# **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 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.

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   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 23/02/2023 15:43 (SGT) Reported by Driver Date of Accident 22/02/2023 17:11 (SGT) Exact Location of Accident Bayfront, Singapore Additional Location Information T Junction of Bayfront Link/Bayfront Ave Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PC7868L

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner Diamond Coach Singapore Pte Ltd Company Reg No 2XXXXX503C Email Address accounts@diamondcoach.com.sg Mobile Phone No (Phone) +65-91508771 Alternative Phone No

### VEHICLE PARTICULARS

Manufacturer Higer Model **KLQ6128K** Variant White Exact purpose for which vehicle was being used at time of accident **Employment** Are you claiming under your own insurance policy for repair to No - Claiming third party your vehicle? Vehicle Category Bus Transmission Auto CC 9511

#### **INSURANCE COMPANY**

Name of Insurance Company India International Insurance Pte Ltd Policy Number / Cover Note Number D22MCV0008469

#### DRIVER

Name of Driver Xiong Ligang Passport No/FIN GXXXX068N Date Of Birth 28/12/1980 Occupation Outdoor

Date Of Driving Pass 17/07/2013 Driving experience 9 YEARS AND 7 MONTHS Gender Mobile Number (Phone) +65-84355544 Alt. Phone Number Email Address accounts@diamondcoach.com.sg Address Blk 123 Address complement Marsiling Rise Postcode 730123 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 Clear
Road Surface Dry

#### OTHER INFORMATION

OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  Translator's name  Translator's ID  Translator's phone number  Translator's email  Original language used in the statement	No 2 No - Yes 8 No
PASSENGER 1	
Name Gender	PAX Male
PASSENGER 2	
Name Gender	PAX Male
PASSENGER 3	
Name Gender  PASSENGER 4	PAX Male
Name Gender	PAX Male
PASSENGER 5	
Name Gender	PAX Male
PASSENGER 6	
Name Gender	PAX Male
PASSENGER 7	
Name	PAX

Male

Gender

## 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

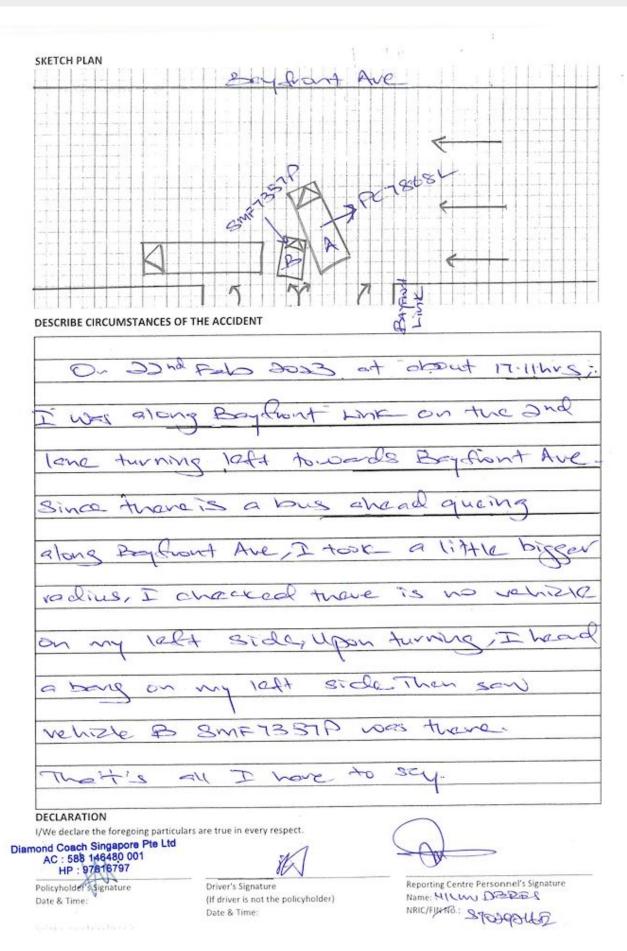
On 22nd Feb 23 at about 17.11hrs,I was along Bayfront Link on the 2nd lane turning left towards Bayfront Ave.Since there is a bus queing along Bayfront Ave,I took a little bigger radius,I have checked there is no vehicle on my left side,Upon turning,I heard a bang on my left side.Then I saw vehicle B SMF7357P was there.That is all I have to say.

