SS3123450003 / SPECIALISTS MOTOR PTE LTD
ENTRY DATE & TIME: 05/04/2023 11:18 (SGT)
SUBMITTED BY: Irene Ting
VERSION: 1 (05/04/2023 11:18 (SGT))

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.
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	05/04/2023 11:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/04/2023 16:55 (SGT)
Exact Location of Accident	Marine Parade Rd, Singapore
Additional Location Information	JUNCTION OF MARINE PARADE ROAD AND STILL ROAD SOUTH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR2212P

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANGELINA LIU HUIYUN
NRIC No	SXXXX194E
Email Address	wiccangel@gmail.com
Mobile Phone No	(Phone) +65-98753660
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1999

INSURANCE COMPANY

Name of Insurance Company	Great American Insurance Company
Policy Number / Cover Note Number	MOMVP000004873-00-000

DRIVER

Name of Driver	ANGELINA LIU HUIYUN
NRIC No	SXXXX194E
Date Of Birth	10/02/1982

Occupation	Indoor
Date Of Driving Pass	21/09/2005
Driving experience	17 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98753660
Alt. Phone Number	-
Email Address	wiccangel@gmail.com
Address	260 JOO CHIAT PLACE #02-02
Address complement	THE GLACIER
Postcode	427941
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	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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)	3
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	TBX3297
Vehicle Category	Motorcycle

PASSENGER 1

Name	ANDREA LEE
Gender	Female

PASSENGER 2

Name	ALEXANDRA LEE
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

ATTACHED POLICE REPORT NO. T/20230404/7075

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	VIDEO WITH TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TBX3297
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	NURLISSA BINTI NOR ALI
Work Permit No	4XXXXX5443
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	TBX3297
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	NURLISSA BINTI NOR ALI
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	TBX3297
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

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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.
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.

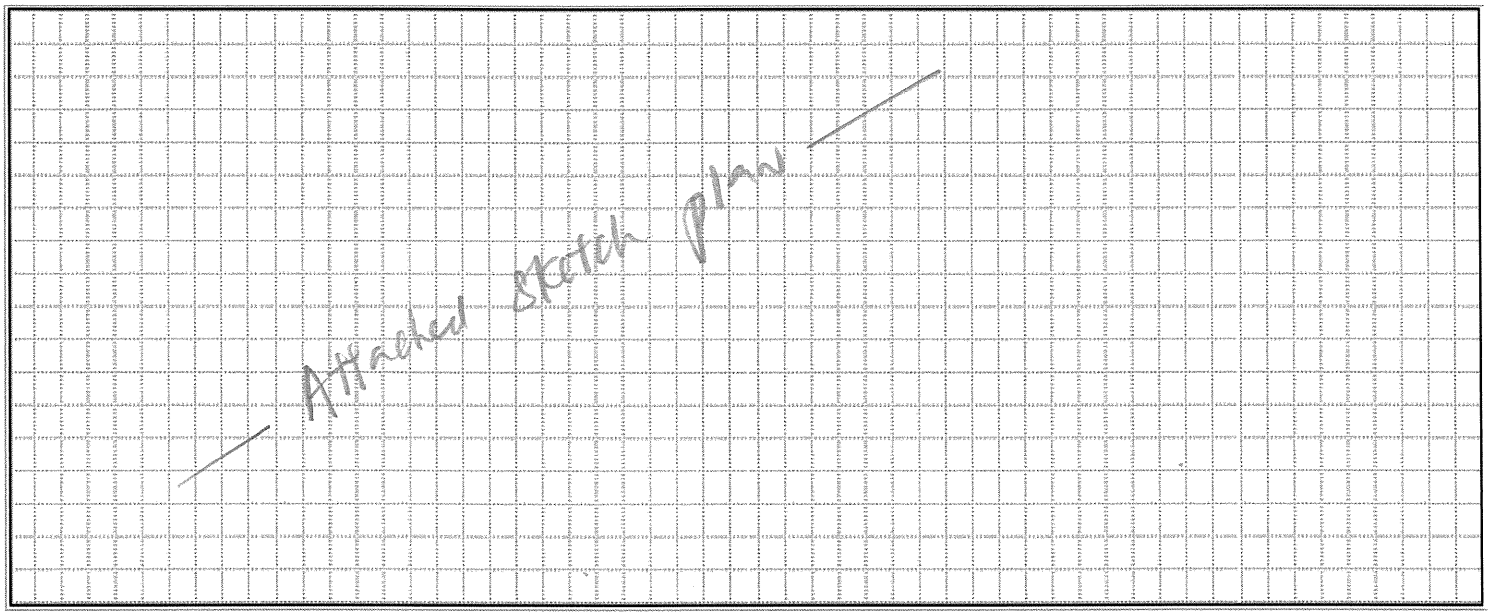
(collectively the "**Purposes**")

(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	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
5/4/2023		

Sketch Plan



Describe Circumstance of the Accident

Attached police report no. T/2023040K/7073

Declaration

I/We declare the foregoing particulars are true in every respect.

