#### 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.

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	ACCIDENT STATEMENT
Date Of Report	11/01/2019 17:15
Date Of Accident	11/01/2019 11:50
Exact Location Of Accident	ALONG JURONG WEST AVENUE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ7487M
Insured/Policyholder	
Name Of Registered Owner	OCEAN PEARL SHIPPING & SERVICES PTE LTD
Co Reg No	199300034R
Email Address	OPSSPL@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-91081238
Alternative Phone No	OFFICE-91081238
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	SD18V08731/VCV/R00
Cover Note Number	
Driver	

Name of Driver TAN SONG JOO
NRIC No S7289220H
Date Of Birth 22/06/1972
Occupation OUTDOOR
Date Of Driving Pass 21/11/2014

Driving Experience 4 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91081238

Fax Number

Contact Number OTHERS-91081238

EMail Address OPSSPL@SINGNET.COM.SG

Address BLK 401 FAJAR ROAD

#06-209

Postcode 670401

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 Registration Number of Briver's Cwin

Insurance Company of Driver's Own Vehicle

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**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver)

1

**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 SHF717P

Vehicle Make/Model/Colour RENAULT LATITUDE

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver TAN YEOW LAM

NRIC/Passport Number S1378937A

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

#### Accident Sketch Plan

#### SKETCH PLAN

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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
- (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.

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pe

NRIC/FIN No.:

#### **Accident Sketch Plan**

SKETCH PLAN	Alones	hibour	WUST	AVANUA 1
		B	*	
A) G274		A		Chorsteian Chorstan
B) SHF	1179			
		1	7	
DESCRIBE CIRCUMS	STANCES OF THE A	CCIDENT		
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Just A	SUBE HO	BU TUPE	CHARL OF	2the love than All.
1				(40)
DECLARATION				
/We declare the forego	oing particulars are tr	ue in every respect.		/ 1 .
( )B	_	<		1/ 1/2/2016
Policyholder Com	-	OM		The month your
Policyholder's Signature Date & Time:		er's Signature river is not the policyho	lder)	Reporting Centre Personnel's Signature
		& Time:		NRIC/FIN No.: KOSH WHIDD



22-06-1972 MALAYSIA





# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE Design with unladen weight =< 3000kg with =< 7 21 Nov 2314 vehicles with unladen weight =< 2500kg.

NP 428A

Licence No:57289220H





















































