

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	02/05/2023 13:00 (SGT)
Reported by	Actual Driver
Date of Accident	28/04/2023 17:55 (SGT)
Exact Location of Accident	1 Jln Lateh, Singapore 359155
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD133A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Tan Jin Qin Pearlyn
NRIC No	SXXXX755E
Email Address	pearlyntjq@gmail.com
Mobile Phone No	(Phone) +65-98249668
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	SDRIVE 18I LED HL XLINE
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	1499

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5135666031

DRIVER

Name of Driver	Danny Ee Ping Liang
NRIC No	SXXXX525Z
Date Of Birth	22/07/1982
Occupation	Indoor

Date Of Driving Pass	29/10/2003
Driving experience	19 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93366753
Alt. Phone Number	-
Email Address	dannyep@gmail.com
Address	201B Woodleigh Link
Address complement	#08-78
Postcode	362201
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	Mary
Gender	Female

PASSENGER 2

Name	Anne
Gender	Female

PASSENGER 3

Name	Luccus
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio Division Headquarters
Police Station Phone No	(Phone) +65-18002180000
Alt. Police Station Phone No	(Fax) +65-64814246
Police Station Address	51 Ang Mo Kio Avenue 9 Singapore 569784
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer to Police Report

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMJ4568X
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) -

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 my 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



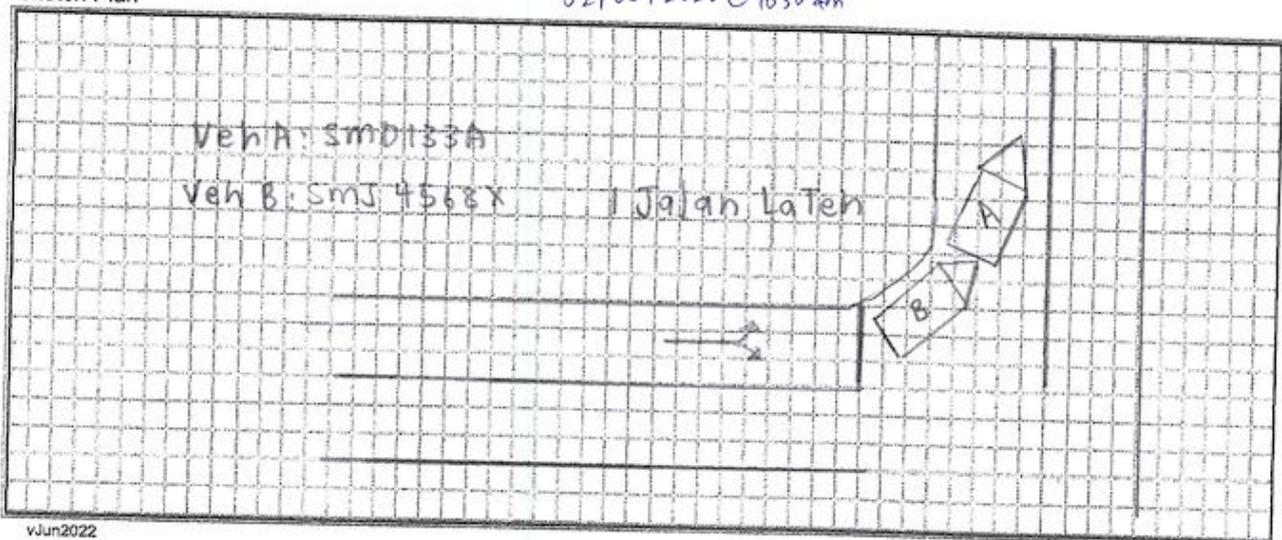
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

Sketch Plan

02/05/2023 @ 1030 am



vJun2022

Describe Circumstance of the Accident

Refer to Police Report

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

02/05/2023 @ 10:20am



Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) Tham Chu Er
02/05/2023



























**SINGAPORE
POLICE FORCE**



F/20230428/7095

1 of 2

POLICE REPORT (NP299)

Report No. F/20230428/7095

Police Station Of Origin
Ang Mo Kio Division HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 28/04/2023 22:53	Vide Report No.	Station Diary No.
Name Of Informant DANNY EE PING LIANG	Address 201B WOODLEIGH LINK #08-78 SINGAPORE 362201	
ID Type / ID No. NRIC NO / S8220525Z	Contact No. Home/Office:	Mobile: 93366753
Nationality SINGAPORE CITIZEN	Email Address DANNYEPL@GMAIL.COM	
Occupation Business development manager	Sex Male	Age 40
Institution/School Name	Date of Birth 22/07/1982	Race Chinese
Date/Time Of Incident 28/04/2023 17:55 - 28/04/2023 18:00	Location Of Incident 1 JALAN LATEH SINGAPORE 359155	

Brief details.

This evening as I was turning left out of Jalan Lateh, a blue Toyota SMJ4568X hit me from behind. As the traffic was heavy, I wasn't able to stop at that junction to check the damage. As I moved forward and stopped by the road to assess the damage, the blue Toyota didn't stop and just drove off, even though it's obvious that she hit me. I have all the video evidence from my car camera and my helper in the car as a witness.

Thank you, I would like to get to the bottom of this.

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: 28/04/2023 22:53
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



F/20230428/7095

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20230428/7095

Subjects Involved			
Victim			
Person Name	DANNY EE PING LIANG		
ID Type	NRIC NO	ID No	S8220526Z
Gender	Male	Age	40
Race	Chinese	Language	English
Occupation	Business development manager	Address	201B WOODLEIGH LINK #08-78 SINGAPORE 362201
Mobile No	93366753	Is Informant A Victim?	Yes
Person Name	DANNY EE PING LIANG (Informant)		

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: 28/04/2023 22:53
Officer In-Charge Of Case:	Classification Of Case: