

## 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             | 04/06/2019 09:47              |
| Date Of Accident           | 03/06/2019 08:50              |
| Exact Location Of Accident | ALEXANDRA RD TWDS W COAST HWY |
| Country/State of Loss      | SINGAPORE                     |

### DETAILS OF OWN VEHICLE

|                             |                      |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC2965Y              |
| <b>Insured/Policyholder</b> |                      |
| Name Of Registered Owner    | AURORA WORLD PTE LTD |
| Co Reg No                   | -                    |
| Email Address               | NOEMAIL              |
| 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                                       | THIRD PARTY |
| Vehicle Category   | BUS         |

### Insurance Company

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

### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | WANG WEIFANG         |
| NRIC No              | G8336322W            |
| Date Of Birth        | 23/04/1977           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 04/12/2018           |
| Driving Experience   | 0 YEAR AND 5 MONTH   |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-86804636 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | NOEMAIL              |

|   |                            |
|---|----------------------------|
| Address   | BLK 22 SIN MING RD #12-130 |
| Postcode  | 570022                     |
| 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           | -                          |
|   | -                          |
|   | -                          |

#### General Information of the Accident

|                    |                               |
|--------------------|-------------------------------|
| Type Of Accident   | COLLISION - CHANGE/CROSS LANE |
| 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?  |     |
| 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)   | 12  |

#### 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 ALONG ALEXANDRA RD TWDS W COAST HWY ON THE THIRD LANE FROM THE RIGHT, WHILE GOING STRAIGHT, SUDDENLY VEH B (BEARING NO SLR976Y) FROM MY RIGHT LANE CUT INTO MY LANE AND HIT ONTO MY VEH RIGHT REAR PORTION.

#### 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         | SLR976Y     |
| 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

### 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' lawyers/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' 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 Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN

Diagram illustrating the accident scene on a grid. Two vehicles, labeled A and B, are shown. Vehicle A is positioned above Vehicle B. The text "Alexandra Rd. turns W Const Hwy" is written below the vehicles. To the right, the following information is noted:

A = PC 2965 Y  
B = SIR 776 Y

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:



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


*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*[Signature]*

# DRIVING DOC

Land Transport Authority



**VOCATIONAL LICENCE**  
 Licence No: G8336322W  
 Name: WANG WEIFANG

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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

Employer  
 HOT SINGAPORE HOLDING PTE. LTD.



Name: WANG WEIFANG  
 Work Permit No. 0 72706439  
 Sector: SERVICE



K0972551

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G8336322W  
 Name: WANG WEIFANG

Birth Date: 23 Apr 1977  
 Issue Date: 11 Apr 2016  
 Valid Till: 10/04/2021



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 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 03   | BUS VL      | 04/12/2018 |

VISIT PASS  
 Immigration Regulations

Name: WANG WEIFANG

Pin: G8336322W  
 Date of Birth: 23-04-1977  
 Sex: M  
 Nationality: CHINESE

Download SGWorkPass App to check status



MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

|  | EFFECTIVE DATE |
|--|----------------|
| Class 3 Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg  | 15 Oct 2008    |
| Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg<br>Motor vehicles which are not constructed to carry load or passengers and the unladen weight ≤ 7250kg | 30 Apr 2009    |



NP 428A



Accident Photo



Accident Photo



Accident Photo





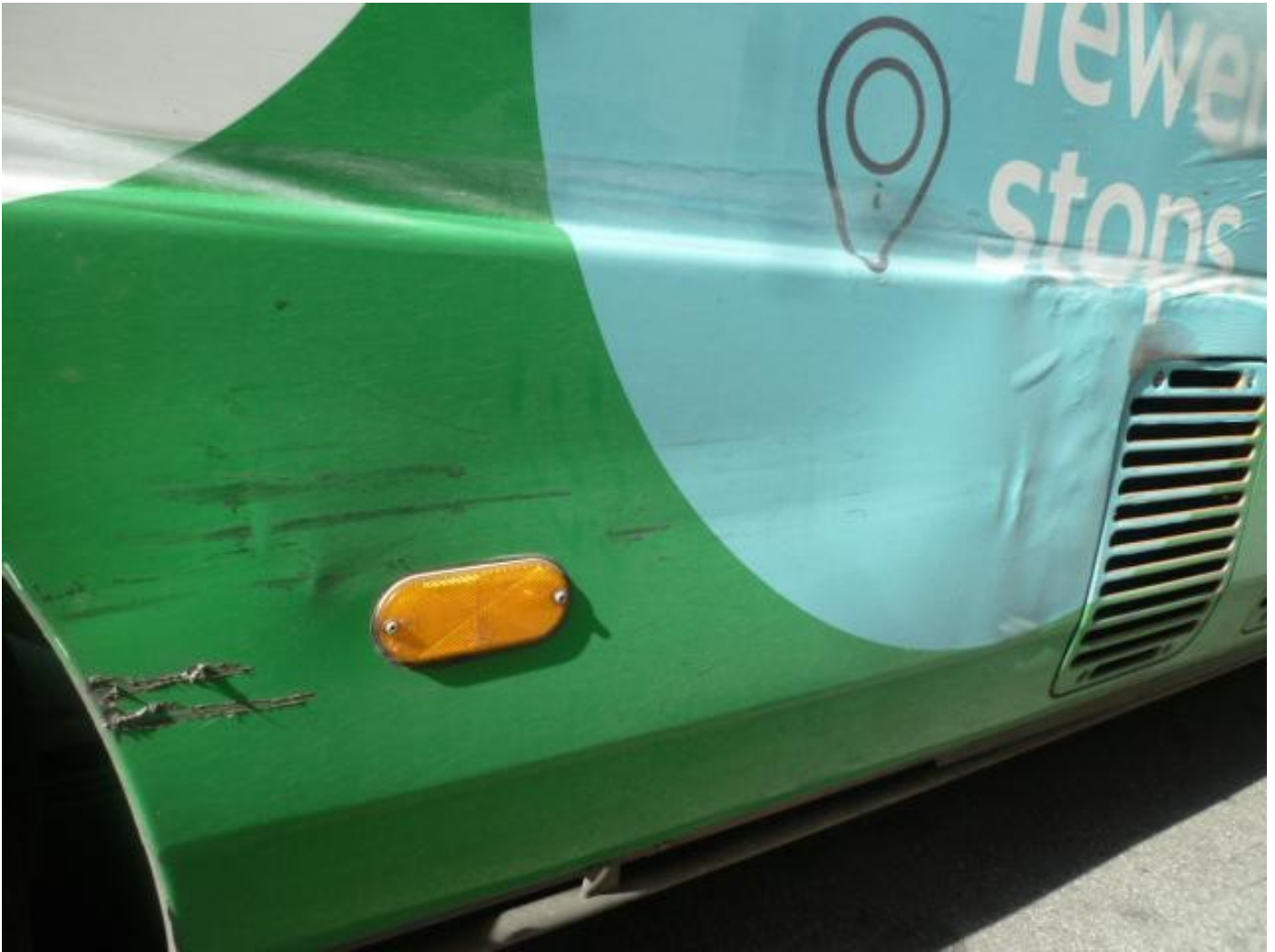
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Starh You Tube

|               |   |                            |         |
|---------------|---|----------------------------|---------|
| CHASSIS NO    | : | BE63DJF00067               |         |
| UNLADEN WT    | : | 4000                       | KG      |
| MAX LADEN WT  | : | 6020                       | KG      |
| PASSENGER CAP | : | 1 DRIVER 23                | OTHER ✓ |
| TYRE SIZE     | : | (F)205 / 85R16-117 / 115L1 |         |
|               |   | (R)205 / 85R16-117 / 115L  |         |