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 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 Submission 07/12/2020 18:00 (SGT) Date of Accident 05/12/2020 16:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI J436G

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z Email Address darrenlack@yahoo.com Mobile Phone No (Phone) +65-68445225 Alternative Phone No +65-68445225

VEHICLE PARTICULARS

Manufacturer Model COROLLA ALTIS CLASSIC 1.6 CVT Variant Exact purpose for which vehicle was being used at time of Private hire accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private hire

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage Comprehensive Fleet Policy Policy Number SD20V13100/VPZ/R02 Cover Note Number

DRIVER

Name of Driver LACK CHOON HOU (LU JUNHAO) NRIC No SXXXX539E Date Of Birth 17/12/1975 Occupation Outdoor

Date Of Driving Pass 28/01/2003 Driving experience 17 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97660368 Alt. Phone Number Email Address darrenlack@yahoo.com Address BLK 293D BUKIT BATOK STREET 21 Address complement #19-538 Postcode 654293 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured Hirer Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Chain Collision Weather Conditions Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO POLICE REPORT - T/20201205/7087. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBF2185G

 Vehicle Registration Number
 GBF2185G

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 HONG JIEMING

 NRIC No
 SXXXX201D

Contact Number	(Phone) +65-94875815
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBF9692M Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Commercial vehicle Name of Driver **AW CHUAN JOO** Contact Number Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Address	LACK CHOON HOU (LU JUNHAO)
Address Complement	- -
Post Code	
Approximate Age Years Old	
Injuries Sustained	NECK & BACK
Injured person in which vehicle?	SLJ436G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

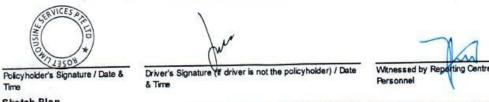
- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material 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.
- 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

l 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Sketch Plan

Page 5

Refer to police report		es of the Accident	
		195-	
		Paller to police report	
		Kefer 10 police report	
	2000		
	7		
	The second		

Driver's Signature (if driver is not the policyholder) / Date & Time

Page 6

Witnessed by Reporting Centre

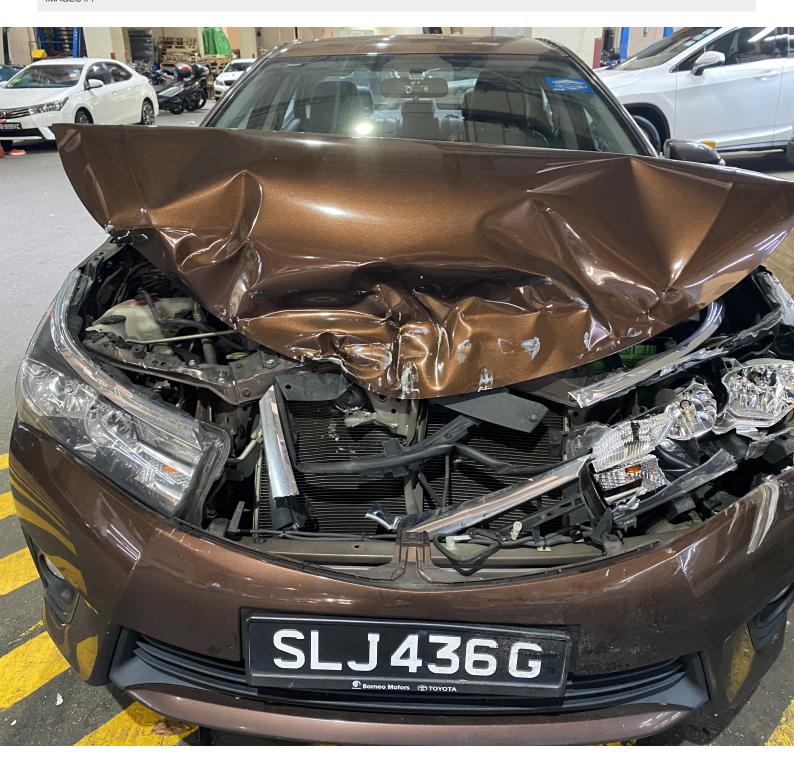
We declare the foregoing particulars are true in every respect.

