# **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 witholding 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.

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   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 14/03/2023 14:22 (SGT) Reported by Date of Accident 13/03/2023 08:10 (SGT) Exact Location of Accident Singapore Additional Location Information WOODLANDS CENTRE ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Auto

1598

Vehicle Registration Number SNH2308S

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner WOODLANDS 11 CAR RENTAL PTE LTD Company Reg No 5XXXX415J Email Address woodlands11carrental@gmail.com Mobile Phone No (Phone) +65-92209467 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer Hyundai Model Avante Variant

Exact purpose for which vehicle was being used at time of accident Private hire Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Motorcycle

Transmission CC

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V16535/VPZ/R00

DRIVER

Name of Driver ONG JUN WEI, NIXON NRIC No TXXXX479F Date Of Birth 15/03/2003 Occupation Indoor

Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	23/09/2021 1 YEAR AND 6 MONTHS Male (Phone) +65-82771470 - woodlands11carrental@gmail.com APT BLK 314 SEMBAWANG DRIVE #15-452 750314 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  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? Police Station Name Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	No
CIRCUMSTANCES OF ACCIDENT	
PLS REFER TO POLICE REPORT ATTACHED REPORT NO:L/2	0230313/2021
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Vehicle Variant
Vehicle Colour

Vehicle Category	Commercial vehicle
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)	

### SKETCH PLAN

### IMPORTANT NOTICE

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- 6. The 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

(a: Mi 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' law yers/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 making 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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all neurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, discuss 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

Time

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		Report	No. L	1202303	attached 13/2021		
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Declaration							
I/We declare the	foregoing particular	s are true in ever	y respect.				
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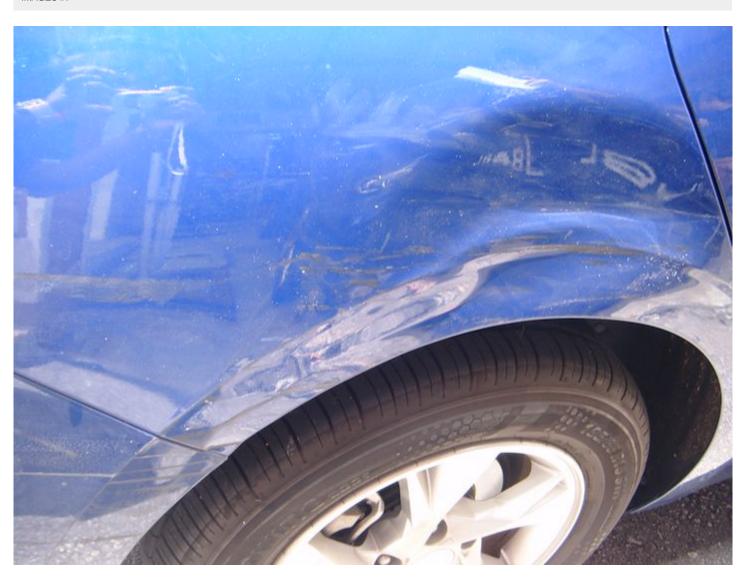






