

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 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. 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	30/10/2018 13:55
Date Of Accident	29/10/2018 22:15
Exact Location Of Accident	HOLIDAY INN EXPRESS CLARKE QUAY DRIVEWAY ENTRANCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6026S
Insured/Policyholder	
Name Of Registered Owner	RMG TOURS PTE LTD
Co Reg No	197401936W
Email Address	PHLIM@RMGTOURS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62261811

Vehicle Particulars

Manufacturer	SCANIA
Model	K124IB4X2

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
Fleet Policy	YES
Policy Number	SD18V03922/VBS/R05
Cover Note Number	

Driver

Name of Driver	YEO KOK KEE
NRIC No	S1131059A
Date Of Birth	30/05/1955
Occupation	INDOOR
Date Of Driving Pass	24/04/1987
Driving Experience	31 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96966260
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 435 HOUGANG AVE 8 #10-1677
Postcode	530435
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 - CHANGE/CROSS LANE
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?	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)	10

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

PLEASE REFER TO ATTACHED .

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	SHA3656M
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KOK LEONG
NRIC/Passport Number	S1153075C
Contact Number	96687541
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

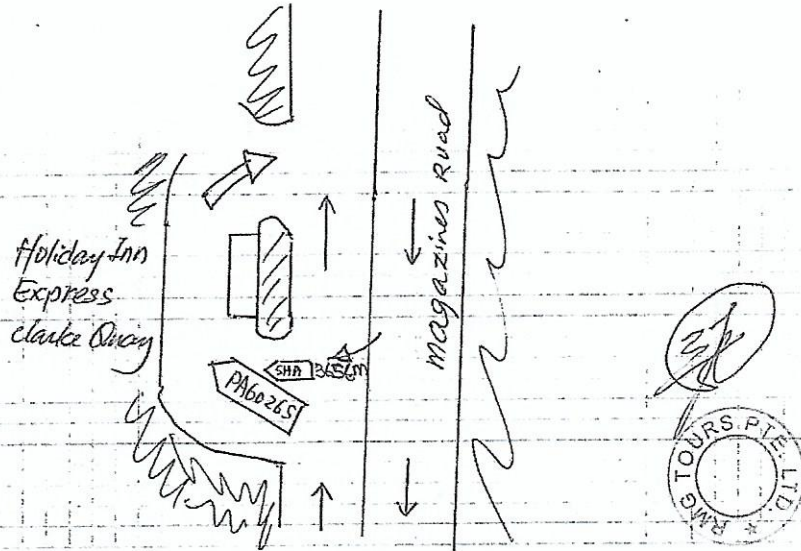
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


 Lim P. H.
 Hp 9731 7794
 Fleet Maintenance Manager
 RMG TOURS PTE LTD
 109B Amoy Street
 Singapore 069929
 Date & Time: 30-10-2018
 @ 1350 hrs.


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 30-10-2018
 @ 1350 hrs.


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

SKETCH PLAN

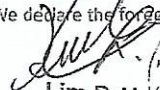



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 29-10-2018 @ 2215 hrs, I was driving my company bus PA6026S along Magazines Road fetching passengers to hotel Holiday Inn Express Clarke Quay. While I was entering the hotel drive way I noticed one taxi SHA3656M on my rear right side about to right turn into the drive way also. I already enter the drive way but the taxi continue to move forward & resulted graze onto my bus Right hand side rear portion. I then alighted & check and found scratches marks over the RHS rear wheel portion. Today the taxi keep denie he is in the wrong & we unable to come to private settlement. Thus we wish to lodge this report & claims accordingly. We do have dash camera video clips captured for this incident. There was no one injured. That's all.

DECLARATION

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


Lim P. H.
Policyholder
Fleet Maintenance Manager
RMG TOURS PTE LTD
109B Amoy Street
Singapore 069929
30-10-2018 @ 1350 hrs


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30-10-2018 @ 1350 hrs


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