

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 Actual 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	08/09/2022 17:03 (SGT)
Reported by	Driver
Date of Accident	07/09/2022 07:45 (SGT)
Exact Location of Accident	Yio Chu Kang Rd, Singapore
Additional Location Information	OPPOSITE ANG MO KIO STREET 66
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3281E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	METRO COACH SERVICES PTE LTD
Company Reg No	2XXXXX324M
Email Address	accounts@metrotours.com.sg
Mobile Phone No	(Phone) +65-94550531
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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 - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SI22V10247/VBS/R07

DRIVER

Name of Driver	CHUA AH HWA
NRIC No	SXXXX809E
Date Of Birth	28/06/1961
Occupation	Outdoor

Date Of Driving Pass	21/02/2002
Driving experience	20 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93202469
Alt. Phone Number	-
Email Address	accounts@metrotours.com.sg
Address	BLK 931 HOUGANG STREET 91 #08-97
Address complement	-
Postcode	530931
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	UNKNOWN
Gender	Female

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMM8386L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	Great Eastern General Insurance Limited
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN


IMPORTANT NOTICE

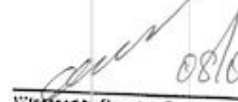
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7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of the report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

 - (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data for some of the purposes 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 firm, the Ministry of Transport 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 claim, and any necessary investigations relating to the claim;
 - (ii) investigating this 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 being about delivery of the same as well as on the external cover of envelopes and mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
 (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers law firm may be 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 also 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 used outside of Singapore, for one or more of the above Purposes.


 Policyholder's Signature / Date & Time
 Sketch Plan


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

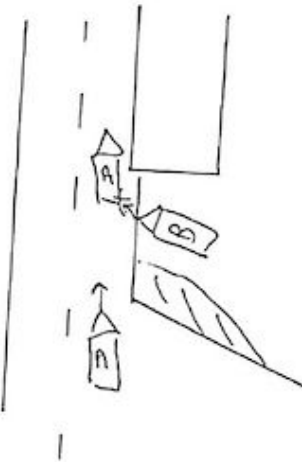

 Witnessed by Reporting Centre
 - Personnel

08/09/2022

No chu Kank Ro OPS AMK 5766

A-PC3281E

B-Smm8386L

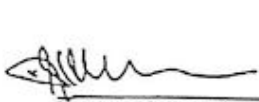


Describe Circumstances of the Accident

ON 7/9/2022 I WAS DRIVING MY BUS PC 2381E along YIO CHU KONG ROAD OPS AMU ST LANE. I WAS TRAVELLING STRAIGHT WITHIN MY LANE. VEH B 'SMALL BUS' EXIT FROM A SLIP ROAD. VEH B COLLIDED ONTO MY BUS REAR RIGHT.

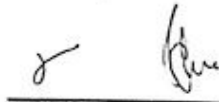
Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time





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

 08/09/2022

Witnessed by Witnessing Officer / Personnel



7 Sept 2022 07:45:53









































7 Sept 2022 07:47:25



