## 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.			
	ACCIDENT STATEMENT		
Date Of Report	14/01/2020 18:44		
Date Of Accident	12/01/2020 16:45		
Exact Location Of Accident	FISHERY PORT RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PA9298D		
Insured/Policyholder			
Name Of Registered Owner	K.H.NG BUS TRANSPORT PTE LTD		
Co Reg No	2XXXXX778G		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96659003		
Alternative Phone No	OFFICE-96659003		
Vehicle Particulars			
Manufacturer	ISUZU		
Model	LT134P		
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	REPORTING ONLY		
Vehicle Category	BUS		
Insurance Company			
Name of Insurance Company	LIBERTY INSURANCE PTE LTD		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	SI19V10306/VBS/R00		
Cover Note Number			
Driver			
Name of Driver	TAN CHIN TENG		

Name of Driver TAN CHIN TENG
NRIC No SXXXX061Z
Date Of Birth 10/10/1967
Occupation OUTDOOR
Date Of Driving Pass 24/05/2008

Driving Experience 11 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91030301

Fax Number

Contact Number OFFICE-91030301

EMail Address NOEMAIL

**BLK 158D RIVERVALE CRESCENT** Address

#02-663

Postcode 544158

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 28

Number of Passengers (Including Driver)

**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** 

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number **SLL7262T** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver NEO TECK CHUAN (LIANG DEQUAN)

SXXXX187J NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 16

#### Accident Sketch Plan

### SKETCH PLAN

## **IMPORTANT NOTICE**

- 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.
- 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.
- 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.
- 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 lodgment 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 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:
  - 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.

Date & Time:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

## **Accident Sketch Plan**

CETCH PLAN				
	Fishery part Rd.	Ø △A		A: PAG2G8D. 3: SUL76267
SCRIBE CIRCUMSTANCE	OF THE ACCIDI	1	<b>+</b>	
Reder to Hatem	Month of the state			
CLARATION				
e declare the foregoing partic	culars are true in e	very respect.	( .	
cyholder's Signature e & Time:	Driver's Sig (If driver is Date & Tim	not the policy	holder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

## **Accident Sketch Plan**

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS IT WAS CONGESTED. AS FRONT VEHICLE MOVED A LITTLE. I FOLLOW SUIT. MY VEHICLE ACCIDENTALLY SLIGHTLY HIT ONTO VEHICLE B REAR PORTION.

### **Others**

# CONFIDENTIAL

Annex E

# NOTICE OF COMPLIANCE

This is to confirm that Tan Chin Teng, NRIC S1811061Z, has reported to the Police a non-injury traffic accident which occurred at junction of Fishey Port Road and Jln Buroh Road on 12/01/2020 at 1645 pm involving the following vehicles: PA9298D multi-colour Isuzu and SLL7626T Red Opel.

2 If this accident was reported to the Police within 24 hours of its occurrence, Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSGT Robin Teo

Date: 13/12/2020

Time: 1740hrs

S/D Ref: 140

Police Post/Unit: Hougang NPP

Original – to be issued to informant Duplicate – to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

