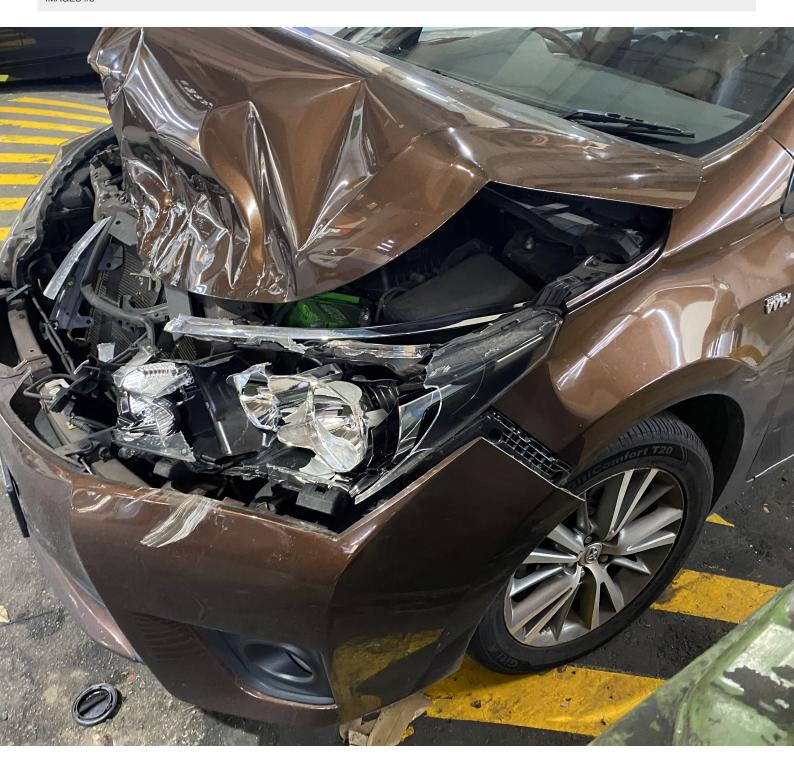
Policyholder's Signature / Date & Time

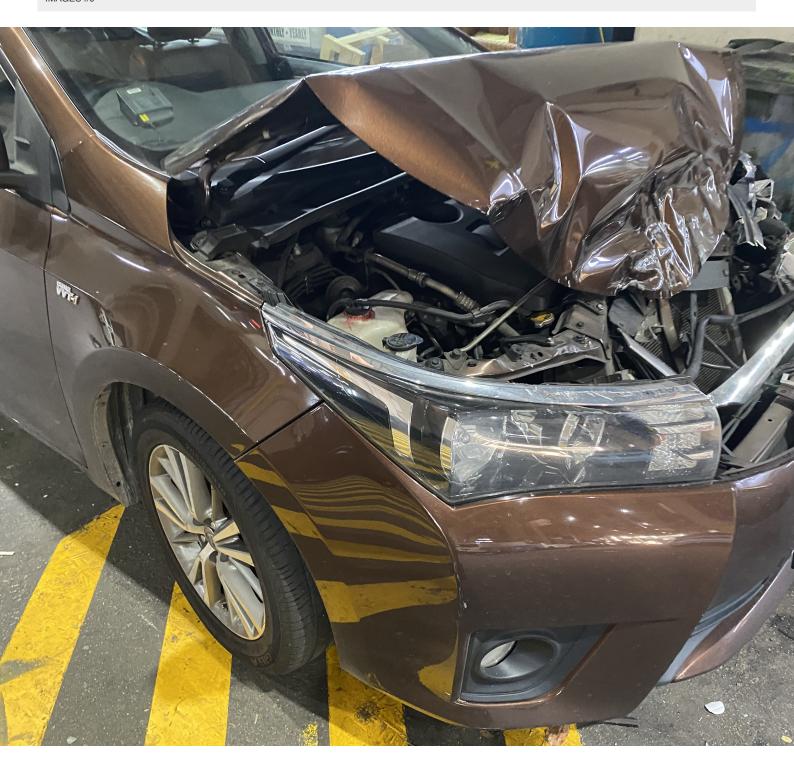




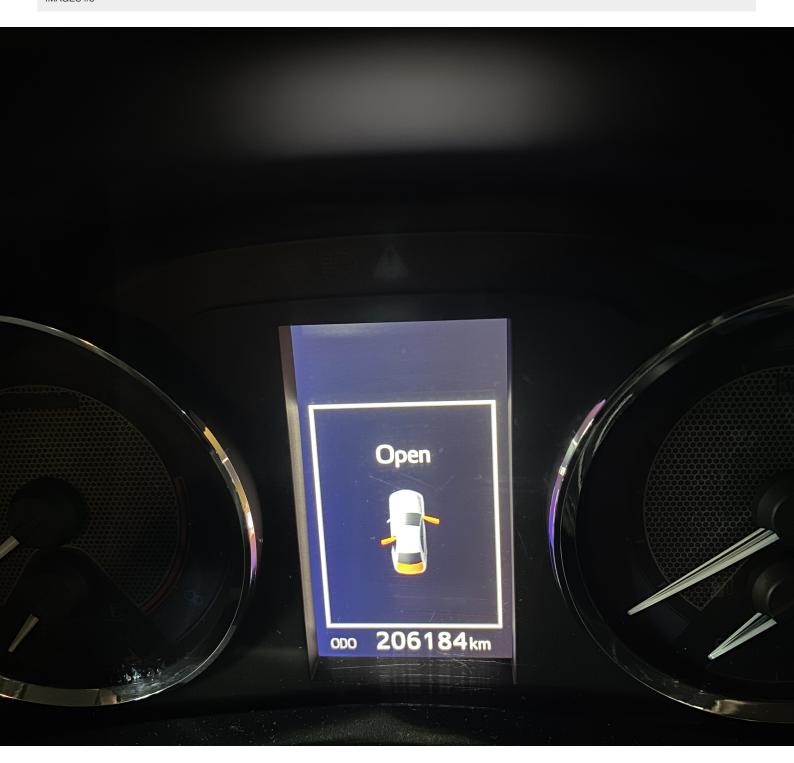
















1 of 4

Report No. T/20201205/7087

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 20:01			Vide Report No.:	Station Diary No.:		
Informa	nt's Particu	ulars	A CONTRACTOR OF THE PARTY OF TH	计可以证明的是一个特别的现在分词		
	Informant: HOON HOU		Address: 293D BUKIT BATOK \$ 654293	STREET 21 #19-538 SINGAPORE		
ID Type / ID No.: NRIC NO / S7537539E			Contact No.: Home/Office:	Mobile: 97660368		
Nationality: SINGAPORE CITIZEN			Email: DARRENLACK@YAHOO.COM			
Sex: Male	Age:	Date of Birth: 17/12/1975	Type of Informant: Driver			
Race: Chinese		Language: English	Institution / School Name:			
Occupation: Other car and light goods vehicle drivers nec			Driving Licence Inform Class: 2B,3	Date of Expiry:		

Type of Accident:			Date/Time of Accident: 05/12/2020 16:40	Type of Location Straight Road
Location: PAN ISLAND	EXPRESSWAY			
		- · · · ·		
St. 10 By		Road Surface: Wet		Road Speed Limit: 80 Km/h
Weather: Drizzling Traffic Flow: One Way		A STATE OF THE PARTY OF THE PAR		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
GBF2185G	Lorry	NISSAN		White	Seriously Damaged	0
GBF9692M	Lorry	ISUZU		White	Slightly Damaged	1





T/20201205/7087

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 4 Report No. T/20201205/7087

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SLJ436G	Car	TOYOTA		Brown	Seriously Damaged	0

Details of Perso	n Involved	STATE OF THE PARTY	THE REAL PROPERTY.	Part of	STATE OF STREET	Section Section 5.1
Any Pedestrian Ir						
No. of Pedestrian	s Injured: NIL		Use of Pe	edestria	n Cross	ing: NA
Driver		THE WAY (S)	Delegate House		ALC: N	
Name	HONG JIEMING			ID No).	S8233201D
