPORE CITIZEN	Email: SUSANKNG551454@YAHOO.COM		
Sex: Female	Age: 60	Date of Birth: 04/06/1962	Type of Informant: Driver
Race: Chinese	Language: English		Institution / School Name:
Occupation: FINANCIAL	Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident: Non-Injury Others	Drink Drive: No	Date/Time of Accident: 20/01/2023 22:30	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY			
Weather: Heavy rain	Road Surface: Wet	Road Speed Limit:	
Traffic Flow:	Traffic Control:	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 Passenger
SHC5138T	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red		0
SLJ1844E	Car	SUBARU	FORESTER 2.0I-L CVT AWD SR	Brown	Slightly Damaged	0



**SINGAPORE
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T/20230208/2032

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Tel No: 1800-4499999

Report No. T/20230208/2032

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AHMAD SAIFUDDIN	ID No.	S1340684G
Related Vehicle	SHC5138T (Car)	Contact No.	90791437
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KNG SWEE MOI SUSAN	ID No.	S1566453C
Related Vehicle	SLJ1844E (Car)	Contact No.	96672835
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 07/02/2023, I received a letter from the Traffic Police to lodge a Traffic Accident which happened on 20/01/2023.

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**SINGAPORE
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T/20230208/2032

3 of 3

Report No. T/20230208/2032

Police Station Of Origin:
Tanah Merah NPP
51 New Upper Changi Road #01-1514
SINGAPORE 461051
Tel No: 1800-4499999

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:

G /
SR STAFF SGT CHIN YONG
PEI, DESMOND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/02/2023 13:24

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

Classification Of Case:

NP168



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: SN09231P0006 Vehicle Registration No: SLJ 1844E
 Name (as shown in NRIC): Kng Swee Moi Susan NRIC/FIN/Passport No: S1566453C
 (~~Vehicle Driver/Policyholder~~) (*) Please delete as appropriate
 Address: Blk 55 New Upper Changi Road # 22-1454 Singapore (461055)
 Contact (Tel): _____ Mobile No.: 9667 2835
 Email Address: susankng551454@yahoo.com
 Date of Accident: 20/01/2023 Time of Accident: 22:20
 Place of Accident: PIE towards Changi Airport (Near Kallang Bus Exit)
 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 accident is Reported to police - Yes
- upload police Report
- amend sketch plan.


 Policyholder / Actual Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date: