

### 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 Authorised 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 ability.
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 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 Report	11/09/2017 14:27
Date Of Accident	26/08/2017 14:15
Exact Location Of Accident	ALONG RAFFLES BOULEVARD AT EXIT MARINA MANDARIN
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7805D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUXURY COACH SERVICE
Co Reg No	28011800K
Email Address	LCS0232@LUXURYCOACH.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67324498

#### Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2 MT 12L ABS TURBO 19T WB-5850
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SD16V13267/VBS/R09
Cover Note Number	

#### Driver

Name of Driver	TAN HOCK CHOW
NRIC No	S2715255D
Date Of Birth	08/01/1952
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1974
Driving Experience	43 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90608938
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address  
Postcode  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OTHER - EMPLOYER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? NO  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

AT THE MATERIAL DATE AND TIME, I WAS TRAVELLING ALONG RAFFLE BOULEVARD. WHEN I NEAR THE EXIT FROM MARINA MANDARIN HOTEL THERE. SUDDENLY I FELT AN IMPACT FROM MY RIGHT SIDE. I THEN NOTOCE MY VEH A'S RIGHT PORTION HIT BY VEH B'S FRONT LEFT PORTIONG. NOBODY INJURY. THATS ALL'.

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC7608R  
Vehicle Make/Model/Colour CITY-CAB  
Details Of Properties  
Name of Driver YIP THAI YUIA  
NRIC/Passport Number  
Contact Number 98167306  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

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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 insured 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.

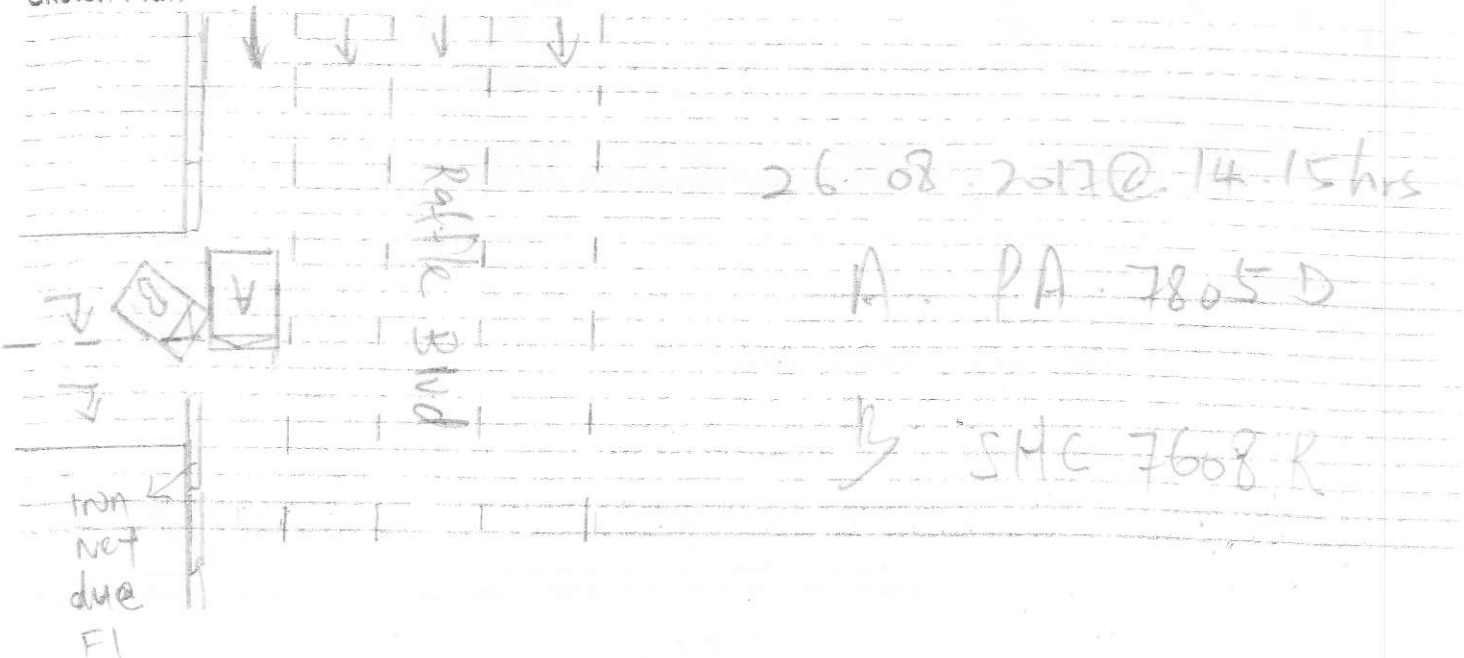
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

11 SEP 2017

**Sketch Plan**



**Describe Circumstances of the Accident**

At the material date and time, I was travelling along Raffles Boulevard when I near the Exit from Marina Mandarin Hotel there suddenly I felt an impact from my right side. I then notice my veh A's right portion hit by veh B's front left portion. Nobody Injury. That's All.

**STATE OF ACTION:**

- ☐ TP / OD AT LIM TAN MOTOR  
☐ TP / OD AT OTHER WORKSHOP

I, hereby request to forward the set of GIA/SAS report to the followings:

My workshop : \_\_\_\_\_ Email address : \_\_\_\_\_

&

Myself : \_\_\_\_\_ Email address : \_\_\_\_\_

**IMPORTANT NOTE:** For Own Damage Claim must be submit to your insurer within the 14 DAY from the date of accident. For more information, please seek advise from your insurer.

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &  
Time

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

Witnessed by Reporting Centre  
Personnel

11 SEP 2017