Related Vehicle	GBF2185G (Lorry)			Contact No.		NIL
Hospital/Clinic	NIL			Class of Driving Licence & Expiry		Class: 2B,3 Date of Expiry: NIL
Date	NIL	17.7	Date		NIL	
mr 30.130	ted Medical Leave	NIL	Degree o	of	NIL	
Driver		STATE OF THE PERSON NAMED IN		The same of the sa	SA PROPERTY.	
Name	AW CHUAN JOO			ID No).	S1139802D
Related Vehicle	GBF9692M (Lorry)			Conta	act No.	NIL
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date	NIL		
	ted Medical Leave	NIL	Degree o	of	NIL	
Driver		A PARTIES	VIII COMPANY	Service of	20535	THE REPORT OF THE
Name	LACK CHOON HOL	J		ID No).	S7537539E
Related Vehicle	SLJ436G (Car)			Contact No.		97660368
Hospital/Clinic	NIL			Class Drivin Licer Expir	ng ice &	Class: 2B,3 Date of Expiry: NIL
Date	05/12/2020		Date	165	05/12	2/2020
	ted Medical Leave	e of Serious				





3 of 4

Report No. T/20201205/7087

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Brief Details.

I was travelling on PIE(TUAS). I met a chain accident on Lane 1 before clementi exit involving 3 vehicles. I was involve in the middle vehicle.

It happened while I saw the vehicle in front of me brake and I follow suit. Right after I came to a stop, a vehicle bang onto me from the back which resulted me to collide onto the front vehicle. We exchange particulars and I felt pain on my body and had since consulted a doctor and was given 3days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 4 of 4 Report No. T/20201205/7087

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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.

Date/Time:
05/12/2020 20:01

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Cignature Of Informant:
The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:
05/12/2020 20:01

Authentication Stamp

NP168

