**Your NCD will be affected due to late reporting**

# 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.
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 | 30/08/2024 16:05 (SGT) |
| Reported by | Actual Driver |
| Date of Accident | 28/08/2024 18:15 (SGT) |
| Exact Location of Accident | Jurong Gateway Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

## DETAILS OF OWN VEHICLE

| | |
|---|---|
| Vehicle Registration Number | PC6387P |

### INSURED/POLICYHOLDER

| | |
|---|---|
| Is company? | Yes |
| Name Of Registered Owner | JOSEPH COACH PTE. LTD. |
| Company Reg No | 201719851E |
| Email Address | JOSEPHCOACHSG@GMAIL.COM |
| Mobile Phone No | (Phone) +65-91781988 |
| Alternative Phone No | - |

### VEHICLE PARTICULARS

| | |
|---|---|
| Manufacturer | Golden Dragon |
| Model | XML6957J14B MANUAL |
| Variant | GOLDEN DRAGON / XML6957J14B MANUAL |
| 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 | 6690 |
| Vehicle Fuel | Diesel |
| First Regisration Date | 24/11/2017 |
| Chassis no | LL3BFCDH3GA011547 |
| Effective Date/Time of Ownership | 24/11/2017 00:00 (SGT) |

### INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5133542887-01 |

### DRIVER

| | |
|---|---|
| Name of Driver | SIVASANGARARAO DEVADOO |
| NRIC No | S7766175A |
| Date Of Birth | 09/10/1977 |
| Occupation | Outdoor |
| Driving Pass Date | 29/09/2008 |
| Driving License Pass Class | 4 |
| Driving License Validity | Valid |
| Driving experience | 15 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-86684507 |
| Alt. Phone Number | - |
| Email Address | JOSEPHCOACHSG@GMAIL.COM |
| Address | APT BLK 204 PETIR ROAD #07-619 |
| Address complement | - |
| Postcode | 670204 |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| 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

THERE WAS TRAFFIC JAM, SUDDENLY VEHICLE B COLLIDED TO MY REAR PORTION.

## 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 | SKT8345S |
| Vehicle Manufacturer | - |

| | |
|---|---|
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | (Phone) +65-92968240 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

## INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---|
| Name of injured person | SIVASANGARARAO DEVADOO |
| Gender | Male |
| Phone No | (Phone) +65-86684507 |
| Address | APT BLK 204 PETIR ROAD #07-619 |
| Address Complement | - |
| Post Code | 670204 |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | PC6387P |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | No |

Incom(TP) SJ0E248U0002 MT/1293092

## SKETCH PLAN

**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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

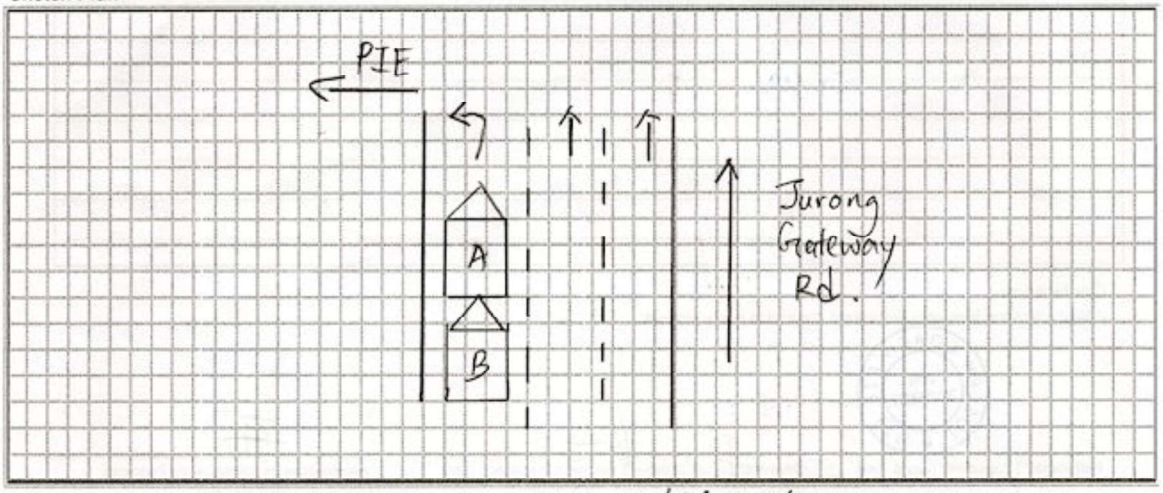
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

