

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	29/04/2019 12:14
Date Of Accident	26/04/2019 23:30
Exact Location Of Accident	VICTORIA STREET TURNING RIGHT INTO OPHIR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9041C
Insured/Policyholder	
Name Of Registered Owner	AURORA WORLD PTE LTD
Co Reg No	201002992D
Email Address	ERICLIMTN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91188517

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD19V01645/R00
Cover Note Number	

Driver

Name of Driver	WANG GUOLEI
Passport No/FIN	G2893333P
Date Of Birth	17/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2018
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87883928
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	47 JLN PEMIMPIN HALCYON 2 #03-04
Postcode	577200
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER(COMPANY)
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?	NO
Number of vehicles (including own vehicle) 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.	NO
Number of Passengers (Including Driver)	13

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 TRAVELLING FROM VICTORIA RD TURNING RIGHT INTO OPHIR RD ON THE 2ND TURNING LANE OF A5-LANES RD.WHILE MAKING A RIGHT TURN,SUDDENLY VEH B FROM MY RIGHT LANE COLLIDED ONTO MY RIGHT CENTER SIDE OF MY VEH.

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	SHA7352M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW NAM CHEE
NRIC/Passport Number	S2156400A
Contact Number	90269770
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
101 JERONGHOLE HOLDING PTE. LTD.

Name: **WANG GUOLEI**
Nomin. Permit No.: **8 77300080**
Sector: **SERVICE**

80892208

VISIT PASS
Immigration Regulations

Name: **WANG GUOLEI**
ID: **G2893333P**
Issue Date: **01-09-2018**
Passport: **CHINA**

Multiple Journey Visa Issued

FOR ALL TO ENTER THE COUNTRY IT IS NECESSARY
TO BE POSSESSOR OF THIS PASS OR HAVE A NEW CARD ISSUED TO YOU.

REPUBLIC OF SINGAPORE DRIVING LICENCE

WANG GUOLEI

Q 2893333 P

DOB: 17 May 1964
Issue Date: 03 Nov 2016
Valid Till: 03/11/2021

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

Class	Description	Issue Date
Class 1	Motor vehicle (other than an 8 seater or more of the motor vehicle) with a maximum mass of 3500 kg	03 Nov 2016
Class 2	Motor vehicle with a maximum mass of 3500 kg	03 Nov 2016

Q 2893333 P

01 Nov 2018

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G2893333P**
Name: **WANG GUOLEI**

Please visit www.lta.gov.sg to check the status of this vocational licence

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 570701.

Type	Description	Issue Date
03	Bus VI	01/09/2018

47, Jalan Penimpin Halcyon 2
#03-04, Singapore 577200