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 26/04/2021 10:57 (SGT) Date of Accident 23/04/2021 18:22 (SGT) Exact Location of Accident 56 Tanglin Rd, Singapore 247964 Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP7864M

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE LTD Company Reg No 2XXXXX722Z Email Address KHIERTHII@ROSETIMO.COM Mobile Phone No (Phone) +65-96814307 Alternative Phone No (Office) +65-68445225

VEHICLE PARTICULARS

Manufacturer

Toyota Model Vios 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 No - Claiming third party your vehicle? Vehicle Category Private hire Transmission Auto CC 1500

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd 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 Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	29/09/1969 Outdoor 01/07/1997 23 YEARS AND 9 MONTHS Male (Phone) +65-96814307 KHIERTHII@ROSETIMO.COM BLK 269A YISHUN ST 22 #10-521 SINGAPORE 761269 No Hirer No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1	No 2 Yes No Yes 2 No
Name Gender	- Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
CIRCUMSTANCES OF ACCIDENT	
REFER TO POLICE REPORT T/20210424/7013	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	SJW7520E -

-
-
Private car
-
(Phone) +65-97523137
-
-
-
-
-
-
-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LUA SONG TECK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK AND 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

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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
- 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.
- 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)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer , my w orkshop 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.

- (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

Tanglin Road

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SEP 7864M

B = SIW 7520F

nces of the Accident	
Refer to report No. 7/20210424/7013	
KETER CO TEPON NO.	
	74/000

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Di.

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

M

Witnessed by Reporting Centre Personnel

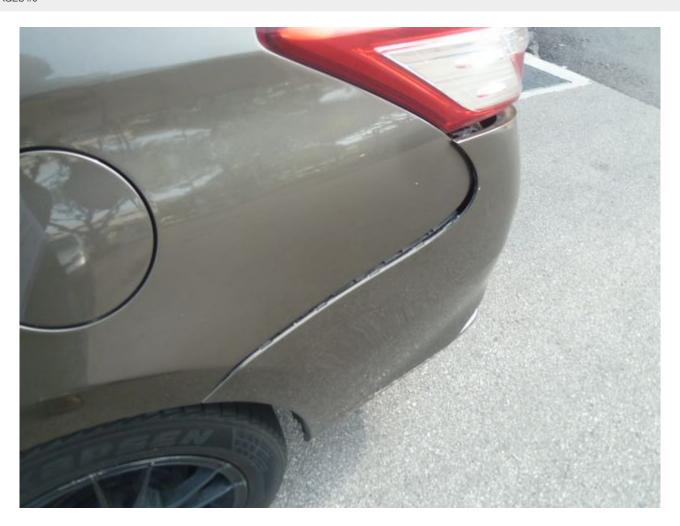




















1 of 3

Report No. T/20210424/7013

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

	F A TRAFFIC		Land D. of No.	Station Diary No.:
Date/Time Report Made: 24/04/2021 11:43			Vide Report No.:	
Informar	nt's Particu	ilars		
Name of	Informant: NG TECK		Address: 269A YISHUN STREE	T 22 #10-521 SINGAPORE 761269
ID Type / ID No.: NRIC NO / S6982054I		Contact No.: Home/Office:	Mobile: 96814307	
Nationality: SINGAPORE CITIZEN		Email: JACKYLUA69@GMAIL.COM		
Sex: Age: Date of Birth: Male 51 29/09/1969		Type of Informant: Driver	10 L I Nomo:	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: private hire		Driving Licence Information: Class: Date of Expiry:		

eneral Inform	mation of the Accid	ent	Date/Time of	Type of Location	
Type of Accident:	Injury Others	Drink Date/Time of Drive: Accident: No 23/04/2021			
ocation:	DAD				
Weather:	_	Road Surface:		Road Speed Limit:	
		Traffic Control:		Traffic Volume:	
				Anyone conveyed by	

Details of Vo	ehicle Invo	lved	1	Calas	Conditio	No of
Vehicle No.	Type	Make	Model	Color	Conditio	0
SJW7520E						U
						2
SKP7864M	Car					-

Details of Person Involved	
Any Pedestrian Involved: No	11 - 1 Padestrian Crossing: NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



2 of 3 Report No. T/20210424/7013

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

CONTINUATION OF REPORT

Driver						
Name	LUA SONG TECK			ID No.		S6982054I
Related Vehicle	SKP7864M (Car)			Contact No.		96814307
Hospital/Clinic	NIL			50100000		Class: NIL Date of Expiry: NIL
Date	NIL Date			NIL		
No. of Days gran	anted Medical Leave 02 Degree of			of Slight		
Passenger			DIVINE A		THE PARTY	
Name	GRAB PASSENGER			ID No		NIL
Related Vehicle	NIL			Contact No.		NIL
Hospital/Clinic	NIL			Class Drivin Licen Expire	g ce &	Class: NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
	ted Medical Leave N	VIL	Degree of	f	NIL	

Brief Details.

On the stated date and time, I travelling along Tanglin Road. I was stopped and stationary at behind a stop line waiting for the traffic to clear so that I can proceed. When suddenly I felt and impact from the back of my vehicle. Vehicle SJW7520E had collided onto the rear portion of my vehicle.



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



3 of 3 Report No. T/20210424/7013

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: 24/04/2021 11:43
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

NP168

Authentication Stamp

