

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	03/07/2019 15:30
Date Of Accident	01/07/2019 13:55
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6031R
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Insured/Policyholder

Name Of Registered Owner	CHANGI AIRPORT GROUP SINGAPORE PTE LTD
Co Reg No	200910817N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98383481
Alternative Phone No	OFFICE-65598954

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6126HGA AUTO
Exact Purpose for which vehicle was being used at time of accident	
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD18V08900
Cover Note Number	

Driver

Name of Driver	PEH SAN LENG
NRIC No	S1732406C
Date Of Birth	23/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1990
Driving Experience	29 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84280890
Fax Number	(LOCAL) +65-68982394
Contact Number	OFFICE-65598954
Email Address	NOEMAIL

Address	BLK 810 TAMPINES AVE 4 #08-191
Postcode	520810
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	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?	
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

On 01/07/2019, at about 13:53 hrs, I was traveling along Airport Boulevard towards T4 Arrival pick-up point. The traffic was light and the weather was clear with dry surface at that point of time. Upon reaching merging lane, I was driving straight within my lane, a taxi SH9393P driving at a high speed from the adjacent right lane recklessly swerved into my lane. As a result, the taxi grazed against the rear right hand side mudguard of my bus. The taxi SH9393P sustained damages on the front left bumper and the front left mudguard. No one was injured in the accident.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9393P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ENG BOON HUAT
NRIC/Passport Number	S0282332B
Contact Number	
Address	432 UPPER CHANGI ROAD #04-03
Postcode	487049
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

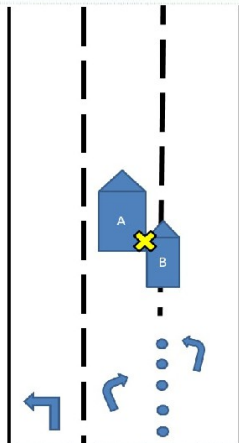
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



A -PC6031R
B -SH9393P
AIRPORT
BOULEVARD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no vertical margin lines, and the paper appears to be a standard notebook page. A small portion of a blue pen or pencil tip is visible at the bottom right corner.

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:

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

Identification Card

0182965



NRIC No: S0282332B



Blood Group: O+ Date of Issue: 24-12-1991

432 UPPER CHANGI ROAD #04-03
SINGAPORE 487049

NRIC No: S0282332B Date: 01/08/2014

0563535



NRIC No: S1732406C



Blood Group: AB+ Date of Issue: 23-06-1994

APT BLK B10 TAMPINES AVENUE 4 #08-191
SINGAPORE 520810

NRIC No: S1732406C Date: 01-10-1998 No: 2656555

2019/7/1 14:02

Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0282332B



Name
ENG BOON HUAT



翁文發

Race
CHINESE

Date of Birth
29-11-1944

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1732406C



Name
PEH SAN LENG



白雙龍

Race
CHINESE

Date of Birth
23-12-1965

Sex
M

Country of Birth
SINGAPORE



2019/7/1 14:01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

