

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	20/06/2023 18:19 (SGT)
Reported by	Actual Driver
Date of Accident	19/06/2023 16:36 (SGT)
Exact Location of Accident	782E Woodlands Cres, Singapore 735782
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE4444U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	JULIYATI BT ABDULLAH
NRIC No	SXXXX361D
Email Address	juliyatia@gmail.com
Mobile Phone No	(Phone) +65-91805393
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Tesla
Model	MODEL Y RWD
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	1999

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD23V07762 /VPS /R00

DRIVER

Name of Driver	MUHAMMAD SOFIAN BIN MOHD SHARIFF
NRIC No	SXXXX355F
Date Of Birth	01/10/1984
Occupation	Outdoor

Date Of Driving Pass	02/01/2003
Driving experience	20 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94873574
Alt. Phone Number	-
Email Address	sofian_yan@yahoo.com.sg
Address	788 WOODLANDS AVENUE 6
Address complement	#02-625
Postcode	730788
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Hit and run / Vandalism / Damaged whilst parked
Weather Conditions	DRIZZLING
Road Surface	Wet

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	MARYAM BINTE MUHAMMAD SOIFAN
Gender	Female

PASSENGER 2

Name	SARAH BINTE MUHAMMAD SOFIAN
Gender	Female

PASSENGER 3

Name	SOFIA BINTE MUHAMMAD SOFIAN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

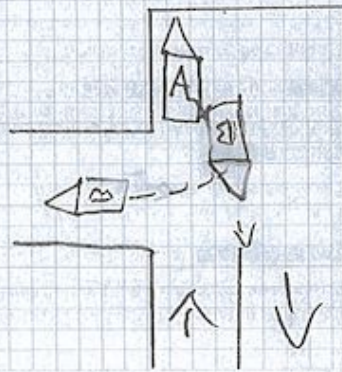
CIRCUMSTANCES OF ACCIDENT

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 GBF8827Z
Vehicle Manufacturer Toyota
Vehicle Model Dyna
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
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) -



A = 5K1E4444U
B = 6B1F8827Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

[Handwritten signature]

Policyholder's Signature
Date & Time:

[Signature]

Driver's Signature
(If driver is not the policyholder)
Date & Time:

W


Reporting Centre Personnel's Signature
Name: Sohay Zuh
NRIC/FIN No.: S652




SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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6. The 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 the report will for a fee be made available upon application by interested parties.
7. By the lodgment 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 listed outside of Singapore, for one or more of the above Purposes.
 - (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
 - (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcements and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature 

