MNA119123177 / National Assessment Centre Services - Ubi ENTRY DATE & TIME: 17/09/2019 13:33 SUBMITTED BY: Jackson Ho Zhao Tian

#### 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 <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.

aforesaid.	iona to the distributing of the report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	17/09/2019 13:33
Date Of Accident	14/09/2019 16:40
Exact Location Of Accident	EVANS RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ4978U
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE LTD
Co Reg No	200406722Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 A
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V12322/VPZ/R00
Cover Note Number	
Driver	

Name of Driver MOK SHAO XIAN
NRIC No S8616424H
Date Of Birth 31/05/1986
Occupation OUTDOOR
Date Of Driving Pass 22/05/2012

Driving Experience 7 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96781827

Fax Number

Contact Number OFFICE-96781827

EMail Address NOEMAIL

Address BLK 472 SEGAR ROAD

#09-262

NO

2

NO

2

Postcode 670472

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

One of Debugge Over Walde

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident?

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name TANGLIN POLICE DIVISIONAL HQ ( 'E' DIVISION )

NO

YES

Police Station Address ROAD: 21 KAMPONG JAVA ROAD, POSTCODE: 228892, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-3910000 - **FAX NO**: 63964900

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - E/20190915/7000.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

Vehicle Registration Number Vehicle Make/Model/Colour

Was there any audio recorded?

SJJ7700X

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**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

#### **IMPORTANT NOTICE**

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- 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) The 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.
- 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as police), for the purpose(s) of:
  - Processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (II) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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:
  - To all insurers and/or any other third parties that assist in evaluating, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

THADUSINE SERVICE

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

AN.

reporting centre personnel's Signature Date / time:

### **Accident Sketch Plan**

SKETCH PLAN		
SKEICH PLAN		A:SKJ 4978U B: SJJ 7700X
	7	

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refer	70	Police	report	

DECLARATION

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

Policy holder's signature Date & time: Driver's signature

(if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

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# POLICE REPORT (NP299)

Police Station Of Origin Tanglin Division HQ 21 Kampong Java Road SINGAPORE 228892

Tel No:1800-3910000

Report No. E/20190915/7000

Date/Time Report Made 15/09/2019 01:08	Vide Re	port No.		Station Diary No.
Name Of Informant	Address			
MOK SHAO XIAN	APT BLK 472 SEGAR ROAD #09-262 SINGAPOR 670472		2 SINGAPORE	
ID Type / ID No. NRIC NO / S8616424H	Contact No. Home/Office: Mobile: 96781827			
Nationality SINGAPORE CITIZEN	Email Address mokshaoxian@gmail.com			24.5
Occupation	Sex	Age	Date of Birth	Race
Gojek Driver	Male	33	31/05/1986	Chinese
Institution/School Name	Language English			
Date/Time Of Incident	Location Of Incident			
14/09/2019 16:40 - 14/09/2019 16:50	EVANS ROAD			
Brief details.	The state of the s	the Control of the Co		

I was the driver for car plate number SKJ4978U which was belong to rental company(Tribecar) to use the car for Gojek. I was driving along Evans Road at 4:40pm and to turn left out to Bukit Timah Road. I was in stationary position and suddenly a car plate number SJJ7700X banged from the back of the rented car(SKJ4978U). There is a rider inside the car and she have no injuries. The third party of car plate number SJJ7700X admitted his mistake. Pictures of the accident were taken. As there is an incoming vehicle behind the accident taken place, I informed the third party to follow the damaged car and stop at the bus stop to exchange contact details and pictures of driving licence were taken. I have reported to

Signature Of Officer Recording The Report:	Signature Of Informant:
Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2019 01:08
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

### Police Report





2 of 2

POLICE REPORT (NP299)

**CONTINUATION OF REPORT** 

Report No. E/20190915/7000

Tribecar immediately and requested me to send the car on Monday for reporting & inform the third party to report the accident at Tribecar which is located at Ubi Avenue 1.

Person Name	MOK SHAO XIAN		
ID Type	NRIC NO	ID No	S8616424H
Gender	Male	Age	33
Race	Chinese	Language	English
Occupation	Gojek Driver	Address Type	
Address	APT BLK 472 SEGAR ROAD #09-262 SINGAPORE 670472	Mobile No	96781827
s Informant A Victim?	Yes		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.		
Signature Of Interpreter: Not applicable	Date/Time: 15/09/2019 01:08		
Officer In-Charge Of Case:	Classification Of Case:		
Authentication Stamp			





















