

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	13/06/2023 15:52 (SGT)
Reported by	Actual Driver
Date of Accident	13/06/2023 08:21 (SGT)
Exact Location of Accident	50 Raffles Pl, Singapore Land Tower, Singapore 048623
Additional Location Information	RAFFLES PLACE SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE767C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAM CHOW VOON
NRIC No	SXXXX032B
Email Address	JNSPL168@GMAIL.COM
Mobile Phone No	(Phone) +65-96344417
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	C180
Variant	MERCEDES BENZ / C180 EXCLUSIVE (R17 LED)
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	1595

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10177051R03

DRIVER

Name of Driver	HO LIOU CHENG
NRIC No	SXXXX420C
Date Of Birth	07/11/1968
Occupation	Indoor

Date Of Driving Pass	22/05/1991
Driving experience	32 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96304465
Alt. Phone Number	-
Email Address	JNSPL168@GMAIL.COM
Address	2 BUTTERWORTH LANE #06-01
Address complement	-
Postcode	439445
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 - Change/cross lane
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	Central Division Headquarters
Police Station Phone No	(Phone) +65-18002240000
Alt. Police Station Phone No	(Fax) +65-62200877
Police Station Address	391 New Bridge Road #03-112 Police Cantonment Complex Block A Singapore 088762
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

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	SLL1545H
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)	-

Describe Circumstance of the Accident

REFER TO POLICE REPORT.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

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

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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:

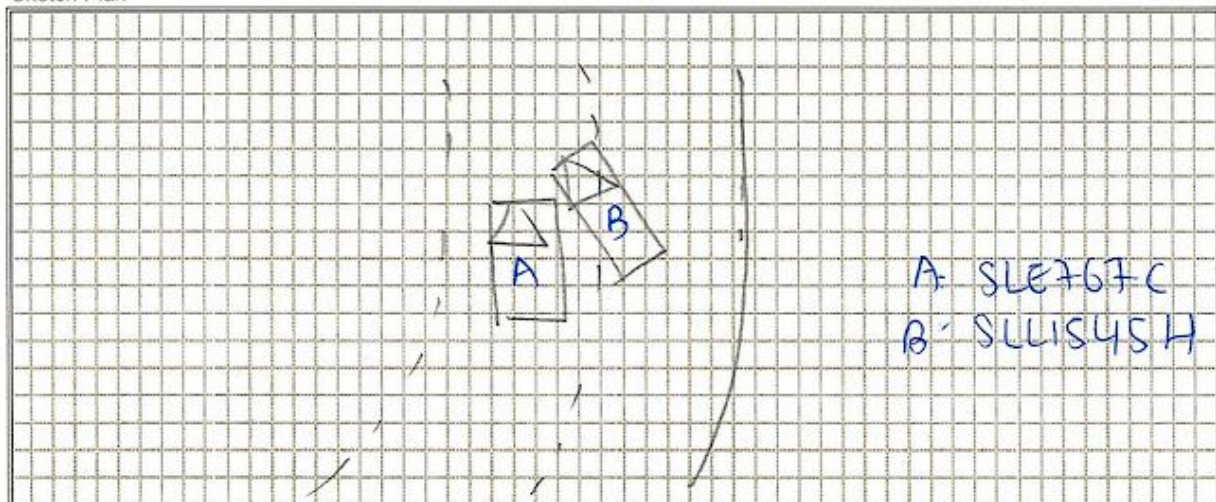
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

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

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

Sketch Plan





































SINGAPORE POLICE FORCE



A/20230613/7019

1 of 2

POLICE REPORT (NP299)

Report No. A/20230613/7019

Police Station Of Origin
Central Division HQ
391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 13/06/2023 10:59		Vide Report No.		Station Diary No.	
Name Of Informant HO LIOU CHENG		Address 2 BUTTERWORTH LANE #06-01 SINGAPORE 439445			
ID Type / ID No. NRIC NO / S6843420C		Contact No.		Mobile: 96304465	
Nationality SINGAPORE CITIZEN		Email Address JNSPL168@GMAIL.COM			
Occupation Chief operating officer/General Manager		Sex Female	Age 54	Date of Birth 07/11/1968	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 13/06/2023 08:20 - 13/06/2023 08:25		Location Of Incident 2 FINLAYSON GREEN ASCOTT SINGAPORE RAFFLES PLACE SINGAPORE 049247			

Brief details.

not applicable

Subjects Involved			
Victim			
Person Name	HO LIOU CHENG		
ID Type	NRIC NO	ID No	S6843420C
Gender	Female	Age	54

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: 13/06/2023 10:59
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



A/20230613/7019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20230613/7019

Race	Chinese	Language	English
Occupation	Chief operating officer/General Manager	Address	2 BUTTERWORTH LANE #06- 01 SINGAPORE 439445
Mobile No	96304465	Is Informant A Victim?	Yes
Person Name	HO LIOU CHENG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable


Officer In-Charge Of Case:

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

Date/Time:
13/06/2023 10:59

Classification Of Case:

Singapore Government Agency Website



SINGAPORE
POLICE FORCE

SAFEGUARDING EVERY DAY

LOGO

LOGO

LOGO

EMERGENCIES 999

EMERGENCY SMS 71999

HOTLINE 1800 255 0000

I-Witness

> E-SERVICES > POLICE REPORT > REPORT

LICE REPORT

Details

Properties Involved

Victims Involved

Suspects Involved

Attachments

Confirmation

SAVE AS D

Confirm the details of your report before submitting.

Details

Address *

JNSPL168@GMAIL.COM

Contact number *

96304465

Position *

Chief operating officer/General Manager

Accident report SP18236D0001

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13/06/2023		Time	08	:	20	AM
13/06/2023		Time	08	:	25	AM
049247		Block/House No.	2			
FINLAYSON GREEN		Building	ASCOTT SINGAPORE RAFFLES PLACE			
out the place of incident						
E767C along Finlayson Green and this car SLL 1545H suddenly cut into my lane and hit front right side of my car and he swayed back to his lane when he knew he hits my stop and continue to drive off. I hv video, call 96304465						
escription *						



Thank you

is submitted successfully to Central Division HQ. Your report number is A/20230613/7019. You may update details of your stolen items using the Furnish Details of Stolen and Lost Property e-service within 7 days. A copy of your report has been sent to JNSPL168@GMAIL.COM.

Within the next 48 hours, the police will inform you of the name and contact number of the officer in charge of your report.

Please note that there may be need for you to visit the police division or neighbourhood police centres (NPC) under the division assigned to your case (eg to provide a statement).

PRINT REPORT

SAVE AS PDF

