

- Surveyor -

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	08/06/2023 17:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/06/2023 15:10 (SGT)
Exact Location of Accident	Adam Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM9032L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIEW FOOK CHEONG
NRIC No	S1342779H
Email Address	simjojo3354@gmail.com
Mobile Phone No	(Phone) +65-81617373
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vios
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	1496

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMPCSNW00152502203

DRIVER

Name of Driver	LIEW FOOK CHEONG
NRIC No	S1342779H
Date Of Birth	28/07/1959
Occupation	Outdoor

Date Of Driving Pass	13/11/1979
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81617373
Alt. Phone Number	-
Email Address	simjojo3354@gmail.com
Address	BLK 50 TELOK BLANGAH DRIVE #06-96
Address complement	-
Postcode	100050
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?	No
Was any injured conveyed to hospital by ambulance?	-
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	Bukit Timah Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004629999
Alt. Police Station Phone No	(Fax) +65-64628933
Police Station Address	1 Duke Road Singapore 268914
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to the police report.

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	GZ 3263T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Government
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 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

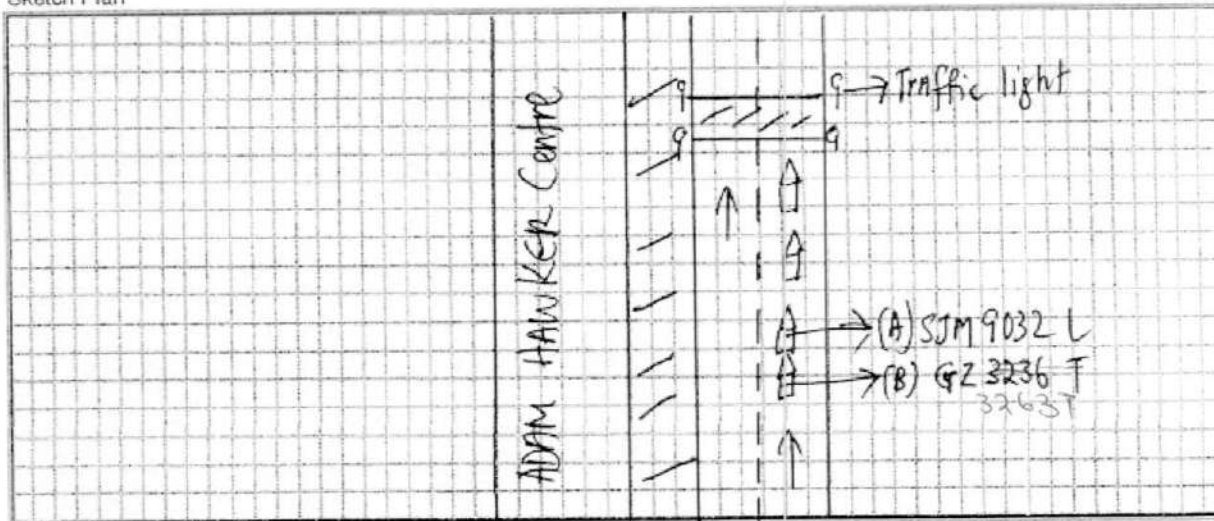
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Cheong
Policyholder's Signature / Date & Time

Cheong 8/6/23
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan



Describe Circumstance of the Accident

Report / NO: T/20230607/2067

* police report ATTACHED *

Email: simjojo3354@gmail.com

Remark: - 3rd party claim at :-

EM SOLUTION PTE LTD

160 Sin Ming Drive

#03-18/19 Sin Ming Autocity

Singapore 575722

Tel: 6456 0226 Fax: 6458 4500

Email: emautosolution@singnet.com.sg

Declaration

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

Chuan
Policyholder's Signature / Date & Time

Chuan 8/6/23
Driver's Signature (if driver is not the policyholder) / Date & Time

SOH JIT HOON
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
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SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20230607/2067

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Report No. T/20230607/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/06/2023 16:42	Vide Report No.: E/20230607/0083	Station Diary No.: 93
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Informant's Particulars

Name of Informant: LIEW FOOK CHEONG			Address: APT BLK 50 TELOK BLANGAH DRIVE #06-96 SINGAPORE 100050	
ID Type / ID No.: NRIC NO / S1342779H			Contact No.: Home/Office:	Mobile: 81617373
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 63	Date of Birth: 28/07/1959	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: POOL MAINTAINENCE			Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Non-Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 07/06/2023 15:10	Type of Location: Straight Road
Location: ADAM ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: HEAD TO REAR BETWEEN MOVING VEHICLE AND STATIONARY VEHICLE				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3236T 3263T	POLICE VEHICLE				Slightly Damaged	1
SJM9032L	Car	TOYOTA	VIOS E AUTO	Beige	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJM9032L	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMPCSNW001525 02203	20/07/2022	19/07/2023



**SINGAPORE
POLICE FORCE**



T/20230607/2067

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Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20230607/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIEW FOOK CHEONG	ID No.	S1342779H
Related Vehicle	NIL	Contact No.	81617373
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 07/06/2023 at about 1512hrs, I was driving my car SJM9032L along Adam Rd, towards Farrer Rd. I was driving on the extreme right lane. My car was stationary as I was waiting for the light to turn green. Subsequently, I felt an impact on the rear of my car. I noticed that a police vehicle GZ3263T had hit the rear of my car, resulting in my bumper being slightly flattened. No one injured because of the collision, nor was there any property damage. I wish to mention that Traffic Police had attended to me, and I was issued a case card which stated the IO in-charge as IO Pan (CN 65476433).



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999



T/20230607/2067

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Report No. T/20230607/2067

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SCSGT(1) LUEY ZHONG HAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / DDGVT /
SI NOR FAIZAL BIN YAHYA
Contact No.: 65476198

Signature Of Informant:

Date/Time:
07/06/2023 16:42

Classification Of Case: