

ACCIDENT STATEMENT

ACCIDENT DATE: (07 / 04 / 2018) (DD/MM/YYYY), TIME: (13 : 40) (HH:MM)

LOCATION: Along Tanjong Katong Rd, before Busstop 82099

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLP 1530 D
b) INSURANCE COMPANY: Liberty
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Honda Vezel
f) TYPE: (SEDAN / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Private
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: Seng Siu Loong (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7434538G CONTACT: 97555416 / 84810669
c) ADDRESS: 984C BUANGKOK Link #15-47 S(533984)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

*d) DATE OF BIRTH: (11 / 10 / 1974) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 12 years

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: owner

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC5714K MODEL: _____
b) DRIVER'S NAME: 1 male driver, 2 male passenger, 2 female
c) NRIC/FIN/PASSPORT: _____ CONTACT: passenger, 1 baby girl

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = zoom auto works @ gmail . com

fax =

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 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 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. The 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 lodgment 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 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.

Signature

Signature

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Vehicle A: CLP1530D

Vehicle B: PL5714K

[BUSSSTOP]

Tanjong Katong Road

Vehicle B: PL 5714K

[BussTop]

Tanjong Katong Road

- Refer to Police Report -

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

Date & Time:

(If driver is not the policyholder)

Name:

NRIC/EIN No. :



**SINGAPORE
POLICE FORCE**



T/20180407/7006

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180407/7006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/04/2018 15:46	Vide Report No.: G/20180406/0140	Station Diary No.:
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Informant's Particulars			
Name of Informant: SENG SIU LOONG		Address: APT BLK 984C BUANGKOK LINK #15-47 SINGAPORE 533984	
ID Type / ID No.: NRIC NO / S7434538G		Contact No.: Home/Office: Mobile: 97555416	
Nationality: SINGAPORE CITIZEN		Email: sengeric@gmail.com	
Sex: Male	Age: 43	Date of Birth: 11/10/1974	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: SELF- EMPLOYED		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/04/2018 13:40	Type of Location: Straight Road
Location: TANJONG KATONG ROAD ALONG TANJONG KATONG ROAD, BEFORE BUSSTOP 82099				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5714K	Bus/Coach/Mi nibus				Seriously Damaged	6
SLP1530D	Car	HONDA	VEZEL		Seriously Damaged	1

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



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180407/7006

CONTINUATION OF REPORT

Passenger			
Name	UNKNOWN	ID No.	UNKNOWN
Related Vehicle	PC5714K (Bus/Coach/Minibus)	Contact No.	00000000
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SENG SIU LOONG	ID No.	S7434538G
Related Vehicle	SLP1530D (Car)	Contact No.	97555416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/04/2018	Date Discharge	07/04/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON 07/04/2018 AT ABOUT 1340HR, I WAS STATIONARY ALONG TANJONG KATONG ROAD ON THE LEFT LANE, BEFORE THE BUS-STOP. I WAS STATIONARY FOR ABOUT 2 MINUTES WHEN VEHICLE NUMBER, PC5714K, SUDDENLY HIT ONTO MY VEHICLE'S REAR PORTION. THE GREAT IMPACT CAUSED MY VEHICLE TO SURGE LEFT AND MOUNTED ONTO THE KERB ON BOTH MY LEFT WHEELS.

THE PASSENGERS - 2 MALES, 2 FEMALES & A BABY, OF PC5714K WERE THEN CONVEYED TO THE HOSPITAL.



**SINGAPORE
POLICE FORCE**



T/20180407/7006

3 of 3

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Report No. T/20180407/7006

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
NG CHWEE THENG
Contact No.: 65476397

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/04/2018 15:46

Classification Of Case: