

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	21/03/2023 15:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	20/03/2023 11:35 (SGT)
Exact Location of Accident	Telok Blangah Rd, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ7412E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU TING HUAT
NRIC No	SXXXX379A
Email Address	kaseng_353@hotmail.com
Mobile Phone No	(Phone) +65-91007868
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Byd
Model	E6 (ME-2)
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	C0138361

DRIVER

Name of Driver	LAU TING HUAT
NRIC No	SXXXX379A
Date Of Birth	09/04/1962
Occupation	Outdoor

Date Of Driving Pass	29/06/2012
Driving experience	10 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91007868
Alt. Phone Number	-
Email Address	kaseng_353@hotmail.com
Address	BLK 301 ANG MO KIO AVENUE 3 #03-1800
Address complement	-
Postcode	560301
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 - 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	MS LIM
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

PLEASE REFER TO POLICE REPORT T/20230321/7031

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	SJJ9988U
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	LAU TING HUAT
Gender	Male
Phone No	(Phone) +65-91007868
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SNJ7412E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' 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;

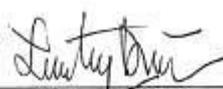
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

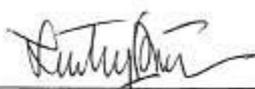
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

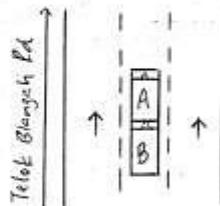
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time


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

 21/08/2023
 Witnessed by Reporting Centre Personnel

Sketch Plan



Veh A - SNJ7412E

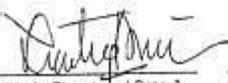
Veh B - SJJ7788U

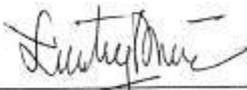
Describe Circumstances of the Accident

Refer to Police Report : T/20230321/7031

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time


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


21/03/2023
Witnessed by Reporting Centre Personnel







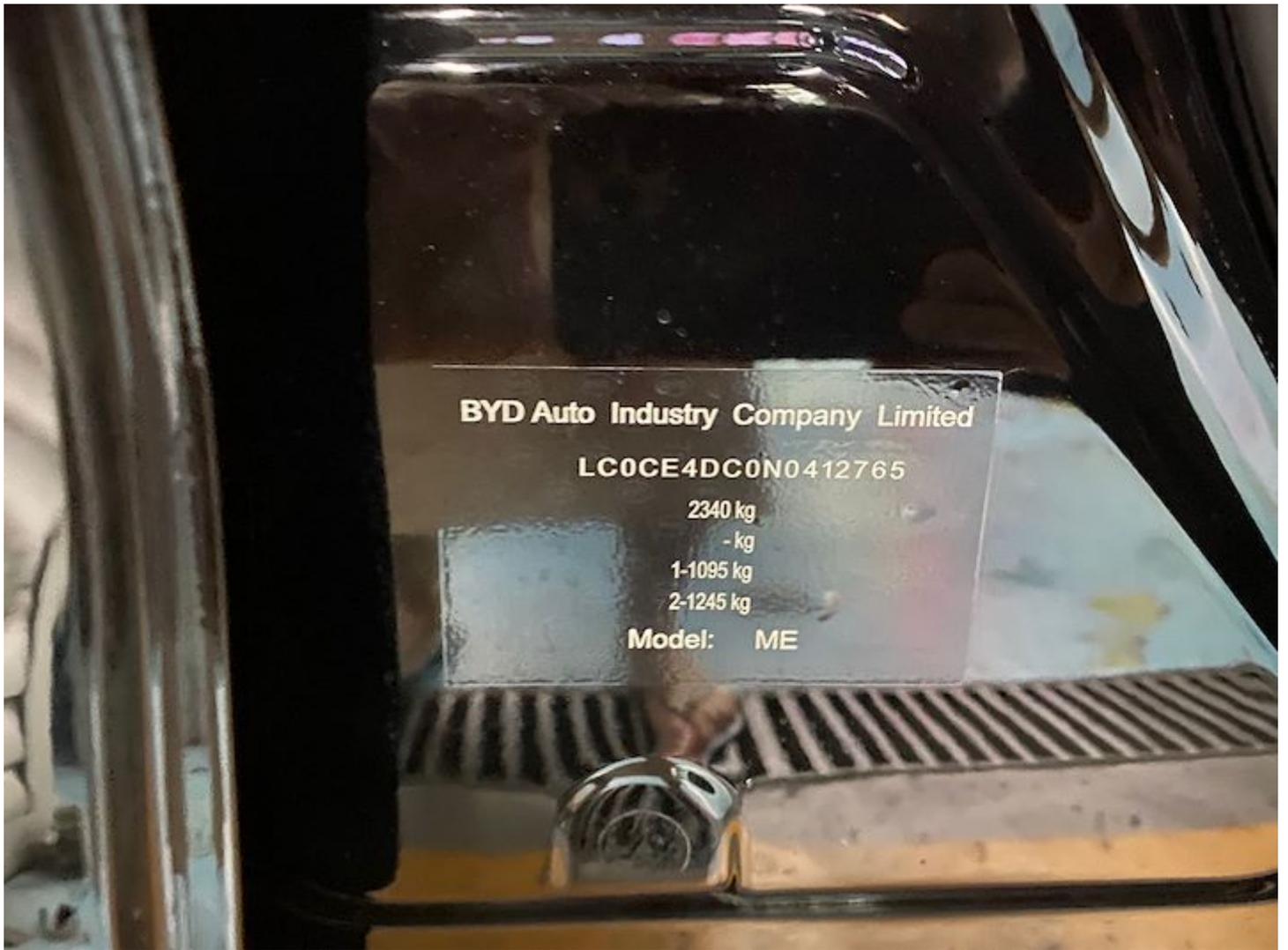













**SINGAPORE
POLICE FORCE**

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



T/20230321/7031

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Report No. T/20230321/7031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2023 12:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LAU TING HUAT			Address: 301 ANG MO KIO AVENUE 3 #03-1800 SINGAPORE 560301		
ID Type / ID No.: NRIC NO / S2631379A			Contact No.: Home/Office: Mobile: 91007868		
Nationality: SINGAPORE CITIZEN			Email: LAUTINGHUAT@GMAIL.COM		
Sex: Male	Age: 60	Date of Birth: 09/04/1962	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PHV Driver		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 20/03/2023 11:45	Type of Location:
Location: TELOK BLANGAH ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SNJ7412E	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA


**SINGAPORE
POLICE FORCE**

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



T/20230321/7031

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Report No. T/20230321/7031

CONTINUATION OF REPORT

Driver			
Name	LAU TING HUAT	ID No.	S2631379A
Related Vehicle	SNJ7412E (Car)	Contact No.	91007868
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

On the stated date and time, I was driving my vehicle, SNJ7412E, along Telok Blangah Road towards City direction.

Due to traffic conditions, I was gradually slowing down.

Moments after coming to a stop, a massive impact slammed into the rear of my vehicle causing my vehicle to jerk violently forward.

My body lurched forward before my left arm jammed against the steering wheel as a result.

Upon alighting, I realised that SJJ9988U had crashed into the rear of my vehicle.

I was ferrying a female passenger by the name of Miss Lim when the accident happened.

Later the same day, I started feeling aches in my neck, shoulders, left arm and lower back areas.

I sought treatment at Loh & Loh Clinic near my place and was given 3 days MC for injuries caused by the accident.

I am unsure if my passenger was injured due to the accident.



**SINGAPORE
POLICE FORCE**

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



T/20230321/7031

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Report No. T/20230321/7031

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

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

Signature Of Interpreter:
Not applicable

Date/Time:
21/03/2023 12:49

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

Classification Of Case:

NP166

