

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	26/04/2018 12:32
Date Of Accident	25/04/2018 16:45
Exact Location Of Accident	ANG MO KIO STREET 51 NEAR BLK 590A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9421P
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Insured/Policyholder

Name Of Registered Owner	ST. LUKE'S ELDERCARE LTD
Co Reg No	199904873Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62856004

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	KHOO TENG HOCK
NRIC No	S1549411E
Date Of Birth	02/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/09/1981
Driving Experience	36 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96549347
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 344 ANG MO KIO AVENUE 3 #05-2208
Postcode	560344
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 - U-TURN
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 VEHICLE A FERRYING 5 PASSENGERS BACK TO ANG MO KIO STREET 51. UPON REACHING THE ENTRANCE, I CONTINUED MY JOURNEY TOWARDS BLK 590B. VEHICLE B WAS DRIVING IN FRONT OF MY VEHICLE AT THE MATERIAL TIME. WHILE I WAS DRIVING STRAIGHT, VEHICLE B SUDDENLY MADE AN U-TURN AND COLLIDED ONTO MY VEHICLE. MY PASSENGERS WERE IN A SHOCKING STATE BUT TO MY BEST OF UNDERSTANDING, NEITHER OF THEM SUSTAINED ANY VISIBLE INJURIES DUE TO THIS ACCIDENT. I HAD IN-CAR CAMERA FOOTAGE TO SUPPORT THE CIRCUMSTANCES TO THE ACCIDENT. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF9018K
Vehicle Make/Model/Colour	TOYOTA DYNA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NAGOORAN PALLAVARAJA
NRIC/Passport Number	G8344606X
Contact Number	83740642
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

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-Serangoon Centre
Blk 217 #01-166
Serangoon Ave 4 Singapore 550217
Tel: 62856004 Fax: 62856193

Policyholder's Signature
Date & Time:

26 APR 2013

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

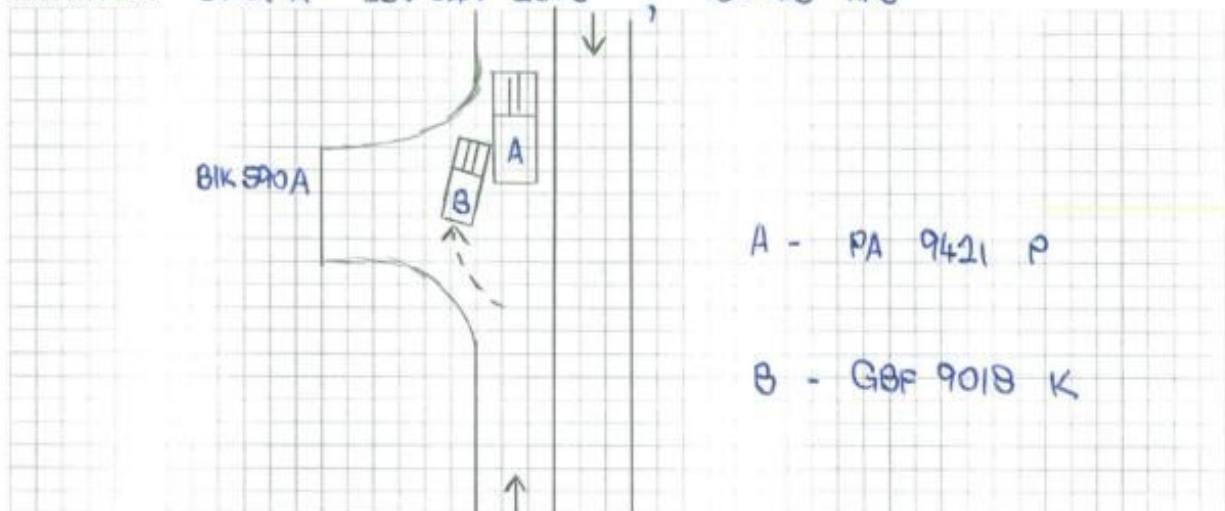
26 APR 2013

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

ANG WEI GUANG
S8410708E

Sketch Plan #2

SKETCH PLAN D. O. A 15. 04. 2018 , 1G: 45 HnB



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving Vehicle A ferrying 5 passengers back to Ang Mo Kio Street 51. Upon reaching the entrance, I continued my journey towards BLK 520B. Vehicle B was driving in front of my vehicle at the material time. While I was driving straight, Vehicle B suddenly made an u-turn and collided onto my vehicle. My passengers were in a shocking state. However, to my best of understanding, neither of them sustained any visible injuries due to this accident.

I had in-car camera footage to support the circumstances to the accident.

That's all.

DECLARATION

I, St Luke's Elder Care - Serangoon Centre, declare that the above are true in every respect.

Blk 217 #01-166

Serangoon Ave 4 Singapore 550217

Tel: 62856004 Fax: 62856193

Policyholder's Signature

Date & Time:

26 APR 2018

(FORM) Form V1

Driver's Signature

(If driver is not the policyholder)

Date & Time:

26 APR 2018

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ANG WEI GUANG
S8410708E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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