## 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	Too big

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vahiala Dagiatration Number	0.457057D
Vehicle Registration Number	SMF7357P
Vehicle Manufacturer	BMW
Vehicle Model	Cant see
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	NA
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	NA
Details of property damaged in accident	NA
No. Of Passenger (Including Driver)	-







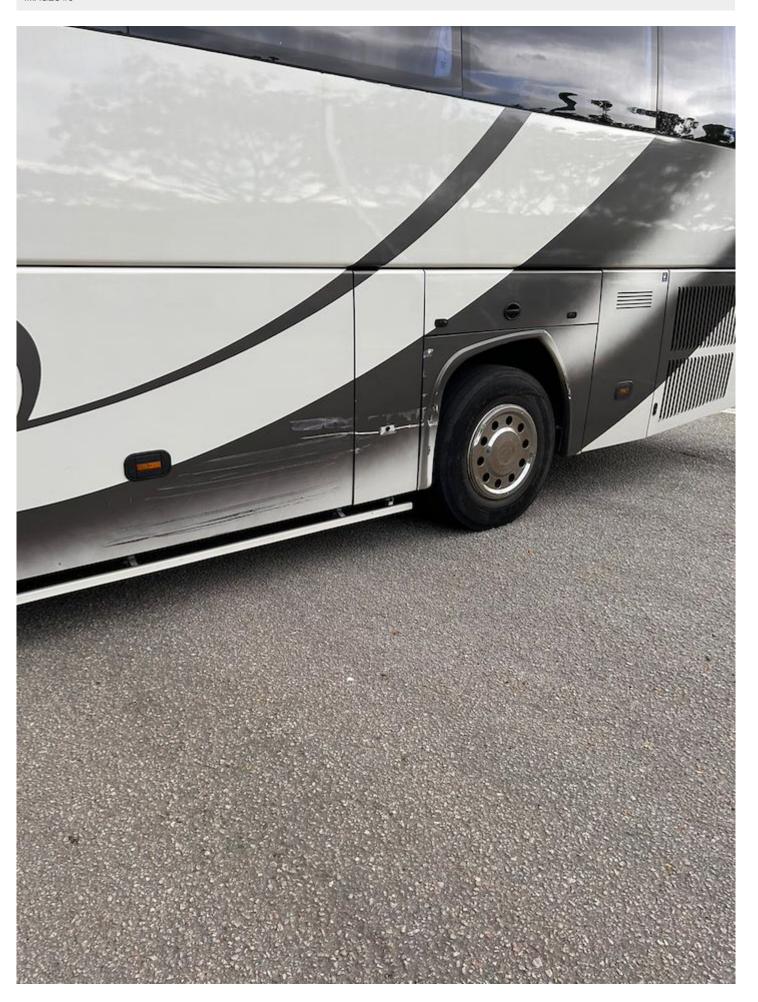












## SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: -	20.00	5 17.11hrg		
Accident Location:	action of	Day frond is	no 182 12 +1	
Vehicle Number: PC	8681	Make/ Model: +\	IGED KIDIO	
Policy Holder Name:	o anomajo	SACH SNEAD	DE DE IN	
NAIC/ ROC:	18295030	Mobile: 9 , 50 S	2771	
Email: accounts	2 dizmono	beach come	3111	
Insurance Company: \	ofia Interi	actional lineurs	200	
Policy Number: D22	merocos	469 Policy Period: 201	19/22 + 20/06	
Policy Coverage: Com	prehensive	Third Party ( ) TH	nird Party Fire & Theft (	
State Action Taken: Claim	Own Policy ( )	Claim Third Party (		
Driver Name: X. PNG	LIGANG	7	Reporting Only (	
NATC: FIN G SHT O	D68N	Mobile: 8066t	WIL	
Date Of Birth: 28/12/1		Driving Pass Date: \		
Gender: Male Femo		Occupation: Indoor	Outdoor()	
Address: 34 C 123	WARSILING	RUR 5735	0123	
Is driver an employee of the	insured's compa	v: Yes / No ( )	0,1-3	
lf No, Relationship of the dr	iver with the insur	ed:	-	
Owner( ) Spouse.( ) Fr	iend ( ) Relativ	( ) Children ( ) Siblin	na ( ) Hirer ( )	
weather Conditions: Clear	Raining ( )	Others ( )	2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Road Surface: Dry (	/ Wet()	Others ( )		
Was any foreign vehicle invo	olved in this accide	nt? Yes ( ) Nat		
Nas anybody injured in the		Yes ( ) Not )		
Was there any video capture		Yes ( ) No ( )		
lumber of Passenger (Includ	ling Driver): 😤			
) 2)		3)	4)	
Vas the accident reported to	the police?	Yes ( ) No ( ) "attac	th Police Report, if any"	
<sup>rd</sup> Party Name:			. , , ,	
ehicle Number: SMF	7357P	Make & Model:		
RIC:		Mobile No:		
/itness Details (if any):				
AME:	NRIC:	Mobile I	Vo:	
ther remark: if any	1			
	D 0			
	8			
	,			
		**	N.	

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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
- (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Diamond Coach Singapore Pte Ltd AC: 588 146480 001 HP: 97616797-

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel