

#### 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 witholding of material facts may allow insurance companies to repudiate 5. Intribution provided must be as truthful and accurate as possible. Any white mister estimation of witholding of material facts may allow insurance companies to reputial 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 05/08/2024 17:14 (SGT) Reported by **Actual Driver** Date of Accident 04/08/2024 14:00 (SGT) Exact Location of Accident Singapore Additional Location Information PIE TOWARDS TUAS Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMC7085P

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner LEVIN RENTAL PTE LTD Company Reg No 2XXXXX555D Email Address ADM3.LEVINGRP@GMAIL.COM Mobile Phone No (Phone) +65-84084088 Alternative Phone No

## VEHICLE PARTICULARS

Manufacturer

Toyota Model Prius Variant ..... Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1797 Vehicle Fuel First Regisration Date Effective Date/Time of Ownership

## INSURANCE COMPANY

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

#### DRIVER

Name of Driver TAN KIAN HUA SXXXX955H Date Of Birth 14/12/1965 Occupation Outdoor Driving Pass Date 27/05/1991 Driving License Pass Class Driving License Validity Valid Driving experience 33 YEARS AND 3 MONTHS Gender Male Mobile Number (Phone) +65-96832100 Alt. Phone Number Email Address TKIANH65@GMAIL.COM Address BLK 491G TAMPINES ST 45 Address complement #09-270 Postcode 526491 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? 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 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) 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 PASSENGER 1 Gender Female DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 (Fax) +65-65871699 Alt. Police Station Phone No Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT

## REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

No

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model	XB7990B -
	-
	-
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)	-

## SKETCH PLAN

## IMPORTANT NOTICE

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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.
- 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.
- 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")

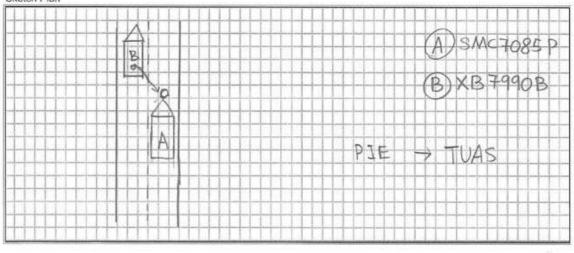
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and



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



1

Describe Circumstan	ce of the Accident		
Refer	to police	report	T/20240804 /2056
	J.		

Declaration

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



Policyholder's Signature / Date & Time

Yan

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



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

2





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

Report No. T/2024/804/2056

REPORT OF A TRAFFIC ACCIDENT

 Date/Time Report Made
 Vide Report No.:
 Station Diary No.:

 04/08/2024 17:39
 G/20240804/0146
 32

UNI UGI EUZ	C-4 11.00		G/20240004/0146	32
Informan	t's Particu	lars		I VL
TAN KIAI		Trans.	Address: 491G TAMPINES STREET 45	#09.270 SING A DODE 500.00
	) / S168398	55H	Contact No Home/Office: 96832100	Mobile:
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	William C.
Sex: Male	Age: 58	Date of Birth: 14/12/1965	Type of Informant	
Race: Chinese			Language:	-
Occupat TADA D			Driving Licence Information: Class:	Date of Expiry:

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 04/08/2024 14:00	Type of Location Straight Road
Weather:	EXPRESSWAY	Road Surface: Dry		
Clear		100,1		
Traffic Flow; Two Way		Traffic Control: Not Controlled		Traffic Volume: Light

Details of Vo	ehicle Involve	bd		100		
Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
SMC7085P	Motor car	1100	TOYOTA	White	Slightly Damaged	1
X87990B	TRUCK		MITSU <b>BISHI</b>	Blue	No Damage	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T:20240804/2056

Police Station Of Origin Tampines N.P.C. 6 Tampines Avenue

Report No. T/20240804/2056

Tel No. 1800-5671999

CONTINUATION OF REPORT

Driver	O Participant				_	
Name	SAHADEVAN SHANMUGASUNDARAM			ID No.		G7727221L
Related Vehicle				Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Dis	scharge	NIL	
No. of Days gran	led Medical Leave	NIL	Degree	of	NIL	
Driver			The same of			
Name	TAN KIAN HUA			ID No		S1683955H
Related Vehicle	NIL			Conta	act No.	96832100
Hospital/Clinic	NIL			Class Drivin Licen Expin	ig ce &	Class; NIL Date of Expiry; NIL
Date Treatment	NIL Date D			scharge	NIL	
No. of Days granted Medical Leave NIL				NIL		

## Brief Details.

Today, at about 1400hrs, I was driving my Toyota Prius bearing the plate number SMC7085P on PIE expressway heading towards Tuas to send my passenger to orchard, I was on my first lane until I saw this truck Mitsubishi XB7990B drop a heavy metal equipment from the rear carriage towards the expressway. I saw the equipment rolling down fast and I start to brake but it was too late. The heavy metal hit my left passenger side and caused damage to my car. My passenger and I are not injured. Traffic police came down to scene and took my micro-SD card and instruct me to lodge a traffic accident report.



1,20240804/2096

Police Station Of Origin Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No. 1800-5871999

Report No. T-20240804-2056

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SGT 2 NUR HAMKAH BIN NOR
HALIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
INSP (2) LOW MENG FATT
Contact No. 975/77566

NP168