#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	15/08/2019 14:16
Date Of Accident	03/08/2019 18:00
Exact Location Of Accident	SAGO LANE TURNING OUT TO SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC523C
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-92382092
Vehicle Particulars	
Manufacturer	SCANIA
Model	KIB4X2 MANUAL ABS
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1825951800
Cover Note Number	
Driver	
Name of Driver	WANG QINGSONG
NRIC No	G5061749T
Date Of Birth	02/02/1977
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2011
Driving Experience	8 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	

OTHERS-92382092

BC@LONGLIM.COM

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 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 23

**Details of Police Action** 

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

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 NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SMK1372H

Vehicle Registration Number Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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#### 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)
  - (I) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary
  - (II) investigating the accident and/or my daims;
  - (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
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the
- (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection,
- (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

for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time:

porting Centre Pr

Name

### Sketch Plan #2

SKETCH PLAN	
	A= PC523C
	→ South Bridge Rd B=SM × 1372
	<b>→</b>
	169
	+ sogo lane
DESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT
00 03/09/2010	6 19:00
lone whend h	@ 18:00 hrs. I was driving my but PC523C along So
to work was	than out to South Bridge Rd or 1 Stopped my has
contact wat	for oncoming traffic to clear & I did not have any veh smk 13724 which was also a
of I com	veh smx 1372+1 which was also @ the sago lane exit
1 cm wor	cing a report at my both ask me to do so.
COMPLETE OF THE PARTY OF THE PA	
R. F. E. S.	
AUGUSTA STATE	
CLARATION	
CLARATION e declare the foregoing parts	iculars are true in every respect
CLARATION e declare the foregoing parts	iculars are true in every respect.
e declare the foregoing parts	iculars are true in every respect.
e declare the foregoing parti	_ = 3 th sol 15/08/2019
e declare the foregoing parts	Driver's Signature  (If driver is not the population of the popula
e declare the foregoing parti	





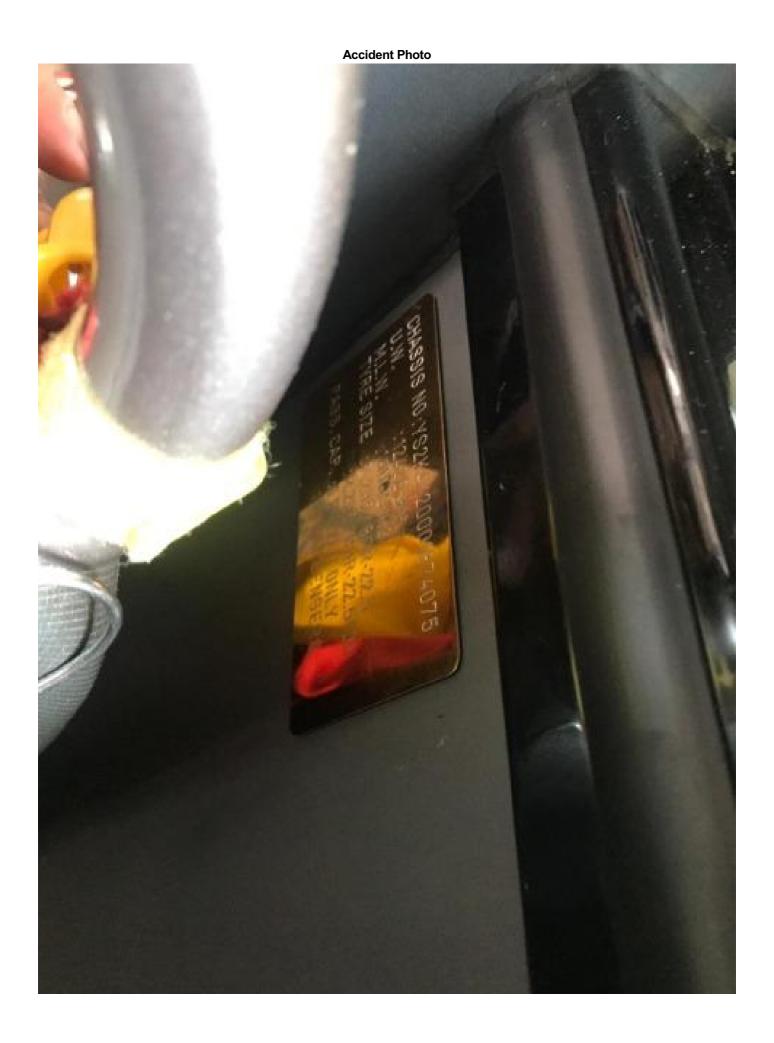








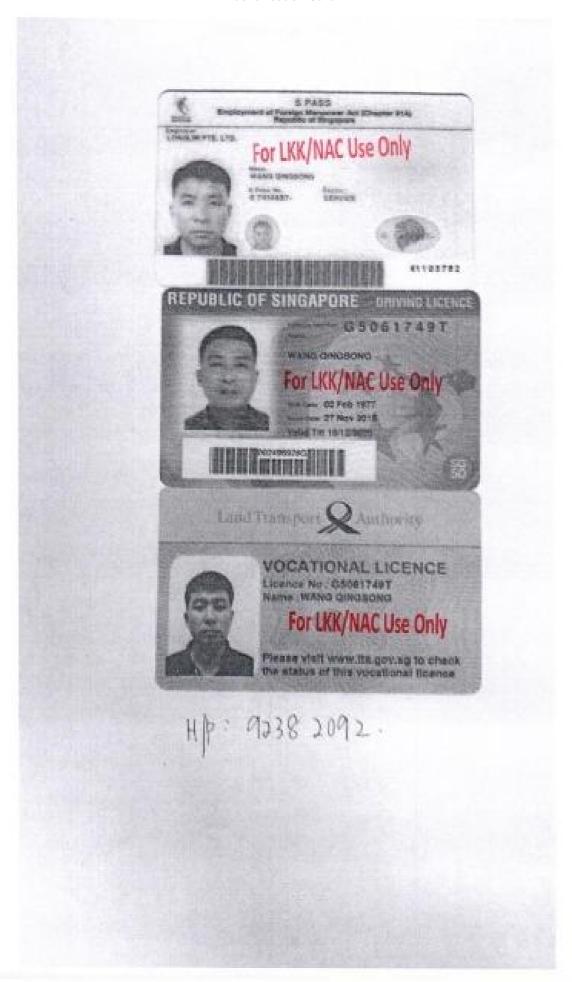








#### **Identification Card**



#### **Driving License**

