

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	04/04/2023 13:55 (SGT)
Reported by	Actual Driver
Date of Accident	04/04/2023 08:25 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TWDS CHANGI B4 SIGLAP RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC9444L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN SWEE KOON(CHEN RUIJUN
NRIC No	SXXXX785J
Email Address	estherchen_90@hotmail.com
Mobile Phone No	(Phone) +65-81004683
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	3008 1.2 EAT8 ACTIVE PREMIUM
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	1199

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V15747/VPC2/R00

DRIVER

Name of Driver	CHEN XIAOQI
NRIC No	SXXXX362C
Date Of Birth	02/04/1990
Occupation	Indoor

Date Of Driving Pass	16/10/2009
Driving experience	13 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81004683
Alt. Phone Number	-
Email Address	estherchen_90@hotmail.com
Address	BLK 477C UPP SERANGOON VIEW
Address complement	#09-582
Postcode	533477
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
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

PLS REFER TO THE POLICE REPORT:T/20230404/7010

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	FBS193C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NG ZHI HAO
NRIC No	SXXXX928B
Contact Number	(Phone) +65-82886781
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	NG ZHI HAO
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT
Injured person in which vehicle?	FBS193C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.

6. 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

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

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

Sketch Plan

VEH (A) = SNC 94AA4	
VEH (B) = ABS 1931C	
ECP TWDS CHANGI BEFORE SIGLAP RD EXIT	
③	②
①	

Describes Circumstance of the Accident


PLEASE REFER TO POLICE REPORT T/20230404 / 7010

(The main body of the form is crossed out with diagonal lines, indicating that the accident details are not to be written here but referred to in the police report.)

Declaration
I/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

 04/04/23
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



**SINGAPORE
POLICE FORCE**



T/20230404/7010

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

2 of 3
Report No. T/20230404/7010

CONTINUATION OF REPORT

Rider of fbs193c			
Name	NG ZHI HAO		ID No. S9907928B
Related Vehicle	FBS193C (Motorcycle)		Contact No. 82886781
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	CHEN XIAOQI		ID No. S9011362C
Related Vehicle	SNC9444L (Car)		Contact No. 81004683
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date, I was driving my vehicle along ECP towards changi on lane 1 of 3 lanes. Infront vehicle brake I follow suit suddenly I felt an impact from my rear I slowly came to a stop and realised a motorcycle bearing carplate FBS193C had rear ended my vehicle. I quickly called for ambulance as the motorcyclist is injured and bleeding I wish to state I was not injured I making this report for insurance claim purposes.



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Apr 4, 2023, 11:22











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Apr 4, 2023, 11:22







**SINGAPORE
POLICE FORCE**



T/20230404/7010

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

1 of 3

Report No. T/20230404/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2023 10:47		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHEN XIAOQI			Address: 477C UPPER SERANGOON VIEW #09-582 SINGAPORE 533477		
ID Type / ID No.: NRIC NO / S9011362C			Contact No.: Home/Office: Mobile: 81004683		
Nationality: SINGAPORE CITIZEN			Email: estherchen_90@hotmail.com		
Sex: Female	Age: 33	Date of Birth: 02/04/1990	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			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: 04/04/2023 08:25	Type of Location: Straight Road
Location: SIGLAP ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 80 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: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBS193C	Motorcycle					0
SNC9444L	Car					0

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



**SINGAPORE
POLICE FORCE**



T/20230404/7010

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

2 of 3
Report No. T/20230404/7010

CONTINUATION OF REPORT

Rider of fbs193c			
Name	NG ZHI HAO		ID No. S9907928B
Related Vehicle	FBS193C (Motorcycle)		Contact No. 82886781
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Driver			
Name	CHEN XIAOQI		ID No. S9011362C
Related Vehicle	SNC9444L (Car)		Contact No. 81004683
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

On the stated time and date, I was driving my vehicle along ECP towards changi on lane 1 of 3 lanes. Infront vehicle brake I follow suit suddenly I felt an impact from my rear I slowly came to a stop and realised a motorcycle bearing carplate FBS193C had rear ended my vehicle. I quickly called for ambulance as the motorcyclist is injured and bleeding I wish to state I was not injured I making this report for insurance claim purposes.

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POLICE FORCE**

T/20230404/7010

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

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Report No. T/20230404/7010

CONTINUATION OF REPORTSketch 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 /
ABDUL RAHIM BIN SALIM
Contact No.: 65476904

NP168

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

Date/Time:
04/04/2023 10:47

Classification Of Case: