

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	08/07/2024 17:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/07/2024 19:36 (SGT)
Exact Location of Accident	Petir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN7990P
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN KAH HEOK JILEEN JANE FRANCES
NRIC No	SXXXX299C
Email Address	JILEEN.TAN@GMAIL.COM
Mobile Phone No	(Phone) +65-93836868
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
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	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI23V14473/VPE/R03

DRIVER

Name of Driver	TAN KAH HEOK JILEEN JANE FRANCES
NRIC No	SXXXX299C
Date Of Birth	12/12/1963
Occupation	Indoor

Driving Pass Date	22/11/1984
Driving experience	39 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93836868
Alt. Phone Number	-
Email Address	JILEEN.TAN@GMAIL.COM
Address	318 CLEMENTI AVE 4 #02-89
Address complement	-
Postcode	120318
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	Side Swipe
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	UNKNOWN
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

REFER TO ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

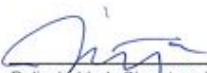
Vehicle Registration Number	SMB1459P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
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)	-


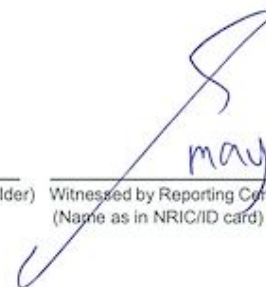
Describe Circumstance of the Accident
Saturday, 6 July 2024, around 7.36pm. Incident with SMRT Bus Service No. 176, Bus Plate No. 1459 (no alphabets captured).
I was driving towards the Hillion Mall car park entrance. I stopped before the entrance since the car were jammed due to heavy traffic. This was my first time to this mall. I did not realise I was in a yellow box as it was quite dim. I also did not realise there was a Bus Terminus entrance on my left. There were also cars behind me in the yellow box. I only realized this when Bus Service 176 wanted to enter the Terminus on my left and could not and the bus captain started honking NON-STOP at us. I signaled my apologies for blocking his way and to wait for me to clear asap. I was paying close attention to the cars in front so I could move forward quickly. Within less than 2 minutes, I inched forward as much as I could to give space to the bus captain to move. Once space was cleared, the bus captain drove in but at a speed which I felt was fast. Suddenly, I felt a thump on my car and knew that the bus has hit my car. My friend also felt the thump. The captain did not stop at all but drove straight past me and into the Terminus as the same speed. He also did not slow down to show or acknowledge that he has hit my car. I could only quickly capture the bus plate no. and my friend, who was in the car with me, also helped me confirm the bus plate no. and the service no. I had to continue moving into the car park. After I parked my car, I took a picture of my bumper, at about 7.40pm.
On Sunday, at around 10.45am, I called SMRT hotline, 18003368900, and spoke to the Officer, Syn Kor and described the incident above to him. The incident was noted with Ref: 2407-01469-01. They will investigate and will take about 14 days.
I also called Liberty Auto Assistance Hotline at 1800 542 3789 to report the incident.
I just called SMRT on 08/07/2024. They said they have cameras on the left and right of the bus and the incident would have been captured on their systems including the speed of the bus.

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

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

SKETCH PLAN

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 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:

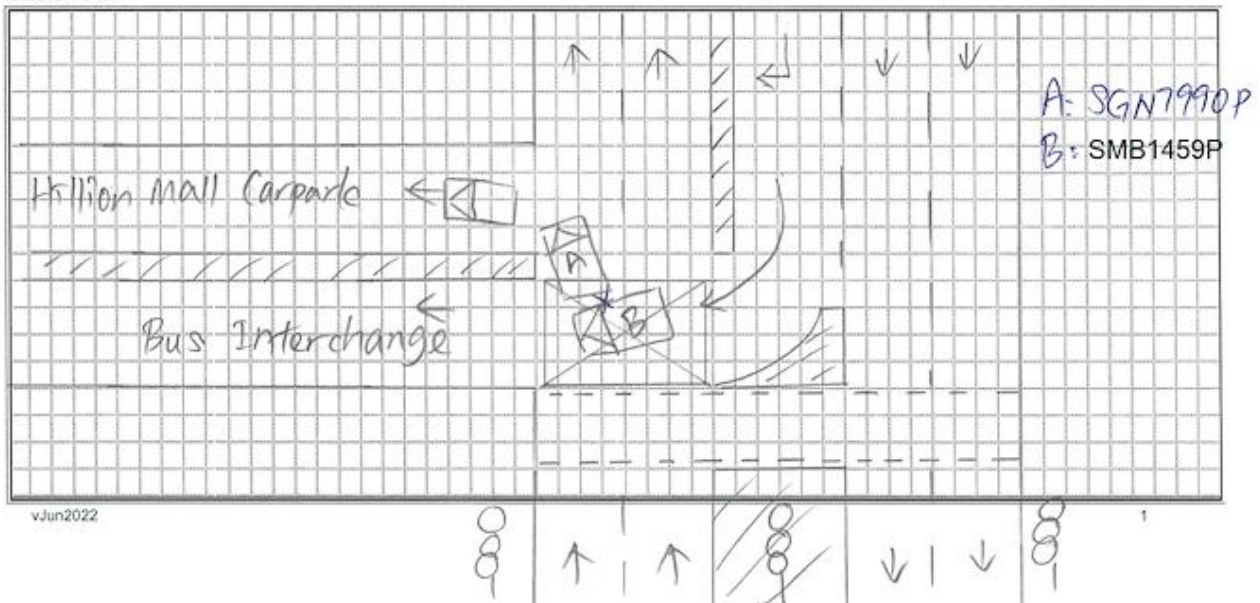
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