JOSEPH AUTO PTE LTD UEN: 201719851E

AUTO SERVICES PTE LTD

| Policyholder's Signature / Date & Time | Driver's Signature (if driver is not the policyholder) / Date & Time | Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) |
|---|---|---|
| | D. | AH |

Sketch Plan




A: PC6387P B: SKT8345S DOA: 28/8/24 6.15pm

1

**Describe Circumstance of the Accident**

There was traffic jam, suddenly vehicle B collided to my rear portion.

**Declaration**

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

JOSEPH COACH PTE LTD UEN: 201719851E

Policyholder's Signature / Date & Time

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

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

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


JOSEPH COACH PTE LTD
6858 5311
9178 1988
JOSEPH COACH PTE LTD
www.josephcoach.com

IMAGES #5


JOSEPH COACH PTE LTD
JCPL
Tel : 6858 5311
9178 1988
www.josephcoach.com
Email: josephcoachsg@gmail.com
60
PC6387P

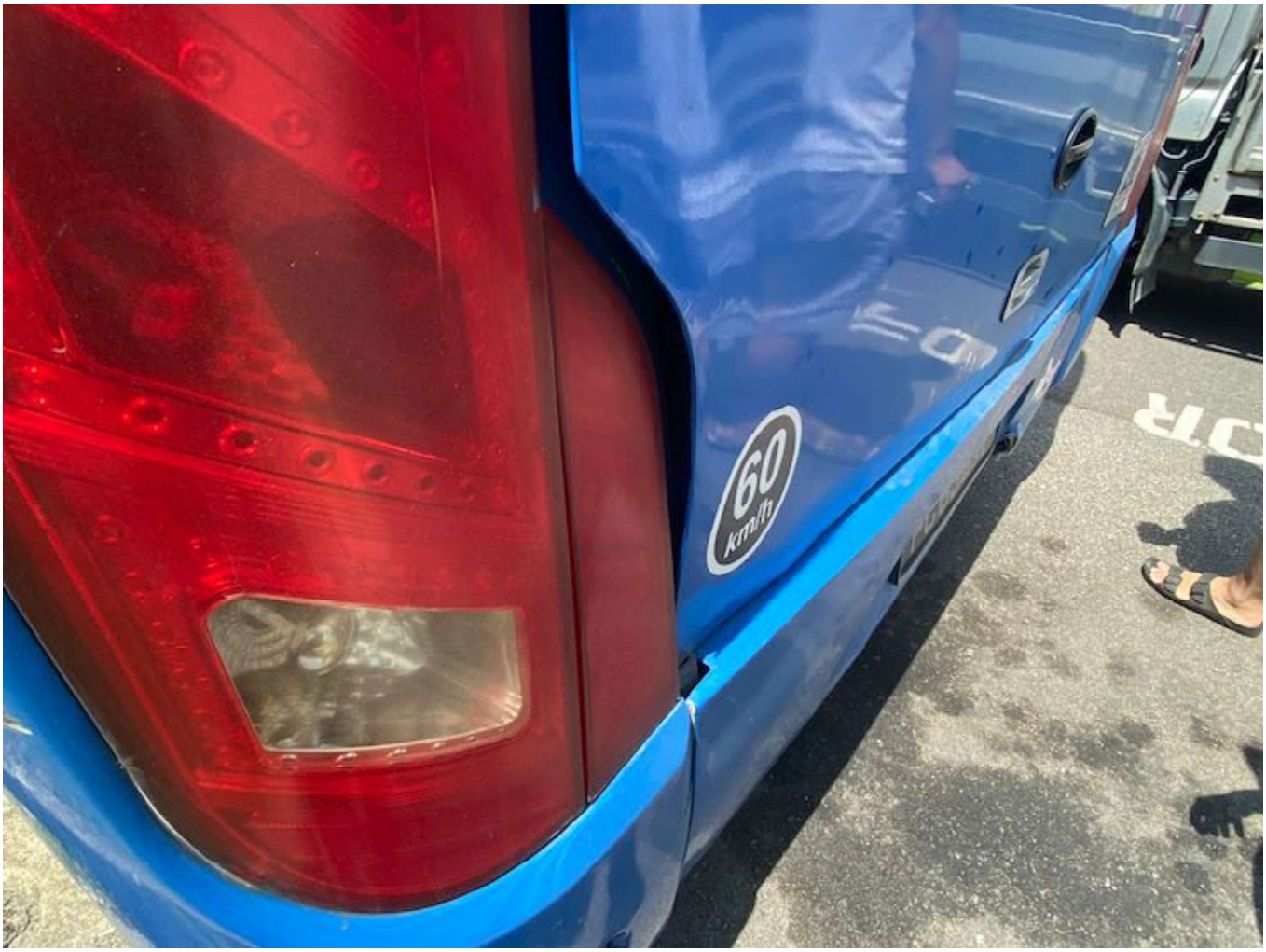
IMAGES #6


JOSEPH COACH PTE LTD
Tel : 6858 5311
9178 1988
www.josephcoach.com
Email: josephcoachsg@gmail.com
6858 5311
9178 1988
PC6387P
LORRIES