Date & Time: _____


Insurer's Signature 

Date & Time: _____

Reporting Centre Personnel's Signature 

Name: Sally Puan

NRIC No: 920011









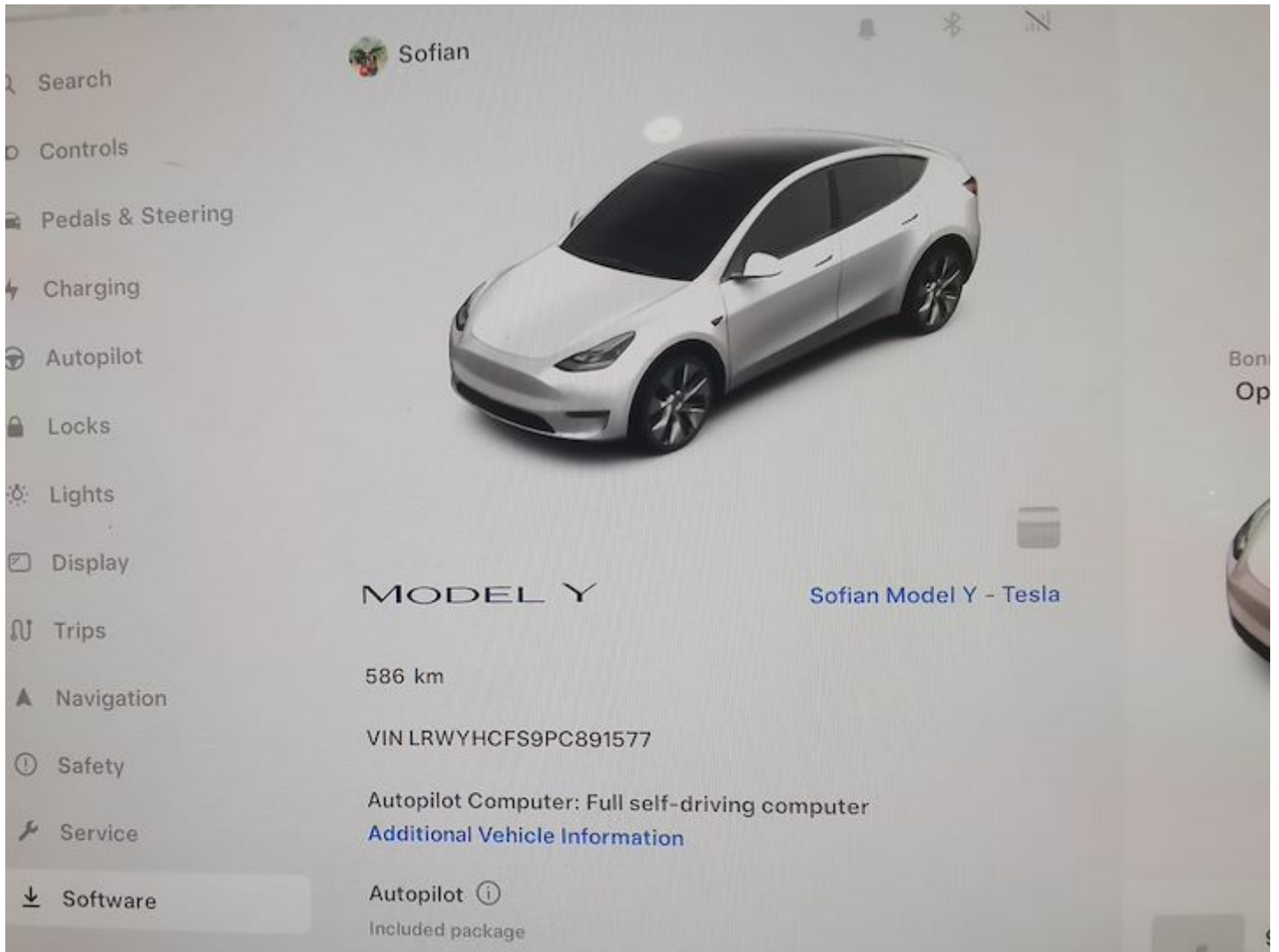


















**SINGAPORE
POLICE FORCE**



L/20230619/7084

1 of 4

POLICE REPORT (NP299)

Report No. L/20230619/7084

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 19/06/2023 22:57	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD SOFIAN BIN MOHD SHARIFF	Address 788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788	
ID Type / ID No. NRIC NO / S8431355F	Contact No. Home/Office:	Mobile: 94873574
Nationality SINGAPORE CITIZEN	Email Address SOFIAN_YAN@YAHOO.COM.SG	
Occupation Fire-fighting and rescue officer	Sex Male	Age 38
Institution/School Name	Date of Birth 01/10/1984	Race Malay
Date/Time Of Incident 19/06/2023 16:40 - 19/06/2023 17:00	Location Of Incident 788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788	

Brief details.

The incident occurred when a silver lorry with the registration number GBF8827Z (Toyota/Dyna 150 SMT) reversed and collided with the right rear area, trunk, bumper, and right rear wheel of my mother's white Tesla Model Y (registration number SKE4444U) while I was walking towards it with my three daughters after picking them up from Riverside Primary School at approximately 4:35 PM along the drop-off point between block 782E Woodlands Crescent and block 781D Woodlands Crescent.

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: 19/06/2023 22:57
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230619/7084

2 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230619/7084

Upon witnessing the collision, my daughters were traumatized and began crying, prompting me to shout at the driver and attempt to catch up with the speeding lorry. Unfortunately, my efforts to stop the driver were unsuccessful.

Following the incident, I promptly contacted the police for assistance, and within 15 minutes, Traffic Police Officer SSGT Lee Jiajun (T05391) arrived on a motorcycle. I handed him a thumb drive containing the video footage capturing the entire incident.

As a result of the accident, my mother's car sustained a dent on the rear bumper, deep scratches, and paint damage, exposing the underlying metal. Additionally, there are scratches on the rear right wheel rim. There is uncertainty regarding the functionality of the sensor located in the bumper and the rear bumper camera following the incident.

The Traffic Police advised me to closely observe my three daughters' behavior for the next 48 hours following the accident. If any abnormality or concerning changes in their behavior arise as a result of the incident, I have been instructed to take them to the hospital for a check-up.

Subjects Involved			
Suspect			
Person Name	Not Sure		
Gender	Unknown		
Victim			
Person Name	MUHAMMAD SOFIAN BIN MOHD SHARIFF		

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: 19/06/2023 22:57
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230619/7084

3 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230619/7084

ID Type	NRIC NO	ID No	S8431355F
Gender	Male	Age	38
Race	Malay	Language	English
Occupation	Fire-fighting and rescue officer	Address	788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788
Mobile No	94873574	Is Informant A Victim?	Yes
Person Name	Maryam Binte Muhammad Sofian		
ID Type	NRIC NO	ID No	T1505821D
Gender	Female	Age	8
Race	Malay	Language	English
Occupation	Student	Address	788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788
Mobile No	94873574	Relation To Informant	Daughter
Person Name	Sofia Binte Muhammad Sofian		
ID Type	NRIC NO	ID No	T1634814C
Gender	Female	Age	7
Race	Malay	Language	English
Occupation	Student	Address	788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788
Mobile No	94873574	Relation To Informant	Daughter

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:
19/06/2023 22:57

Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20230619/7084

4 of 4

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20230619/7084

Person Name	Sarah Binte Muhammad Sofian		
ID Type	NRIC NO	ID No	T1825711J
Gender	Female	Age	5
Race	Malay	Language	English
Occupation	Student	Address	788 WOODLANDS AVENUE 6 #02-625 SINGAPORE 730788
Mobile No	94873574	Relation To Informant	Daughter
Person Name	MUHAMMAD SOFIAN BIN MOHD SHARIFF (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: 19/06/2023 22:57
Officer In-Charge Of Case:	Classification Of Case: