

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 First Submission	09/10/2024 15:39 (SGT)
Reported by	Actual Driver
Date of Accident	09/10/2024 11:20 (SGT)
Exact Location of Accident	3 Changi South Street 1, Singapore 486787
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7050M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EZ BUZZ PTE LTD
Company Reg No	201117597D
Email Address	SCHOOLS@EZBUZZ.COM.SG
Mobile Phone No	(Phone) +65-82022688
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6770J18
Variant	GOLDEN DRAGON /XML6770J18
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	3000
Vehicle Fuel	Diesel
First Registration Date	26/12/2016
Chassis no	LL3ADADE6CA002539
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD24V06577/VBS/R01

DRIVER

Name of Driver	LIM AH LEK
NRIC No	S2112599G
Date Of Birth	17/03/1952
Occupation	Outdoor
Driving Pass Date	24/05/1975
Driving License Pass Class	2B, 2A, 2, 3, 4, & 5
Driving License Validity	Valid
Driving experience	49 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91474053
Alt. Phone Number	-
Email Address	SCHOOLS@EZBUZZ.COM.SG
Address	BLK 303 SERANGOON AVENUE 2
Address complement	#10-272
Postcode	550303
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
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)	2
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	BUS ATTENDANT
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON 09/10/2024 AT ABOUT 1120HRS, I AM STATIONARY AT 3 CHANGI SOUTH STREET 1 WAITING FOR MY TURN TO TOP UP DIESEL.

SUDDENLY, VEHICLE B INFRONT OF ME REVERSED AND BANGED ONTO MY FRONT PORTION CAUSING DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP3156J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	MUTHUSAMY VIJAYENDRAN
Contact Number	(Phone) +65-88548700
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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
09.10.24 3.15pm

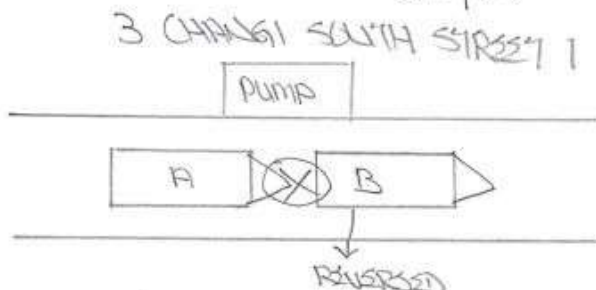
Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time
09.10.2024

3.15pm

Jenny Koh 09/10/2024
Claims Executive
HP 8139-9800 1524HRS.

Witnessed by Reporting Centre Personnel



A 8 CB 7050 M

B 8 YP 3156 J

Describe Circumstances of the Accident

On 09/10/2024 at about 1120hrs, I am stationary at 3 Changi South Street 1 waiting for my turn to top up diesel.

Suddenly, Vehicle B in front of me reversed and banged onto my front partition causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

 *Aray*

Policyholder's Signature / Date & Time
09.10.2024
3.15pm

林建乃

Driver's Signature (If driver is not the policyholder) / Date & Time
09.10.2024
3.15pm

Jenny Koh 09/10/2023
Claims Executive
HP 8139 9800
1527HRS

Witnessed by Reporting Centre Personnel