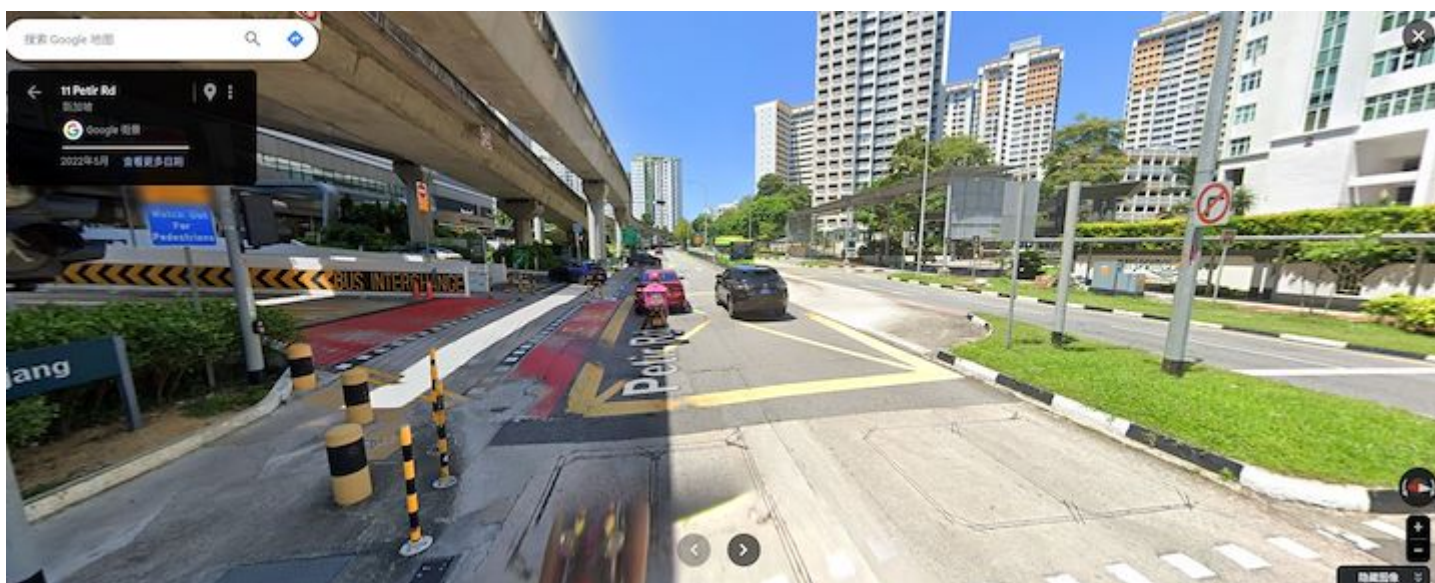

Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan



vJun2022































IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0W24780004 Vehicle Registration No: SGN7990P

Name (as shown in NRIC): TAN KAH HEOK JILEEN JANE FRANCES NRIC/FIN/Passport No: SXXXX299C

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 318 CLEMENTI AVE 4 #02-89 Singapore (120318)

Contact (Tel): _____ Mobile No.: +65-93836868

Email Address: JILEEN.TAN@GMAIL.COM

Date of Accident: 06/07/2024 Time of Accident: 19:36 (SGT)

Place of Accident: Petir Rd, Singapore

Insurance Company: Liberty Insurance Pte Ltd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Due to change report purposes from 'Reporting only' to 'Third party claim'.

Policyholder / Actual Driver's Signature
Date: _____

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card): _____
Date: _____