# **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.

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   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 04/12/2020 14:36 (SGT) Date of Accident 03/12/2020 14:30 (SGT) Exact Location of Accident Singapore Additional Location Information AYE Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Employment

Vehicle Registration Number XD8406F

## INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Woodlands Transport Service Pte Ltd Company Reg No 1XXXXX721M **Email Address** GOO@WOODLANDSTRANSPORT.COM.SG Mobile Phone No (Phone) +65-98383481 Alternative Phone No (Office) +65-65598954

# VEHICLE PARTICULARS

Manufacturer Model **IVECO TRAKKER 13L** Variant Exact purpose for which vehicle was being used at time of

accident Are you claiming under your own insurance policy for repair to

your vehicle? No - Claiming third party Vehicle Category Commercial vehicle

# INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Type of Coverage ThirdParty Fleet Policy Policy Number SD20V11555 Cover Note Number

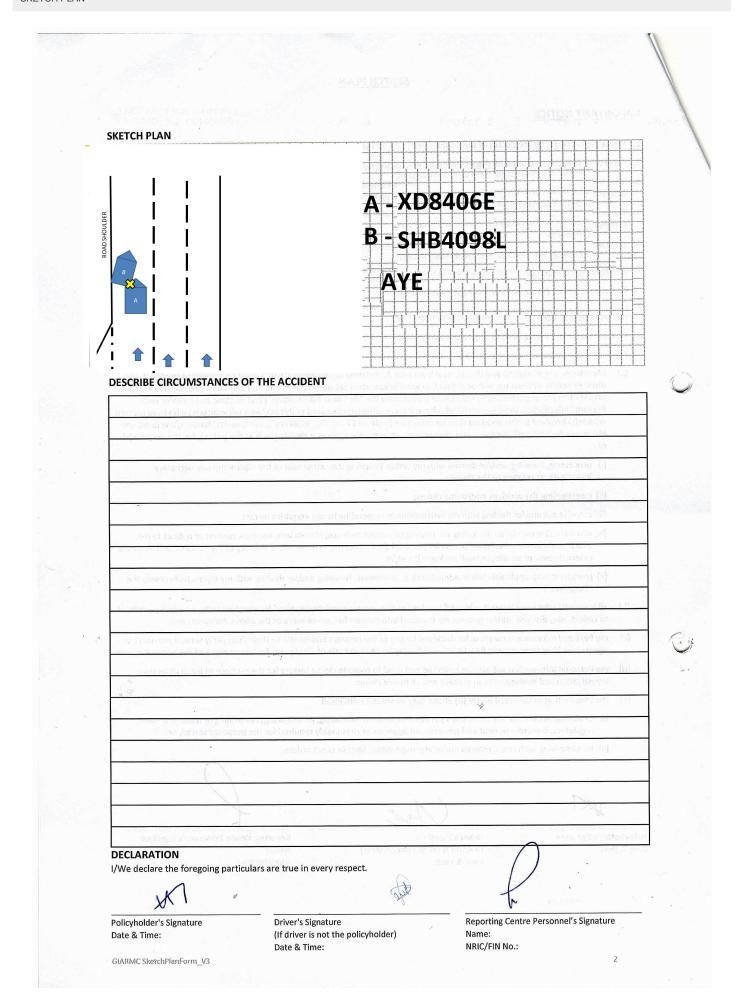
# DRIVER

Name of Driver Mohd Rohizat Bin Buang NRIC No SXXXX816E Date Of Birth 29/06/1962 Occupation Outdoor

Date Of Driving Pass 15/01/2002 Driving experience 18 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-97639223 Alt. Phone Number Email Address goo@woodlandstransport.com.sg Address Blk 576 Woodlands Drive 16 #06-512 Address complement Postcode 730576 Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? No 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 Side Swipe Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? No 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? No **DETAILS OF POLICE ACTION** Was the accident reported to the police? No Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 03/12/2020, at about 14:30 hrs, I was traveling along AYE in lane 3. The weather was clear with dry road surfaces at that point of time. As I was traveling within my lane, I heard a loud sound and felt an impact from my front left side. Hence, I swerved my vehicle slightly to the right. After that, I stopped my truck. Upon checking, I discovered that a taxi SHB4098L had collided into my truck while he was filtering out from a slip road leading from Lower Delta road into AYE (Tuas). As a result, my truck sustained damages on the front left stepboard while SHB4098L sustained damages on the RH portion. No one was injured in the accident. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number	SHB4098L
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	_
Contact Number	_
Address	_

Address complement	-
Postcode	_
Insurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	_
No. Of Passenger (Including Driver)	_



#### Sketch Plan #2 Pg. 1

## SKETCH PLAN

#### **IMPORTANT NOTICE**

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- 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.
- 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 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 my encorpose 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 insurerfs) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' wayvers/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

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Policyholder's Signature

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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