

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 Submission 27/02/2021 17:39 (SGT)
Date of Accident 26/02/2021 21:30 (SGT)
Exact Location of Accident Ang Mo Kio Ave 3, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL887C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD
Company Reg No 2XXXXX722Z
Email Address khierthii@rosetlimo.com
Mobile Phone No (Phone) +65-96687920
Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SD20V13100/VPZ/R02
Cover Note Number -

DRIVER

Name of Driver CHAU CHEE SIONG
NRIC No SXXXX514C
Date Of Birth 22/02/1961
Occupation Outdoor

Date Of Driving Pass	24/07/1985
Driving experience	35 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96687920
Alt. Phone Number	-
Email Address	khierthii@rosetlimo.com
Address	BLK 505 SERANGOON NORTH AVENUE 4 #09-464
Address complement	-
Postcode	550505
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	2
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)	1
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?	Yes
Police Station Name	Hougang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004890999
Alt. Police Station Phone No	(Fax) +65-63128989
Police Station Address	60 Hougang Ave 9 Singapore 538775
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT F/20210227/2019

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	FBJ3809M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time

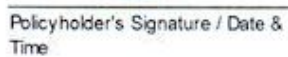
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to police report F/20210227/2019

We declare the foregoing particulars are true in every respect.



21/01/2021

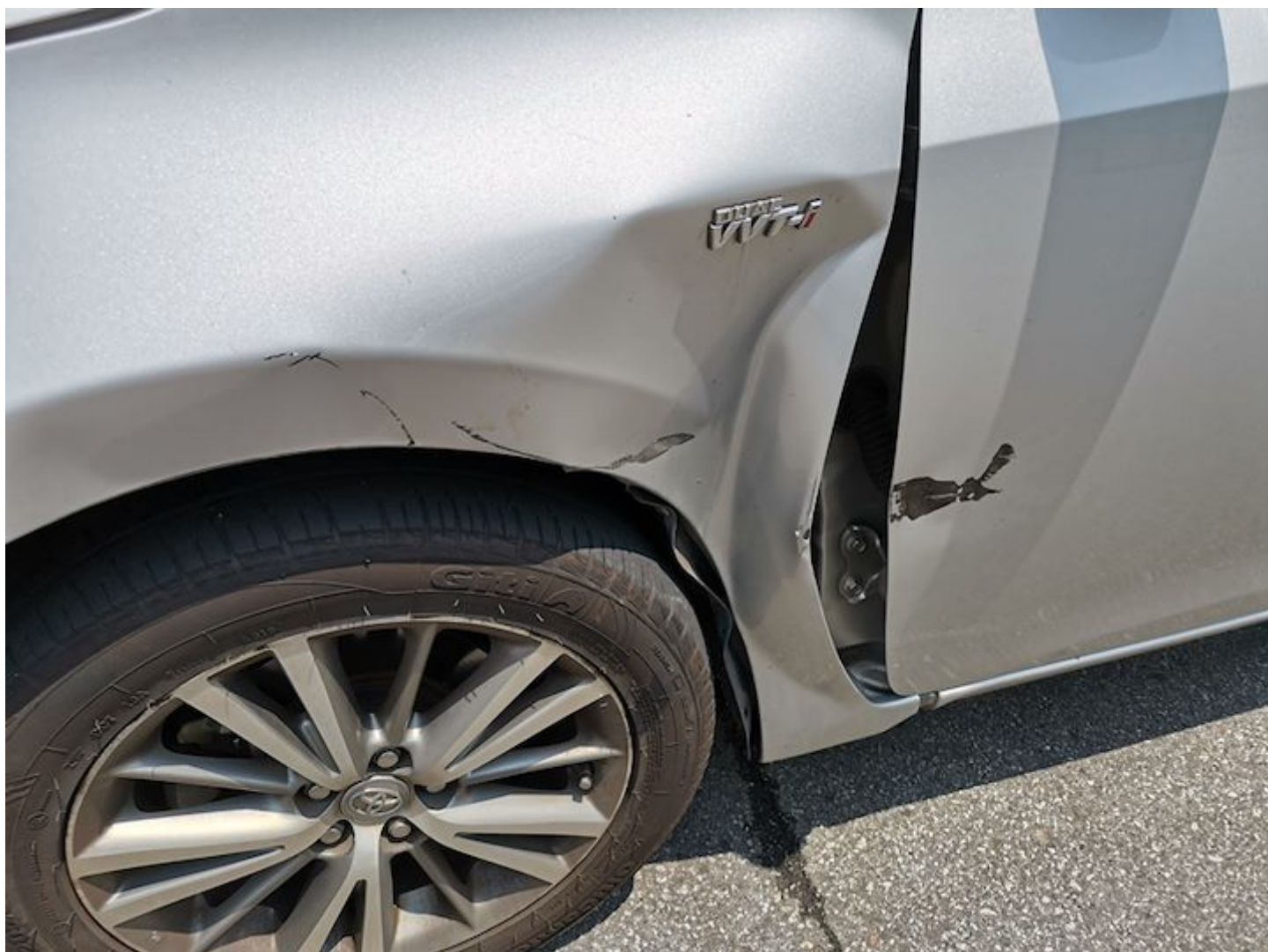




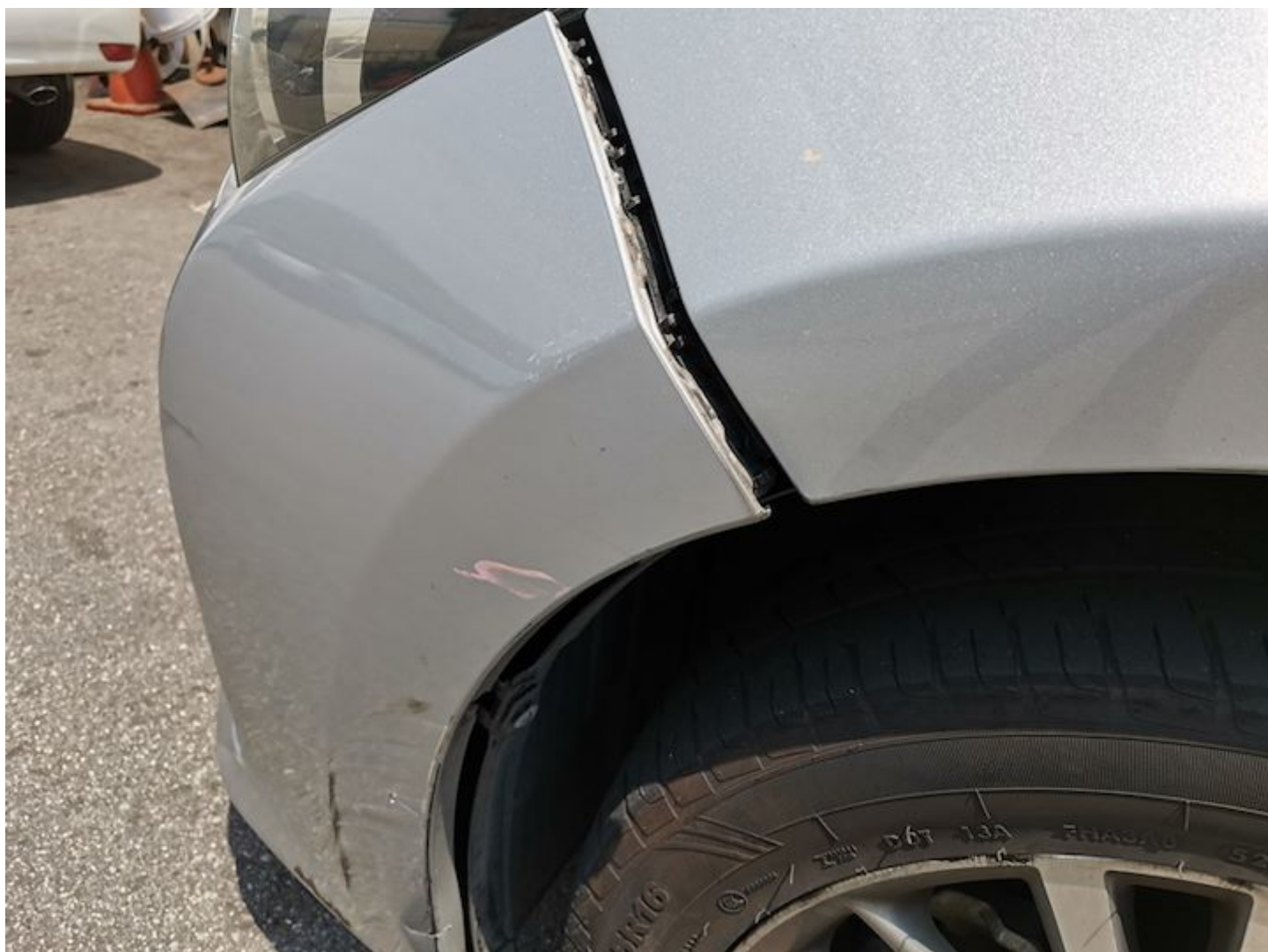






















**SINGAPORE
POLICE FORCE**



F/20210227/2019

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POLICE REPORT (NP299)

Report No. F/20210227/2019

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 27/02/2021 08:45	Vide Report No.	Station Diary No. 25
Name Of Informant CHAU CHEE SIONG	Address APT BLK 505 SERANGOON NORTH AVENUE 4 #09-464 SINGAPORE 550505	
ID Type / ID No. NRIC NO / S1495514C	Contact No. Home/Office	Mobile 96687920
Nationality SINGAPORE CITIZEN	Email Address	
Occupation GRAB DRIVER	Sex Male	Age 60
Institution/School Name	Date of Birth 22/02/1961	Race Chinese
Date/Time Of Incident 26/02/2021 21:30 - 26/02/2021 21:35	Location Of Incident ANG MO KIO AVENUE 3 SINGAPORE	

Brief details.

On 26/02/2021 at about 2130hrs, I was travelling in my vehicle SLL887C at the middle lane outside AMK Hub area. There were two buses which stop in front of me so I stopped my vehicle too. On the left lane there were no car so I decided to filter to the left lane. I put my signal and filtered to the left lane. After which, I heard a bang sound. I noticed a motorcycle FBJ3809M banged onto the left side of my vehicle. I parked at the side and exchanged information with the motorcyclist and the pillion we also waited for the ambulance to come as the motorist informed that they suffered some light pain. The ambulance came and checked on them however, they were not conveyed. The police came and took

Signature Of Officer Recording The Report: F / Staff Sgt SRITHARCHANA D/O R JAYAPRAKAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2021 08:45
Officer In-Charge Of Case: F / Hougang N.P.C / SI MOHAMMED ABDILLAH BIN ABU BAKAR Contact No.: 64890999	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**

F/20210227/2019

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20210227/2019

down both our particulars and informed us to move off.
I am lodging this report for my own record purpose.

Signature Of Officer Recording The Report:

F / Staff Sgt SRITHARCHANA D/O R JAYAPRAKAS

Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Hougang N.P.C /
SI MOHAMMED ABDILLAH BIN ABU BAKAR
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

Date/Time:
27/02/2021 08:45

Classification Of Case: