

# 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 .....	03/02/2023 16:19 (SGT)
Reported by .....	Driver
Date of Accident .....	02/02/2023 22:10 (SGT)
Exact Location of Accident .....	365 Sembawang Cres, Singapore 751365
Additional Location Information .....	CAR PARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB220K
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	LONGLIM PTE. LTD.
Company Reg No .....	2XXXXX995N
Email Address .....	ziwei@longlim.com
Mobile Phone No .....	(Phone) +65-93854206
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 - Reporting only
Vehicle Category .....	Bus
Transmission .....	Manual
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00005182205

### DRIVER

Name of Driver .....	LIEW MENG TANG
NRIC No .....	SXXXX763D
Date Of Birth .....	02/06/1955
Occupation .....	Outdoor

Date Of Driving Pass .....	16/08/2011
Driving experience .....	11 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93854206
Alt. Phone Number .....	-
Email Address .....	ziwei@longlim.com
Address .....	BLK 335 SEMBAWANG CLOSE #06-475
Address complement .....	-
Postcode .....	750335
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 .....	Dry

#### 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 02/02/2023 AROUND 22:00HRS, I WAS DRIVING MY BUS CB220K ALONG BLK 365 SEMBAWANG CRESCENT CAR PARK . I WANT TO PARK MY BUS I CHECK MY REAR THERE WAS NO VEHICLE. I REVERSE SUDDENLY I FELT AN IMPACT. VEHICLE B WAS BEHIND MY BUS.

#### 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 .....	SKK2155K
Vehicle Manufacturer .....	Mercedes
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

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 PLAN**

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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 companies.
  5. Any false reporting may be referred to the Police for investigation.
  6. The report will be forwarded by the insurers of the GAI 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 submission of this report to the insurers, you hereby consent to the archiving of this report at the Centre and its access 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 use, disclose and/or process my personal data and/or 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/or process my Personal Information to all insurer(s) who have insured vehicle(s) involved in the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm(s), the Insurers' law firm(s) of Singapore and any relevant government agency authority (such as the police), for the purposes 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 claim;
    - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
    - (iv) administering my claim, including the making of correspondence, statements, invoices, reports or reports to me, where such making disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of documents and 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 the accident and the Insurers' law firm(s), may use, disclose and/or process my Personal Information for one or more of the above Purposes; and
  - (c) my Personal Information may be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firm(s)), which may be based 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 Processing Centre

Signature

A - CB2201C

B - SKK2151C

B1E 365 Sembawang Crescent Car Port.

Describe Circumstances of the Accident

On 21/2/2023 around 21:00hrs, I was driving my BUS (8300 E. along  
 B12365 Sembawang Crescent car park. I wasn't to turn my bus  
 I didn't see any rear view was no vehicle. I reversed, suddenly  
 I felt an impact, VEH B SEF 2155E was behind my BUS.  
 I am unsure veh B was behind my BUS.

Declaration

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

Witnessed by Monitoring Centre  
 Insured

03/02/2022









