IMAGES #7

IMAGES #8

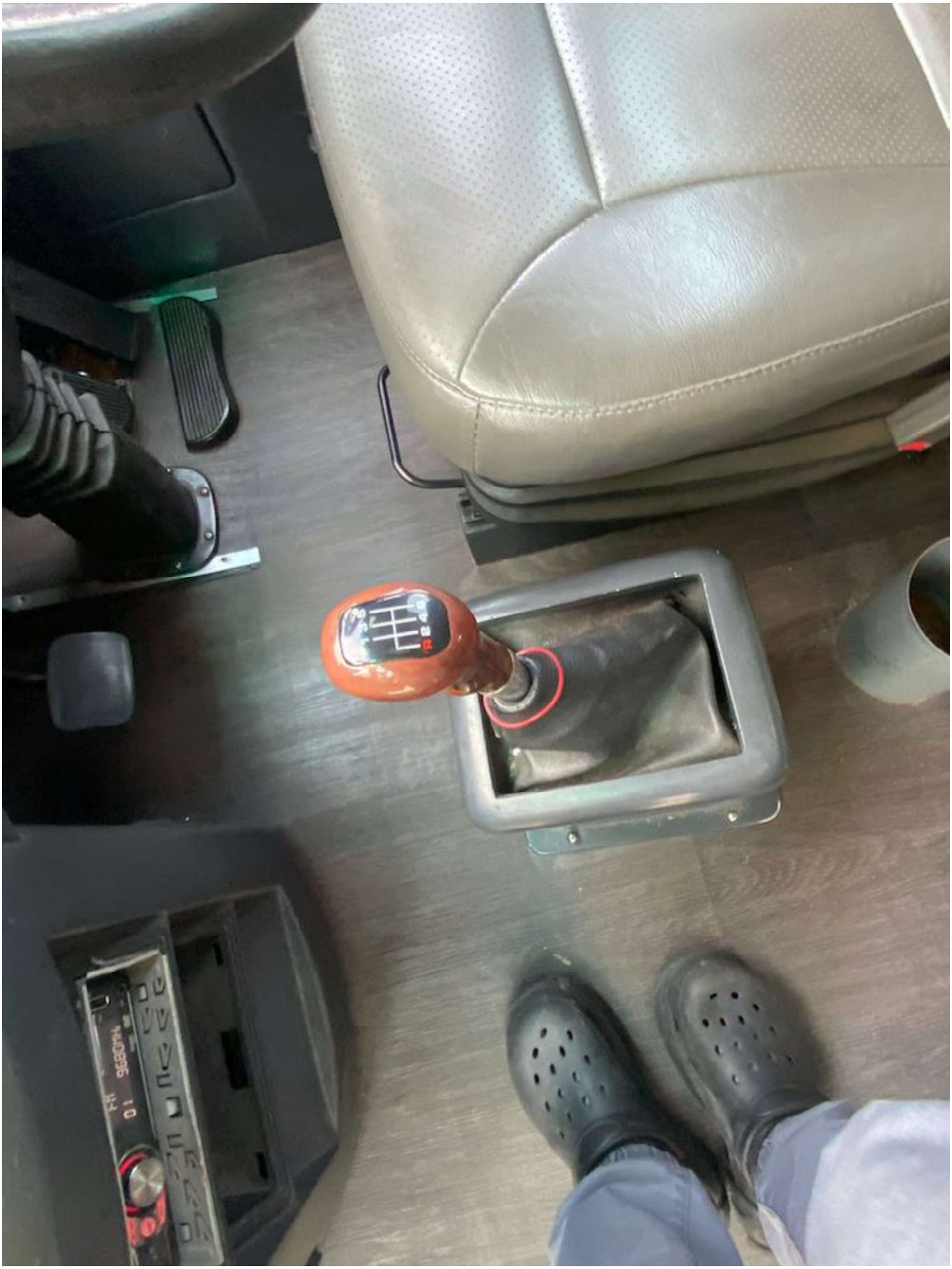
IMAGES #9



IMAGES #10

IMAGES #11

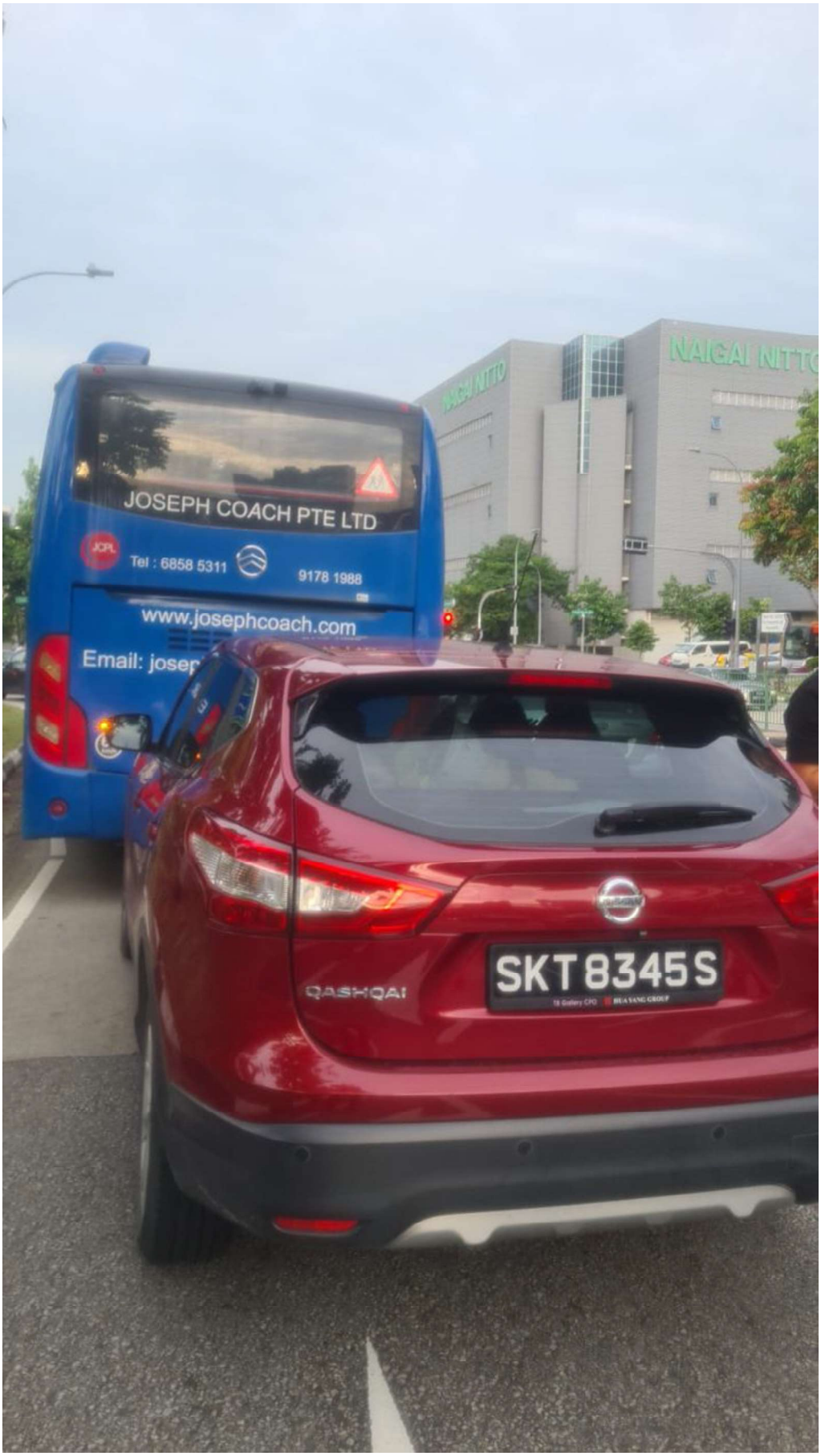

Road Safety Campaign 2024
Look out for children !
MindSpace
MindChamps
Bukit Batok | Jurong West



