

## 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	16/12/2022 14:30 (SGT)
Reported by	Driver
Date of Accident	14/12/2022 13:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along T4 Way towards Terminal 4
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PD590C

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Woodlands Transport Service Pte Ltd
Company Reg No	1XXXXX721M
Email Address	xinyi.lim@woodlandstransport.com.sg
Mobile Phone No	(Phone) +65-83382992
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Yutong
Model	ZK6126HGA AUTO
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	6690

#### INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12856

#### DRIVER

Name of Driver	Lim Swee Chong
NRIC No	SXXXX935D
Date Of Birth	04/04/1960
Occupation	Outdoor

Date Of Driving Pass .....	27/11/1981
Driving experience .....	41 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-85464129
Alt. Phone Number .....	-
Email Address .....	xinyi.lim@woodlandstransport.com.sg
Address .....	Blk 40 Sims Drive
Address complement .....	#12-223
Postcode .....	Singapore 380040
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 .....	Side Swipe
Weather Conditions .....	Raining
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) .....	1
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 .....	-

#### 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

On 14/12/2022, at about 13:55 hrs, I was driving my vehicle (PD590C) on right most lane along the T4 way towards Terminal 4. It was raining with wet road surface at that point of time. As I was traveling within my lane, vehicle B (SMW5676S) suddenly filtering out from the left lane into my lane without signaling and recklessly grazed against my vehicle. As a result, my vehicle sustained damage on front left corner while vehicle B sustained damage on rear right passenger door. No one was injured in the accident.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMW5676S
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	-
Contact Number .....	(Phone) +65-94303899
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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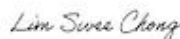
**8. Consent under the Personal Data Protection Act (PDPA)**

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



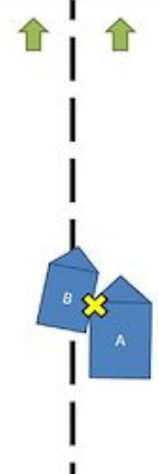
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Lim Xin Yi

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

**Sketch Plan**

	<p>Vehicle A - PD590C Vehicle B - SMW5676S</p> <p>Location: Along T4 Way towards Terminal 4</p>
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vJun2022

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**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SW0G22CF0001 Vehicle Registration No: PD590C

Name (as shown in NRIC): Lim Swee Chong NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Policyholder) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 14/12/2022 Time of Accident: 13:55 hrs

Place of Accident: Along T4 Way towards Terminal 4

Insurance Company: Liberty Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend Circumstance and Sketch Plan Third Party Vehicle Number.

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Lim Swee Chong  
Policyholder / Actual Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name (as in NRIC/ID card): \_\_\_\_\_  
Date: \_\_\_\_\_