

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 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	30/08/2017 14:14
Date Of Accident	30/08/2017 07:15
Exact Location Of Accident	HOUGANG AVE 2 (BLK708) BUS STOP B01
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR4506T
Insured/Policyholder	
Name Of Registered Owner	LIU WEI
NRIC No	S2648461H
Email Address	LIUWEI@HOCKHUAGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-92476788
Alternative Phone No	OTHERS-92476788

Vehicle Particulars

Manufacturer	TRAILER
Model	CAMRY 2.0 AUTO ABS AIRBAG
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S010043
Cover Note Number	

Driver

Name of Driver	LIU WEI
NRIC No	S2648461H
Date Of Birth	11/08/1967
Occupation	INDOOR
Date Of Driving Pass	28/01/1999
Driving Experience	18 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92476788
Fax Number	
Contact Number	OTHERS-92476788
Email Address	LIUWEI@HOCKHUAGROUP.COM.SG

Address	106 GERALD DRIVE #03-02
Postcode	798595
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

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

I WAS SLOW DOWN TO STOP AFTER U-TURN APPROACHED BUS STOP, SUDDENLY I HEARD "HORN" SOUND AND "BANG" FROM BEHIND, THE ACCIDENT HAPPENED.

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	FBC477T
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	TEO WEE SOON
NRIC/Passport Number	S8702520I
Contact Number	97352018
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

2:00pm
30/08/2017
Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to attachment.

Describe Circumstances of the Accident


I was slow down to stop after U-turn approached Bus stop suddenly, I heard "horn" and "Bing" from behind. The accident happened.

Declaration

We declare the foregoing particulars are true in every respect.

 2:00pm
30/08/2017
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Hougang Ave 2
(BLK 708)

7:15am

BOI
Bus Stop



A: SJR 4506T
B: FBC 477T

U turn

1/2 in

CONFIDENTIAL


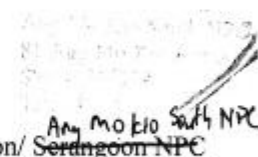
Annex D

NOTICE OF COMPLIANCE

This is to confirm that Liu Wei,
NRIC/FIN s2648461h, has reported to the police a non-injury
traffic accident
which occurred at Hougang Ave 2 near to Blk 708
on 30/08/2017 at 0715 am involving the
following vehicles:

1. SJR4506T
2. FBC477T

2. He / She has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: 30/8/17
Name of Issuing Officer: SGT Roy Chong 
S/D Ref: 45 Police Post / Unit: Ang Mo Kio Division/ Serangoon NPC 

Original – to be issued to informant.

Duplicate – to be retained at police post or unit.

CONFIDENTIAL

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

