

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	01/12/2022 14:43 (SGT)
Reported by	Driver
Date of Accident	30/11/2022 16:30 (SGT)
Exact Location of Accident	W Coast Park, Singapore
Additional Location Information	WEST COAST PARK HOUSE NO.8
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA27D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	GOH TRANSPORT SERVICES CO. PTE LTD
Company Reg No	1XXXXX033N
Email Address	YOHEY@GOHTPT.COM.SG
Mobile Phone No	(Phone) +65-98288461
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P 7.8 SMT
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	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD21V17591/VBS/R01

DRIVER

Name of Driver	ABDUL MAJID BIN SULTAN GHANI
NRIC No	SXXXX194D
Date Of Birth	17/05/1960
Occupation	Outdoor

Date Of Driving Pass	05/08/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98288461
Alt. Phone Number	-
Email Address	YOEY@GOHTPT.COM.SG
Address	APT BLK 40 TEBAN GARDENS ROAD #06-342
Address complement	-
Postcode	600040
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)	22
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	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Male

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

REFER TO ATTACHED

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 WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD8535E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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 PLANIMPORTANT 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.



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



CHAI KAR YEE

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

		<p>A-PA27D</p> <p>B-SHD8535E</p> <p>Date 30/11/2022</p> <p>Time 1630 hrs</p>
<p>Nos 8 West Coast Park</p>		

Describe Circumstance of the Accident

On mentioned date and time, I was along West Coast Park.

While I was stationary dropping off a student, I felt an impact from the rear. It was vehicle B that collided onto my rear.

Declaration

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



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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



CHAI KAR YEE

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

















