#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/11/2018 10:33
Date Of Accident	07/11/2018 16:25
Exact Location Of Accident	JUNCTION OF TUAS SOUTH AVENUE 4 AND TUAS WEST ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7635S
Insured/Policyholder	
Name Of Registered Owner	M/S LOI TRANSIT
Co Reg No	53334795E
Email Address	CONNECT3WINNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90265556
Alternative Phone No	OFFICE-93918330
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	BE639JRMHDEA-3.9 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3064651800
Cover Note Number	
Driver	
Name of Driver	SEAH SOON TECK

Name of Driver SEAH SOON TECK NRIC No S1184938E

Date Of Birth 03/06/1956
Occupation OUTDOOR
Date Of Driving Pass 16/10/1979

Driving Experience 39 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90265556

Fax Number

Contact Number OTHERS-93918330

EMail Address CONNECT3WINNIE@GMAIL.COM

Address BLK 629 HOUGANG AVENUE 8

#11-88

Postcode 530629

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

-

NO

1

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
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.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### **Circumstances of Accident**

#### PLEASE REFER TO SKETCH PLAN

#### 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 GBG7953T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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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)

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)
  - (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
- (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
- 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.
- 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.

Policyholder's Sign Date & Time:

RAA

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe Name:

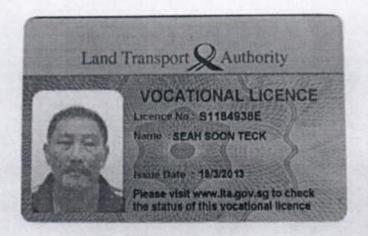
NRIC/FIN No.:

### **Accident Sketch Plan**

	A= PC76359
(4)	Two west rood
Tuos South PNR H.  PESCRIBE CIRCUMSTANCES OF THE ACC	E CIDENT
	1 Was driving my but PC7635S along Tuas South
Ave 4 injend to truin no	int to Tuos west Rd or as it is clear for my
bus to turn right, I	procood to hun when a venicle GBG7953T drove
up @ a foot speed a	collided against my but front an portion as a
nguy.	
AND THE RESERVE OF THE PARTY OF	
The second secon	THE RESERVE OF THE PARTY OF THE
PECLARATION  We declare the foregoing particulars are true	e in every respect.
	e in every respect.

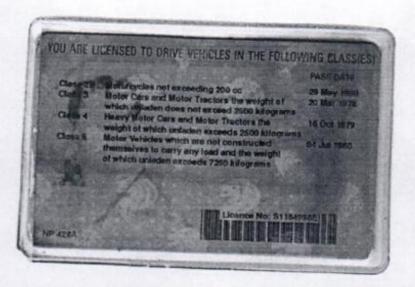






HP: 9391-8330.





This card is not transferable and is the property of the Land Transport
Authority (LTA): It must be surrendered to the LTA on request. If found,
please return to LTA, 10 Sin Ming Drive, Singapore 575701.

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