

## 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	21/08/2018 15:38
Date Of Accident	03/08/2018 14:00
Exact Location Of Accident	JALAN ISMAIL TWDS LOR MARICAN
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX2985K
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#### Insured/Policyholder

Name Of Registered Owner	DOR-MATIC DOOR CONTROL SPECIALIST PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62531988

#### Vehicle Particulars

Manufacturer	KIA
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	SI18V02514/VCV/R10
Cover Note Number	-

#### Driver

Name of Driver	SIEW KONG MENG @SIEW KOW CHYE
NRIC No	S1851972J
Date Of Birth	02/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	19/06/1980
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81637322
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 142 POTONG PASIR AVE 3 #12-240
Postcode	350142
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SH8506M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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.

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

## DECLARATION

I/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:

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

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



G/20180815/2023

1 of 2

**POLICE REPORT (NP299)**

Report No. G/20180815/2023

Police Station Of Origin  
Bedok South N.P.C  
20 Chai Chee Drive SINGAPORE 469045  
Tel No: 1800-2448999

Date/Time Report Made 15/08/2018 09:48		Vide Report No.		Station Diary No. 20	
Name Of Informant SIEW KONG MENG		Address APT BLK 142 POTONG PASIR AVENUE 3 #12-240 SINGAPORE 350142			
ID Type / ID No. NRIC NO / S1851972J		Contact No. Home/Office                      Mobile 62531988			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Lorry driver		Sex Male	Age 67	Date of Birth 02/08/1951	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 03/08/2018 14:00		Location Of Incident JALAN ISMAIL SINGAPORE			

**Brief details.**

On 03/08/2018 at about 1400hrs, I was traveling along Jln Ismail towards Lorong Marican on my lorry (GX2985K). I stop at the junction in between Jln Ismail and Lor Marican as there is an oncoming vehicle coming. All of a sudden, I felt an impact coming from the rear. I check around my vehicle and spotted a red taxi (SH8506M), stopping on the right side of my vehicle. The taxi driver alights his vehicle, took some photos and asked me to move off. The right rear of my vehicle was damaged, dented in. I do not have any particulars of the taxi driver and nobody is injured in this incident.

Signature Of Officer Recording The Report: G / Sgt 2 SAM YEO WEN MING	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/08/2018 09:48
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp HO HSIEN YEOW Contact No.: 62447200	Classification Of Case:

Authentication Stamp





POLICE REPORT



SINGAPORE  
POLICE FORCE



G/20180815/2023

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180815/2023

I am lodging this report for insurance and my company record purposes.

Signature Of Officer Recording The Report:

G / Sgt 2 SAM YEO WEN MING

Signature Of Interpreter:  
Not applicable

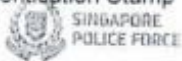
Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp HO HSIEN YEOW  
Contact No.: 62447200

Signature Of Informant:

Date/Time:  
15/08/2018 09:48

Classification Of Case:

Authentication Stamp



SIGNATURE

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

