# **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 13/12/2021 15:11 (SGT) Date of Accident 13/12/2021 09:25 (SGT) Exact Location of Accident Singapore Additional Location Information **WOODLANDS AVE 2** Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Isuzu

Vehicle Registration Number PA9781A

#### 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 LT134P Variant Exact purpose for which vehicle was being used at time of **Employment** accident Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle?

Vehicle Category Commercial vehicle Transmission Manual CC 7790

#### **INSURANCE COMPANY**

Name of Insurance Company Liberty Insurance Pte Ltd Type of Coverage ThirdParty Fleet Policy Yes Policy Number SD21V10452 Cover Note Number

# DRIVER

Name of Driver Lu Bin Passport No/FIN GXXXX563W Date Of Birth 31/01/1975 Occupation Outdoor Date Of Driving Pass 17/12/2012 Driving experience 9 YEARS Gender Male Mobile Number (Phone) +65-87663400 Alt. Phone Number Email Address GOO@WOODLANDSTRANSPORT.COM.SG Address 8 GUL CIRCLE Address complement Postcode 629564 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 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 vehicle 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT On 13/12/2021, at about 09:25 hrs, my vehicle was along the traffic junction of Woodlands Ave 2 in lane 5. The weather was clear with dry road surfaces. As I was stationary while waiting for traffic light to turn green, a vehicle, XB8546U, suddenly collided into the rear of my bus and caused my bus to move forward and hit the motorcycle in front of me. Subsequently, I alighted from my bus to exchange particulars with the driver of XB8546U. However, the motorcyclist drove off before i got hold of the particulars. As a result, my bus sustained damages on the rear while XB8546U sustained no damages. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident VIDEO TOO LARGE Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** 

XB8546U
-
-
-
-
Commercial vehicle

Name of Driver	
Contact Number	<u>-</u>
Address	·····
Address complement	
Postcode	
Insurance Company Name	<del>.</del>
Nature Of Damage	
Details of property damaged in accident	
No. Of Passenger (Including Driver)	

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	MOTORCYCLE
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)	_

	A-PA9781A
	B-XB8546U
	C-MOTORCYCLE
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#### SKETCH PLAN

# IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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 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:
  - 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.

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- (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.

Policyholder's Signature

Date & Time:

1.61-----

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

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm\_V3





