

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 First Submission	13/08/2024 11:56 (SGT)
Reported by	Actual Driver
Date of Accident	13/08/2024 07:20 (SGT)
Exact Location of Accident	Sungei Rd, Singapore
Additional Location Information	BEFORE JALAN BESAR JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH110Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE SINGAPORE-JOHORE EXPRESS (PRIVATE) LIMITED
Company Reg No	194700108D
Email Address	ljwang@sje.com.sg
Mobile Phone No	(Phone) +65-62928754
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	SU 283-F (A91) 6.9 AUTO TURBO ABS
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	Auto
CC	6871
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000003_05

DRIVER

Name of Driver	ANG HUA SENG
Passport No/FIN	5571023016267
Date Of Birth	23/10/1957
Occupation	Outdoor
Driving Pass Date	30/10/2022
Driving License Pass Class	4
Driving License Validity	Valid
Driving experience	1 YEAR AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +60-167506600
Alt. Phone Number	-
Email Address	ljwang@sje.com.sg
Address	NO.18 TINGKAT 3 BLOK 1 JALAN CAMAR 14
Address complement	TAMAN PERLING
Postcode	81200 JOHOR BAHRU
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

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)	20
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 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 SMS4219G
Vehicle Manufacturer -
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**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.
 - (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

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Sunlight Road Before Jalan Besar



A) SH 1102

B) SMS 4219 G

Describe Circumstances of the Accident

On 13/08/2024 At About 07:20Hr I was at Sungai
 Road off Jalan Besar. Road was narrow & a car ✓
 from the rear brush. Against my rear right of my ^{SMSK2194}
 Bill 'SH1102'. He & the car who wanted to switch lane
 & bump into me not that I bump into him that ok.

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 Reporting Centre
 Personnel

[Signature] 13/08/2024
 11:30 AM

[Signature] 13/08/2024







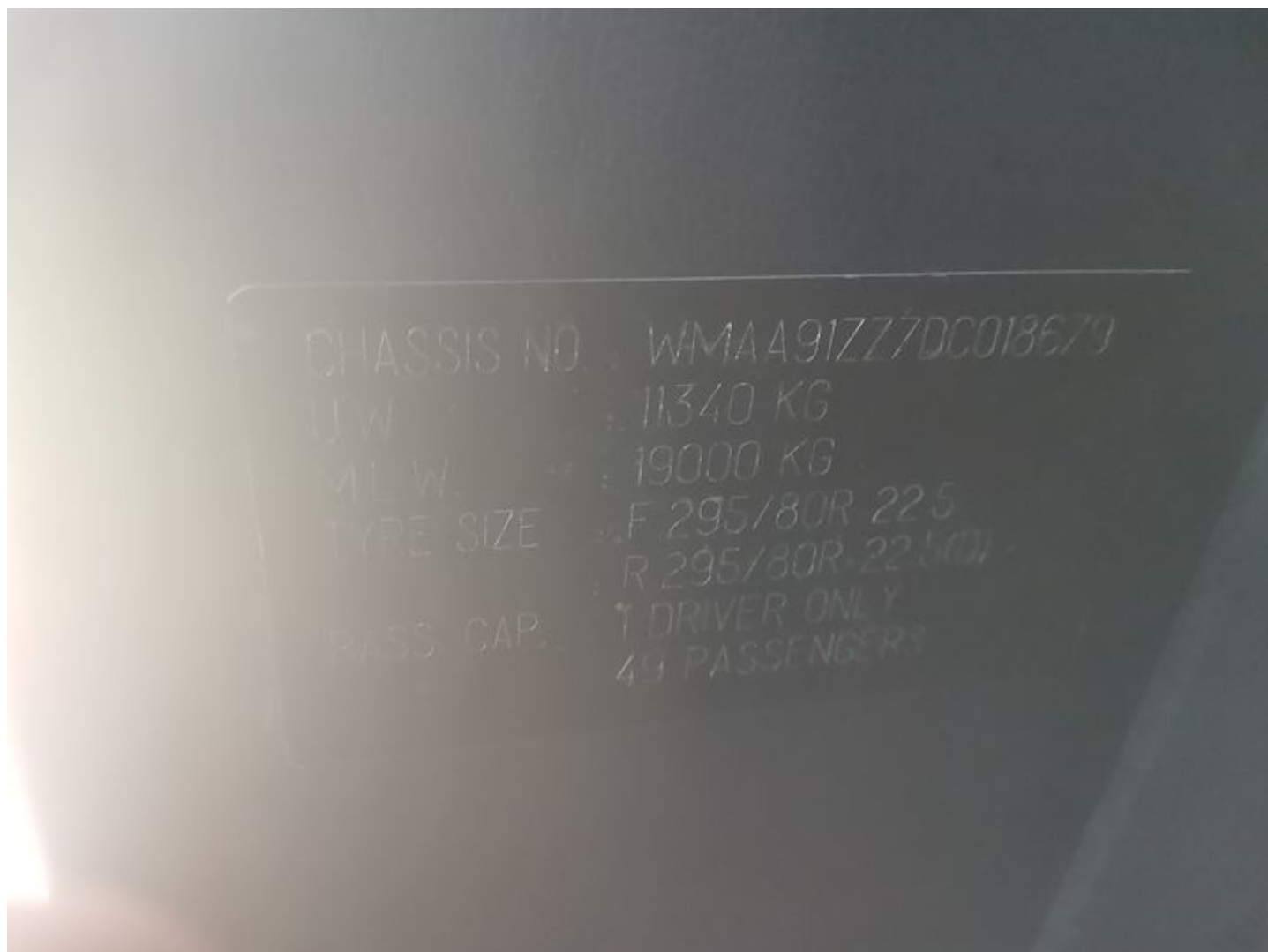












ADDENDUM

Original Report No: 20 SUEBY800006 Vehicle Registration No: YQ9M6L
Name (as shown in NRIC): chea Juek Foo NRIC/FIN/Passport No: Gxxxx3PR
(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Email Address: _____


Date of Accident: _____ Time of Accident: _____

Place of Accident: Ayer's Brook, Toward Town, Home Road

Insurance Company: UO2

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

To Kinoshita and Hayashi Pictures


13/08/2024

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