#### 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   | 17/01/2019 12:16                       |
|  | Date Of Accident   | 16/01/2019 15:50                       |
|  | Exact Location Of Accident   | SPC PETROL STATION, 710 MOUNTBATTEN RD |
|  | Country/State of Loss  | SINGAPORE                              |
|  | D  | ETAILS OF OWN VEHICLE                  |
|  | Vehicle Registration Number  | SLB6859Y                               |
|  | Insured/Policyholder   |  |
|  | Name Of Registered Owner   | ROSET LIMOUSINE SERVICES PTE LTD       |
|  | Co Reg No  | 200406722Z                             |
|  | Email Address  | NOEMAIL                                |
|  | Mobile Phone No  |  |
|  | Alternative Phone No   | OFFICE-89999999                        |
|  | Vehicle Particulars  |  |
|  | Manufacturer   | ТОУОТА                                 |
|  | Model  | COROLLA AXIO 1.5X A                    |
|  | Exact Purpose for which vehicle was being used at time of accident           | COMMERCIAL USE                         |
|  | 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   | PRIVATE HIRE                           |
|  | Insurance Company  |  |
|  | Name of Insurance Company  | LIBERTY INSURANCE PTE LTD              |
|  | Type Of Coverage   | THIRD PARTY FIRE AND/OR THEFT          |
|  | Fleet Policy   | NO                                     |
|  | Policy Number  | SD18V12323/VPZ/R00                     |
|  | Cover Note Number  |  |
|  |  |  |

#### **Driver**

Name of Driver CHENG YEN SHAUN

NRIC No S7997100F
Date Of Birth 19/07/1979
Occupation OUTDOOR
Date Of Driving Pass 14/08/1999

Driving Experience 19 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92352317

Fax Number

Contact Number OFFICE-92352317

EMail Address NOEMAIL

Address BLK 211 JURONG EAST STREET 21

#03-299

Postcode 600211

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

**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?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

NO

1

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes,Please state which Police Station

Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02, POSTCODE: 556129, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-4880999 - **FAX NO**: 64883561

Was notice of intended Prosecution given?

If Yes, against whom?

NO

#### **Circumstances of Accident**

REFER TO POLICE REPORT - F/20190116/2117.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKF8180Z

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### INVESTIGATION NOTICE

- I. Please report correcce the details of the accident to speed up the claims process.
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- Information provided must be as <u>ignitive</u> and asserting as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>republishe notice</u> fability.
- 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.
- \* And false appoint a proof in palarete to one Palice for Investigation.
- The 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.
- 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 aforesald.
- E. Connact water the Personal Data Probection Act (PDPA)

Lunderstand, 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 my 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 :
  - 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 invoive 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/ere 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.

Date & Time:

Policyholder's Signature Date & Time: Oriver's Signature (if driver is not the policyholder) Reporting Centre Perso Name: NRIC/FIN No.:

STABAC SketchPhoForm\_VS

ne's Signature

#### **Accident Sketch Plan**

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| ECLARATION .   |                   |             |                     |  |
| ECLARATION<br>We declare the foregoing partic  |                   |             |                     |  |
| ECLARATION   |                   |             |                     | 7                                      |
| ECLARATION We declare the foregoing partie   |                   |             |                     | 76                                     |
| ECLARATION We declare the foregoing partie   |                   |             | Reporting Centre Po | ersonner Signature                     |

#### **Police Report**





1 of 2

Report No. F/20190116/2117

#### POLICE REPORT (NP299)

Police Station Of Origin Serangoon N.P.C 50 Serangoon Avenue 2 #01-02 SINGAPORE 556129 Tel No: 1800-4880999

| Date/Time Report Made<br>16/01/2019 21:38                    | Vide Report No.  |     | Station Diary No.  |         |
|--|--|-----|--------------------|---------|
| Name Of Informant  | Address  |     |                    |         |
| Cheng Yen Shaun  | 211 JURONG EAST STREET 21 #03-299 SINGAPORE<br>600211                                      |     |                    |         |
| ID Type / ID No.<br>NRIC NO / S7997100F                      | Contact No.<br>Home/Office   |     | Mobile<br>92352317 |         |
| Nationality<br>SINGAPORE CITIZEN                             | Email Address  |     |                    |         |
| Occupation   | Sex  | Age | Date of Birth      | Race    |
| SELF EMPLOYED  | Male   | 39  | 19/07/1979         | Chinese |
| Institution/School Name                                      | Language   |     |                    |         |
| Date/Time Of Incident<br>16/01/2019 15:30 - 16/01/2019 15:50 | Location Of Incident 710 MOUNTBATTEN ROAD SPC MOUNTBATTEN SINGAPORE 437734 SPC Mountbatten |     |                    |         |

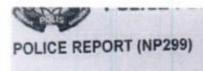
#### Brief details.

On 16/01/2019 at about 1548hrs, I was queuing to pump petrol for my vehicle bearing SLB6859Y at the above said location.

Moments later, I noticed a vehicle bearing SKF8180Z was reversing towards my left as such I sounded my horn to give warning. However, he did not comply and collided onto my vehicle left rear.

| Signature Of Officer Recording The Report F / Sgt 2 GOH YONG KUAN, KEN                                   | Signature Of Informant:        |
|--|--------------------------------|
| Signature Of Interpreter:<br>Not applicable  | Date/Time:<br>16/01/2019 21:38 |
| Officer In-Charge Of Case:<br>F / Serangoon N.P.C /<br>Sgt 2 GOH YONG KUAN, KEN<br>Contact No.: 64880999 | Classification Of Case:        |

Authentication Stamp



CONTINUATION OF REPORT

Report No. F/20190118

I wish to state that, there is CCTV installed at the patrol station and the two pump attendant of SPC hawitnessed the accident.

I am making this report solely for my insurance claim.

Signature Of Officer Recording The Report

F / Sat 2 GOH YONG KUAN, KEN

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: F / Serangoon N.P.C / Sgt 2 GOH YONG KUAN, KEN Contact No.: 64880999

**Authentication Stamp** 

Signature Of Informant

Date/Time: 16/01/2019 21:38

Classification Of Case:



















