# **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 10/12/2020 17:59 (SGT) Date of Accident 09/12/2020 22:50 (SGT) Exact Location of Accident SLE, Singapore Additional Location Information twds cte Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Private hire

Vehicle Registration Number SKP7864M

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z

Email Address jackylua69@gmail.com Mobile Phone No (Phone) +65-68445225

Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Vios 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 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 **LUA SONG TECK** NRIC No SXXXX054I Date Of Birth 29/09/1969 Occupation Outdoor

Date Of Driving Pass 01/07/1997 Driving experience 23 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-96814307 Alt. Phone Number Email Address jackylua69@gmail.com Address **BLK 269A YISHUN STREET 22** Address complement #10-521 Postcode 761269 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 Collision - Change/cross lane 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? 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? No PASSENGER 1 Name Gender Female **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/20201210/7025. 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

SMT3314R

Vehicle Model

Vehicle Manufacturer

Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
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)	-

# **INJURED PERSONS DETAILS**

# INJURED 1

Name of injured person Address	LUA SONG TECK
Address Complement	_
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SHOULDER, NECK & BACK
Injured person in which vehicle?	SKP7864M
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.
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- 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)

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' 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
- (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.

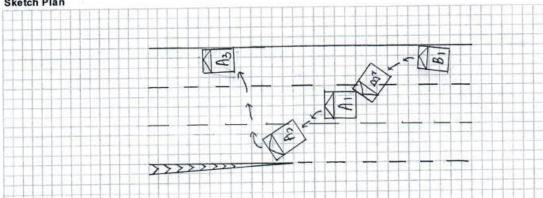


Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan



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T/20201210/7025

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

1 of 3 Report No. T/20201210/7025

# REPORT OF A TRAFFIC ACCIDENT

Date/Tim 10/12/20	e Report M 20 17:05	de: Vide Report No.: L/20201209/0184		Station Diary No.:	
Informar	nt's Partic	ifars	<b>一个工程的</b>		
Name of Informant: LUA SONG TECK			Address: 269A YISHUN STREET 22 #10-521 SINGAPORE 7612		
ID Type / ID No.: NRIC NO / S6982054I			Contact No.: Home/Office: Mobile: 96814307		
Nationali SINGAP	ty: ORE CITIZ	EN	Email: JACKYLUA69@GMAI	L.COM	
Sex: Male	Age: 51	Date of Birth: 29/09/1969	Type of Informant: Driver		
Race: Chinese		Language: English	Institution / School Name:		
Occupation: Grab driver		Driving Licence Inform Class:	nation:  Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2020 22:50	Type of Location:	
	(PRESSWAY			Dood Coood Limite	
Weather:		Road Surface:		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SKP7864M	Car					0
SMT3314R	Car					0

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





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

2 of 3 Report No. T/20201210/7025

#### CONTINUATION OF REPORT

Name	LUA SONG TECK		ID No.		S6982054I		
Related Vehicle	SKP7864M (Car)		SKP7864M (Car)		Contac	t No.	96814307
Hospital/Clinic	NIL			Class of Driving Licence Expiry		Class: NIL Date of Expiry: NIL	
Date	NIL		Date		NIL		
No. of Days gran	ys granted Medical Leave 06		Degree o	of	Serio	us	

## Brief Details.

On the stated date and time, I was driving my vehicle (SKP7864M) along SLE(CTE) on the second lane. I was traveling at my own lane while suddenly I felt a huge impact from my rear right causing my vehicle to swerve towards the left lane and skidded towards the first lane hitting onto the barrier. I sustained injuries due to the accident and was given 6 days of MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20201210/7025

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.
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2020 17:05
Officer In Charge Of Case: TP / TPHQ / QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	Classification Of Case:

**Authentication Stamp** 

NP168

