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.	control and distinting on this report at the control and to copied on the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	21/09/2020 15:59	
Date Of Accident	18/09/2020 14:10	
Exact Location Of Accident	PENINSULA TOWER DRIVEWAY	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	PD5858Z	
Insured/Policyholder		
Name Of Registered Owner	WTS TRAVEL & TOURS PTE LTD	
Co Reg No	198900083E	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-98383481	
Alternative Phone No	OFFICE-65598954	
Vehicle Particulars		
Manufacturer	SCANIA	
Model	KIB4X2	
Exact Purpose for which vehicle was being used at time of accident	t .	
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	SD19V11946	
Cover Note Number		
Driver		
Name of Driver	ZHAO WEI	

Name of DriverZHAO WEIPassport No/FING2235309NDate Of Birth01/11/1981OccupationOUTDOORDate Of Driving Pass12/06/2013

Driving Experience 7 YEARS AND 3 MONTHS

Gender MALE

 Mobile Number
 (LOCAL) +65-94997770

 Fax Number
 (LOCAL) +65-68982394

 Contact Number
 OFFICE-65598954

EMail Address NOEMAIL

Address NO 8 GUL CIRCLE

Postcode 629564

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO Was any body injured in the Accident?

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 1

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

On 18/09/2020, at about 14:10hrs, my vehicle was along Peninsula Tower driveway. The traffic was light and the weather was clear. I was waiting for my passengers to board the bus in lane 2 that was nearer to the lobby. However, a taxi SHA1107U, that was traveling in lane 1, grazed against the right panel of my stationary bus. As a result, bus sustained damages on the right panel near the rear RH tyre ,while SHA1107U sustained damages on the front left portion. No one was injured.

Attachment(s)

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

Remarks/ Reasons: **FILE TOO LARGE**

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA1107U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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")
- 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:
 - 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.

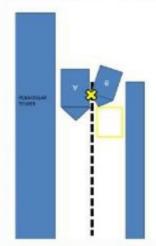
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARMC Sketch PlacForm_V3

SKETCH PLAN



A -PD5858Z B -SHA1107U

> PENISULAR TOWER DRIVEWAY

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and the production of the product of	
Comments of the Comments of th	┪
Sales is easily to be proposed to the control of th	┪
	┪
	1
LINUX and or prince a constitutioner	
See the compact of th	\exists
CHARLE THE THE THE STOCKNISH IN EXPENDICTOR AS BY MAN AND LINE BY THE LESS.	\exists
	\dashv
To be a district of the second	\forall
SHOULD BE A SHOULD BE ASSESSED.	\forall
CARREST OF THE ACTION OF THE PROPERTY OF THE P	9
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	-
Angel telangle and magnification of the control of	-
The same the filter properties and the filter and the first part of the same the same and the same the filter and the filter a	1
	\exists
	\exists
And the second confinement and the second of	\forall
Fig. 1	+
	-

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.:

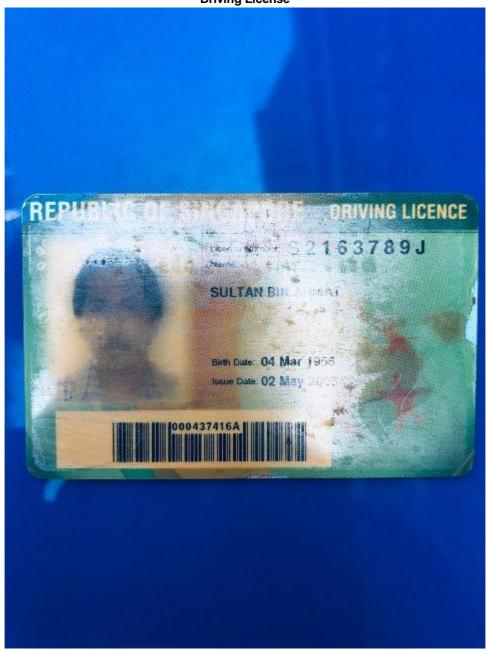








Driving License



Driving License