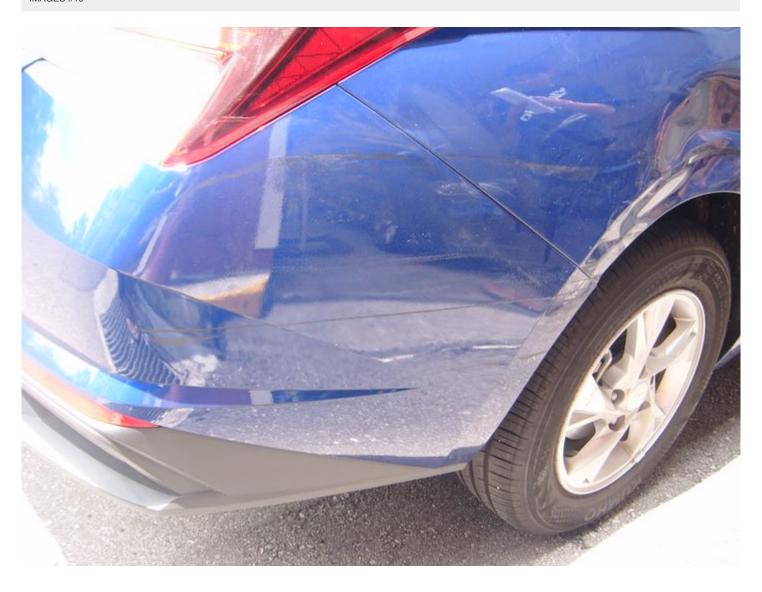


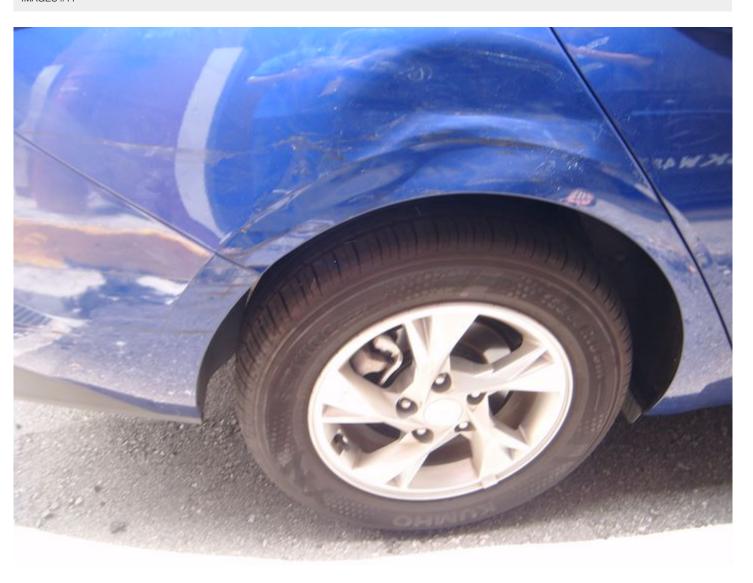


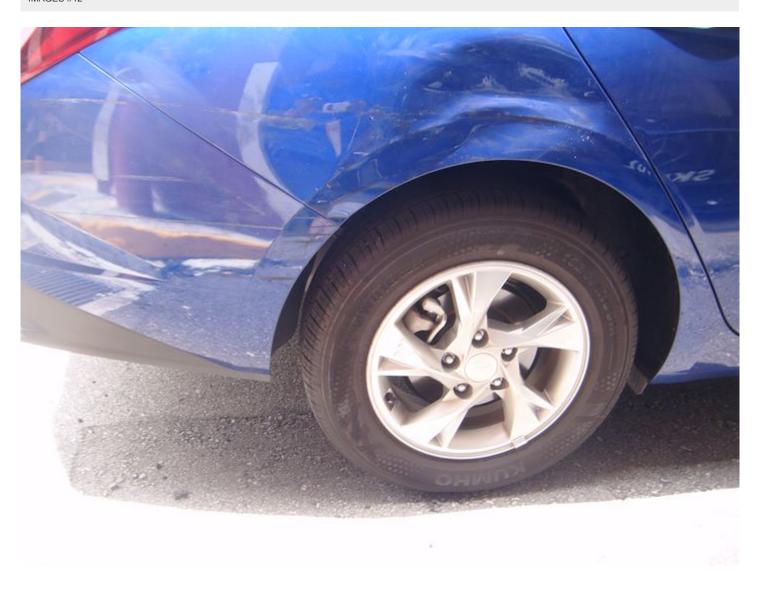






















0313/2021

Report No. L/20230313/2021

# POLICE REPORT (NP299)

Police Station Of Origin Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

Vide Re	port No.		Station Diary No.	
	29			
Address				
APT BLK 314 SEMBAWANG DRIV		BAWANG DRIVE	#15-452	
SINGAPORE 750314				
Contact No.				
Home/Office Mobile		Mobile		
		82771470		
Email Address				
Sex	Age	Date of Birth	Race	
Male	19	15/03/2003	Chinese	
Language				
Location Of Incident				
Woodlands Centre Road				
	Address APT BLE SINGAP Contact Home/O Email Ad Sex Male Languag	APT BLK 314 SEMI SINGAPORE 7503 Contact No. Home/Office  Email Address  Sex Age Male 19 Language  Location Of Inciden	Address APT BLK 314 SEMBAWANG DRIVE SINGAPORE 750314 Contact No. Home/Office Mobile 82771470 Email Address  Sex Age Date of Birth Male 19 15/03/2003 Language Location Of Incident	

Brief details.

On 13/3/23 at 0830hrs, I was driving my vehicle bearing SNH2308S on the extreme left lane (3 lane road) along Woodlands Centre Road, a van bearing GBF8674Y was at the middle lane. The traffic was heavy. I noticed the van's signal and he wanted to filter to my lane. I gave way but he did not move to my lane. As such, I continue to move forward but the van decided to move. When suddenly I felt an impact and heard a sound coming from the back. I saw the van had hit my vehicle's rear right. I noticed that my vehicle rear right suffers multiple scratches and dent. Both the driver and me did not suffer any injuries.

Signature Of Officer Recording The Report: L / SC2 ADIB BIN MOHD SALLEH	Signature Of Inforr	mant:	
* [6]		2	
Signature Of Interpreter: Not applicable	Date/Time: 13/03/2023 10:17		
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) YAP WING TSUN Contact No.: 67360126	Classification Of Case:		





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230313/2021

I am lodging this report for insurance purposes.

Signature Of Officer Recording The Report: L / SC2 ADIB BIN MOHD SALLEH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time: 13/03/2023 10:17

Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / INSP (1) YAP WING TSUN Contact No.: 67360126

Classification Of Case: