

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	27/10/2020 18:07
Date Of Accident	23/10/2020 10:40
Exact Location Of Accident	ALONG BOON LAY WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6468Z
Insured/Policyholder	
Name Of Registered Owner	GOH BOCK SIN
NRIC No	SXXXX131D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98303671
Alternative Phone No	OFFICE-98303671

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	BE63DGRMDA ROSA 4.9L MT 2WD
Exact Purpose for which vehicle was being used at time of accident	WORK 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	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	SD20V10473/VBS/R01
Cover Note Number	

Driver

Name of Driver	AU TIO MENG
NRIC No	SXXXX783C
Date Of Birth	26/11/1958
Occupation	OUTDOOR
Date Of Driving Pass	04/04/1979
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303671
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 773 WOODLANDS DRIVE 60 #05-202
Postcode	730773
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	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)	10

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKK7236C
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


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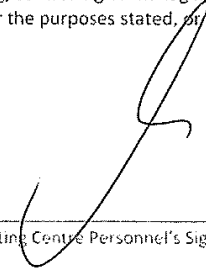
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

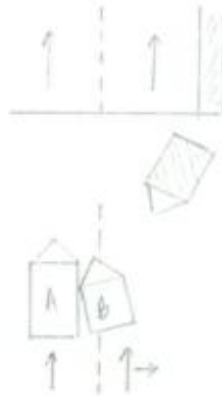

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A - 664632

B - 6KK7336G



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time : 23/10/20 10:38am

Accident Location : Along Boon Lay Way

Please refer to the attached police report.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

DECLARATION

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

* IMPORTANT NOTE:

Must be submitted within 14 days of the date of the accident. If not submitted within 14 days, the claimant will be liable for the cost of the investigation. The claimant must also submit a copy of the police report to the insurer within 14 days of the date of the accident.

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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20201025/2051

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20201025/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/10/2020 19:10	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars			
Name of Informant: AU TIO MENG		Address: APT BLK 773 WOODLANDS DRIVE 60 #05-202 SINGAPORE 730773	
ID Type / ID No.: NRIC NO / S1303783C		Contact No.: Home/Office: Mobile: 98303671	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 61	Date of Birth: 26/11/1958	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 23/10/2020 10:40	Type of Location: X-Junction
Location: BOON LAY WAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6468Z	Bus/Coach/Minibus (School Children)				Slightly Damaged	7
SKK7236C	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



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T/20201025/2051

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20201025/2051

CONTINUATION OF REPORT

Driver			
Name	AU TIO MENG		ID No. S1303783C
Related Vehicle	CB6468Z (Bus/Coach/Minibus (School Children))		Contact No. 98303671
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 23/10/2020, at about 1040hrs, I was driving the school bus (CB6468Z) along Boon Lay Way. I was at the cross junction and going straight. A vehicle on the first lane (SKK7236C) was also going straight but a vehicle at the opposite junction wanted to turn right and he inched too forward which caused the vehicle on the first lane to swerve towards the second lane. I heard a sound and look into my right side mirror. I spotted the vehicle collided onto the right rear of my bus. However, the vehicle did not stop and drove off.

Nobody was injured.



**SINGAPORE
POLICE FORCE**



T/20201025/2051

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

3 of 3





Report No. T/20201025/2051

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 CHAN JIA HUI, EUNICE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2020 19:10
Officer In Charge Of Case: TP / HRT / SI TAN JEOK LENG Contact No.: 65476144 	Classification Of Case:
Authentication Stamp: NP168 	
Singapore Police Force	

Accident Photo



Accident Photo



CHASSIS NO	:	BE6SDGF000116	
UNLADEN WT	:	3860	KG
MAX LADEN WT	:	5650	KG
PASSENGER CAP	:	1 DRIVER	20 OTHER
TYRE SIZE	:	(F)205 / 85R18-117 / 102LT	(R)205 / 85R18-117 / 102LT

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

