

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 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	19/01/2018 12:17
Date Of Accident	18/01/2018 16:35
Exact Location Of Accident	WHAMPOA SOUTH TOWARDS BENDEMEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9531E
Insured/Policyholder	
Name Of Registered Owner	ST. LUKE'S ELDERCARE LTD
Co Reg No	199904873Z
Email Address	SAMUELCHAN@SLEC.ORG.SG
Mobile Phone No	(LOCAL) +65-96686595
Alternative Phone No	OFFICE-62529661
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D MICROBUS 4DR 5MT ABS AIRBAG (M)
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V07909/VBS/R00
Cover Note Number	

Driver

Name of Driver	TEO TECK CHUAN
NRIC No	S1407545C
Date Of Birth	06/08/1960
Occupation	OUTDOOR
Date Of Driving Pass	02/09/1985
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96815467
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 128 BUKIT MERAH VIEW #17-30
Postcode	150128
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

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 this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	6

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

I WAS DRIVING MY COMPANY BUS (VEHICLE A) AND WAS TRAVELLING ALONG WHAMPOA SOUTH TOWARDS BENDEMEER ROAD. UPON REACHING THE SAID LOCATION, I WAS CHECKING FOR THE ON-COMING TRAFFIC. WHILE I WAS MOVING OUT SLOWLY, I SUDDENLY FELT AN IMPACT COMING FROM MY BUS REAR. I GOTTEN OFF FROM MY BUS AND REALISED THAT VEHICLE B HAD COLLIDED ONTO MY BUS REAR PORTION. NO INJURIES WERE INVOLVED. THAT'S 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	SHA7979E
Vehicle Make/Model/Colour	HYUNDAI I40 / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO HENG KWEE
NRIC/Passport Number	S1487066J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
- (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, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

St Luke's ElderCare Ltd
Whampoa Centre
811 227 Whampoa Drive
#01-227 5320017
Tel: 6252 9861 Fax: 6252 9862
Email: whampoaadmin@sluke.org.sg

Policyholder's Signature
Date & Time:

19 JAN 2019
12.50pm

Driver's Signature
(If driver is not the policyholder)

Date & Time: 19 JAN 2019
12.50pm

Reporting Centre Personnel's Signature
Name:

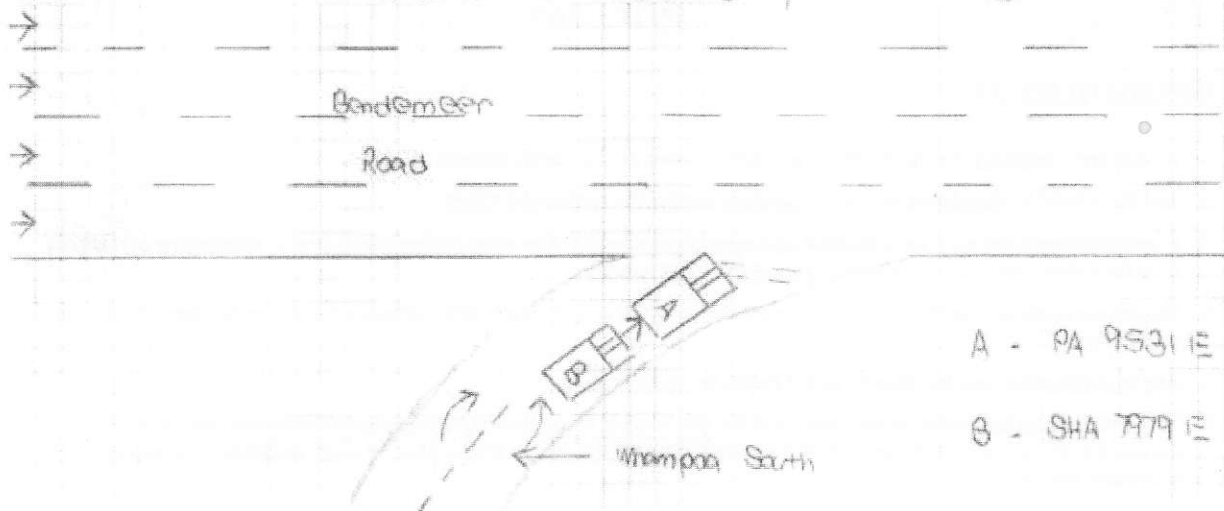
NRIC/FIN No: ANG WEI GUANG
S8410708E

HAN/BOOK
195/P45

Sketch Plan #2

SKETCH PLAN

D. O. A 18.01.2018 16:35 Hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my company bus (Vehicle A) and was travelling along Whampoa South towards Bendamereen Road. Upon reaching the said location, I was checking for the on-coming traffic. While I was moving out slowly, I suddenly felt an impact coming from my bus rear. I gotten off from my bus and realised that Vehicle B had collided onto my bus rear portion.

No injuries were involved.

That's all.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
St Luke's ElderCare Ltd
Blk 97 Whampoa Drive
#01-222 S120097
Tel: 6252 8661 Fax: 6252 9682
Email: whampoa@stlukes.org.sg

Policyholder's Signature

Date & Time 19 JAN 2018
12 50pm

Driver's Signature

(If driver is not the policyholder)

Date & Time 19 JAN 2018
12 50pm

Reporting Centre Personnel's Signature

Name: ANG WEI GUANG
NRIC/FIN No. S8410708E