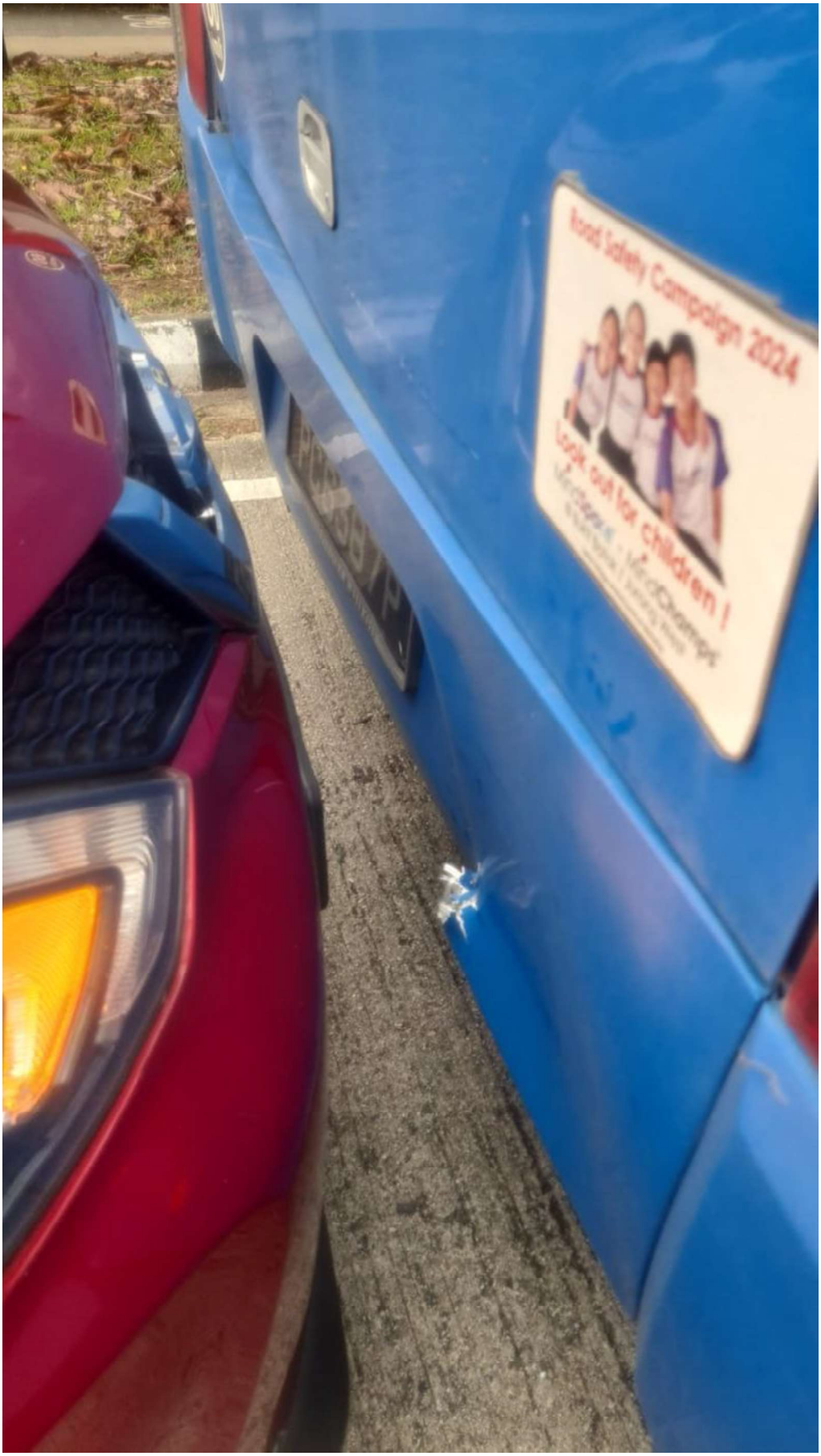
IMAGES #13


COMMUTER
13000
1547☆
US CO.,LTD
CHASSIS NO.
CDH3GA011547
U.W.
M.L.W.
TYRE SIZE
PASS. CAP
DRIVER ONLY
41 PASSENGERS

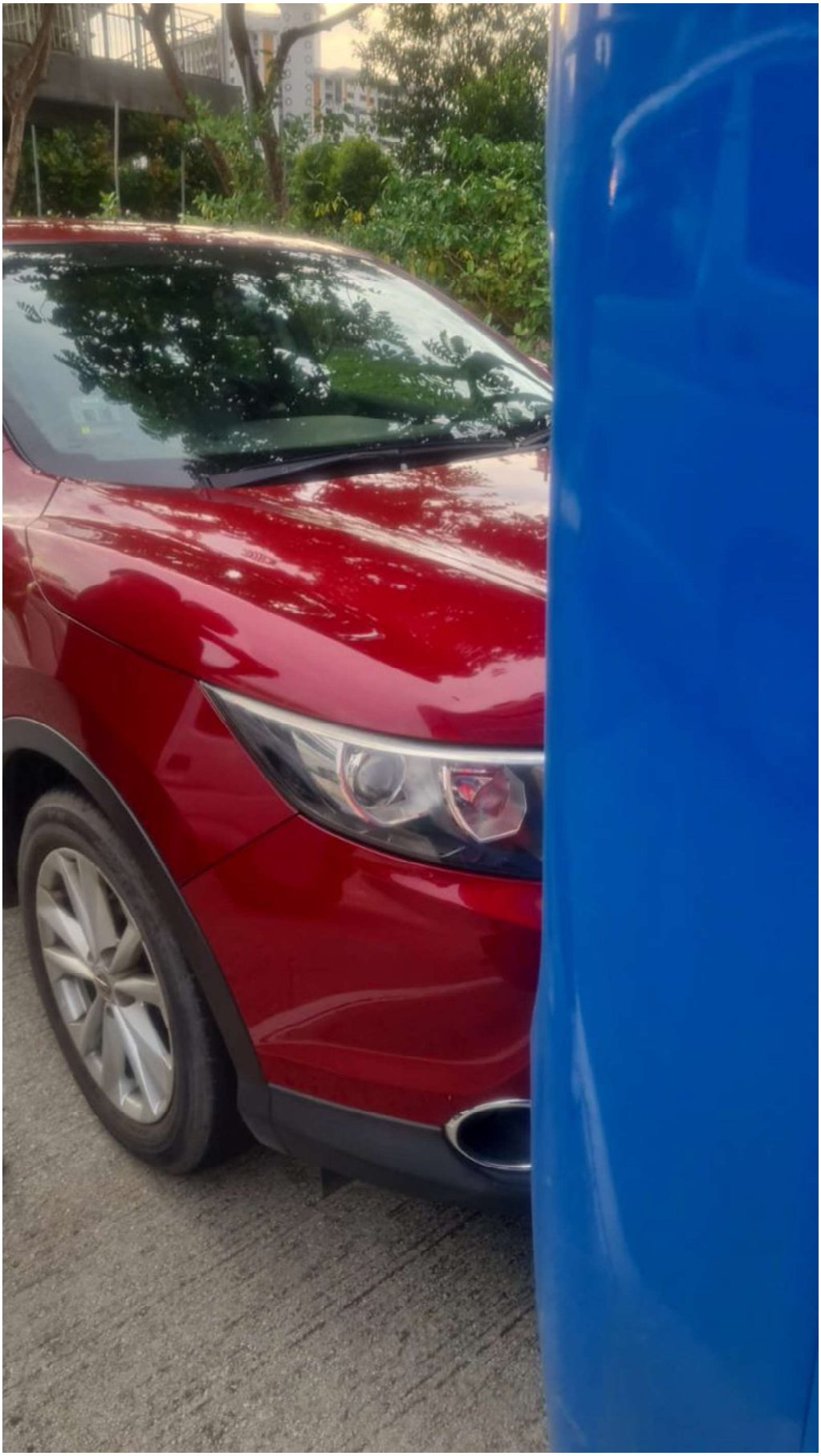
IMAGES #14


JOSEPH COACH PTE LTD
Tel : 6858 5311
9178 1988
www.josephcoach.com
NAIGAI NITTO
SKT8345S
QASHQAI

IMAGES #16



IMAGES #17



GENERAL INSURANCE ASSOCIATION
RECORDS MANAGEMENT CENTRE

**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:** SJ0E248U0002 **Vehicle Registration No:** PC6387P

**Name (as shown in NRIC):** SIVASANGARARAO DEVADOO **NRIC/FIN/Passport No:** S7766175A

**(*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate**

**Address:** APT BLK 204 PETIR ROAD #07-619 **Singapore (**670204**)**

**Contact (Tel):** **Mobile No.:** 86684507

**Email Address:** JOSEPHCOACHSG@GMAIL.COM

**Date of Accident:** 28/8/24 **Time of Accident:** 18:15PM

**Place of Accident:** JURONG GATEWAY ROAD, SINGAPORE

**Insurance Company:** INCOME INSURANCE LIMITED

**(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:**

TO UPLOAD AMEMDED SKETCH PLAN 1.

**Policyholder / Driver's Signature**
**Date:**

TIE SIEW LEH

**Reporting Centre Personnel's Signature**
**Name:** TIE SIEW LEH
**NRIC/FIN No.:** GXXXX382Q
**Date:** 30/8/24

GIARMC Addendum Form