5/4/2023

Policyholder's Signature / Date & Time

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

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

major parade Road
3
A
2
A
1
A
BUS
TAD MAIN SCHOOL
STILL Road South

5/4/2023

SINGAPORE POLICE FORCE

T/20230404/7075

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

Report No. T/20230404/7075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
04/04/2023 18:35	G/20230404/0117	

Informant's Particulars

Name of Informant: ANGELINA LIU HUIYUN			Address: 260 JOO CHIAT PLACE #02-02 THE GLACIER SINGAPORE 427941	
ID Type / ID No.: NRIC NO / S8205194E			Contact No.: Home/Office: Mobile: 98753660	
Nationality: SINGAPORE CITIZEN			Email: wiccangel@gmail.com	
Sex: Female	Age: 41	Date of Birth: 10/02/1982	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation:			Driving Licence Information: Class: 3A	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 16:55	Type of Location: X-Junction
Location: junction of marine parade rd and still rd south				

Weather: Sunny	Road Surface: Dry	Road Speed Limit:
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SGR2212P	Car	RANGE ROVER	evoque	White	Slightly Damaged	2
TBX3297	Motorcycle			Multi-Colored		1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

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

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGR2212P	GREAT AMERICAN INSURANCE COMPANY	MOMVP000004873 -00-000	11/06/2022	10/06/2023

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	ANGELINA LIU HUIYUN		ID No.	S8205194E	
Related Vehicle	SGR2212P (Car)		Contact No.	98753660	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 3A Date of Expiry: NIL	
Date	NIL		Date	NIL	
No. of Days granted Medical Leave	NIL		Degree of	NIL	
Passenger					
Name	ANDREA LEE EN		ID No.	T1620836H	
Related Vehicle	SGR2212P (Car)		Contact No.	NIL	
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	
Passenger					
Name	ALEXANDRA LEE AN		ID No.	T1828808C	
Related Vehicle	SGR2212P (Car)		Contact No.	NIL	
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	

SINGAPORE POLICE FORCE

T/20230404/7075

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

Report No. T/20230404/7075

CONTINUATION OF REPORT

Rider					
Name	NURLISSA BINTE NOR ALI			ID No.	G8935001N
Related Vehicle	TBX3297 (Motorcycle)			Contact No.	NIL
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
Pillion					
Name	Unknown Pillion			ID No.	NIL
Related Vehicle	TBX3297 (Motorcycle)			Contact No.	NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	04/04/2023		Date		NIL
No. of Days granted Medical Leave		NIL	Degree of		Slight

Brief Details.

I was travelling towards parkway parade after picking my girl from ngee ann primary school. My two girls aged 5 and 7 were in car with me. Traffic light turned red at junction of marine parade rd and still rd south outside tao nan primary. I stopped. i was in extreme left lane, first car to stop at traffic light. pedestrians crossed rd in front of my car as seen in dash cam. cars going towards ecp from still rd south also passed along. Lights turned green, and i moved ahead straight. Suddenly, motorcycle ran perpendicular to my car from right at speed (i think was turning right towards ecp). my left side of car hit bike and i saw bike and bike and pillion rider fly. I screamed and immediately stopped. I had no time to brake and was caught by surprise by motorbike that suddenly appeared. I went out of car to check on rider and pillion and offered help. another car driver who stopped helped to call ambulance. One other pedestrian helped. Pillion rider got up to check on rider. Pillion rider said she was ok but can see right jaw swollen. both conscious but rider in pain. complained of pain on left leg. there as some bleeding from leg and on her jaw. I took umbrella from car to shade rider who was lying on ground and helped to pick up access card of pillion rider. I waited for police to arrive. I checked car camerabut the moment that impact was made was not captured as clip was transitioning. I passed access card to police who took my particulars and advised me to make police report.

SINGAPORE POLICE FORCE

T/20230404/7075

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

Report No. T/20230404/7075

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: 04/04/2023 18:35
Officer In Charge Of Case: TP / TPIB / KOH WEI JIE Contact No.: 97303412	Classification Of Case:

This report is lodged at Marine Parade NPP Kiosk 1