

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	12/07/2019 12:28
Date Of Accident	11/07/2019 07:30
Exact Location Of Accident	ALONG YISHUN CENTRAL 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC3267Y
Insured/Policyholder	
Name Of Registered Owner	WAI LIAN TRDG AND TRANSPORTATION
Passport No/FIN	22779900C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96695518
Alternative Phone No	OTHERS-92361778
Vehicle Particulars	
Manufacturer	ZHONG TONG
Model	LCK6107H-6.7 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3000541901
Cover Note Number	
Driver	
Name of Driver	YANG TAO
Passport No/FIN	G2858900Q
Date Of Birth	24/03/1977
Occupation	OUTDOOR
Date Of Driving Pass	29/08/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96695518
Fax Number	
Contact Number	OTHERS-92361778
EEmail Address	NOEMAIL

Address	-
Postcode	
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?	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

PLEASE REFER TO SKETCH PLAN

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	SKN2619Z
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)	

Sketch Plan

7/12/2019

img001.jpg

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 #2

7/12/2018

img002.jpg

SKETCH PLAN



A- PC32 67Y

B- SKH 2619Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/07/2019 @ 07:30 hrs, I was driving my bus PC3267Y along Yishun Central 1 when a car from the right lane cut into my lane to turn left into the hospital and hit onto my front RHS.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:



[Signature]

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

[Signature] 12/07/2019
Reporting Centre Personnel's Signature
Name: *[Signature]*
NRIC/TIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo




Accident Photo



Accident Photo






Identification Card


 **S-PASS**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
WU LAM TRADING AND TRANSPORTATION

For LKK/NAC Use Only

 Name:
YANG TAO
S-Pass No:
D 77185711 Employer:
SERVICE

 **K0818123**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

 Licence No: **G2858900Q**
Name:
YANG TAO
For LKK/NAC Use Only
Valid Until: **24 Mar 1977**
Issue Date: **10 Aug 2018**
Valid Till: **08-08-2021**

 **0025575160**

 **Land Transport Authority**

 **VOCATIONAL LICENCE**
Licence No: **G2858900Q**
Name: **YANG TAO**
For LKK/NAC Use Only
Please visit www.lta.gov.sg to check
the status of this vocational licence

H/p : 9236 1778

Driving License

VISIT PASS
Immigration Regulations

NAME: NAM TAO

For LKK/NAC Use Only

DOB: 20/05/1977

Sex: M

Signature: [Signature]

Multiple Journey Visa (MUV)

PLEASE TO SURRENDER THIS CARD STRAIGHT AWAY IMMEDIATELY ON YOUR DEPARTURE, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download the iCheckPass App to check status

QR Code: [QR Code]

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 1	Motor cars up to 2000 kg with up to 7 passengers, excluding of the motor and motor motorcycle up to 2000 kg	28 Aug 2018
Class 2A	Motorcycles	28 Aug 2018
Class 3	Heavy motor cars and motor vehicles up to 2000 kg	28 Oct 2018

For LKK/NAC Use Only

Card No. 0000285490

Signature: [Signature]

License No. 0000285490

NP 028A

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	30/10/2018

For LKK/NAC Use Only

