

# 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	11/09/2024 13:59 (SGT)
Reported by	Actual Driver
Date of Accident	10/09/2024 20:35 (SGT)
Exact Location of Accident	Tuas South Ave 3, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1144K
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	A&S TRANSIT PTE. LTD
Company Reg No	2XXXXX917G
Email Address	zephang@anstransportation.com
Mobile Phone No	(Phone) +65-84336448
Alternative Phone No	(Office) +65-63831111

## VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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 - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	6690
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

## INSURANCE COMPANY

Name of Insurance Company	ERGO Insurance Pte. Ltd.
Policy Number / Cover Note Number	DMFG23014314

## DRIVER

Name of Driver .....	KYAW PYAE PHYO
Passport No/FIN .....	GXXXXX750W
Date Of Birth .....	04/01/1982
Occupation .....	Outdoor
Driving Pass Date .....	23/11/2019
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	4 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-84336448
Alt. Phone Number .....	-
Email Address .....	zephang@anstransportation.com
Address .....	211 BOON LAY PLACE #11-147
Address complement .....	-
Postcode .....	640211
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 - Change/cross lane
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) .....	26
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 .....	Male

PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 6

Name ..... UNKNOWN  
Gender ..... Male

PASSENGER 7

Name ..... UNKNOWN  
Gender ..... Male

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 THE 10/09/2024 AT AROUND 2035 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION PZ1144K ALONG TUAS SOUTH AVE 3. I WAS EN-ROUTE FROM TUAS HEADED TOWARDS AYE FOR WORK PURPOSES. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT REAR PORTION OF VEHICLE A. VEHICLE B BEARING REGISTRATION XD6127Z COLLIDED FRONT TO RIGHT REAR OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF.

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 ..... XD6127Z  
Vehicle Manufacturer ..... Mitsubishi  
Vehicle Model ..... FV51JJD4RDEA  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
Name of Driver ..... LAXMANAN VENKADACHALAPATHI  
Passport No/FIN ..... FXXXX705R  
Contact Number ..... (Phone) +65-84647732  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... FRONTAL DAMAGE  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the center 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.



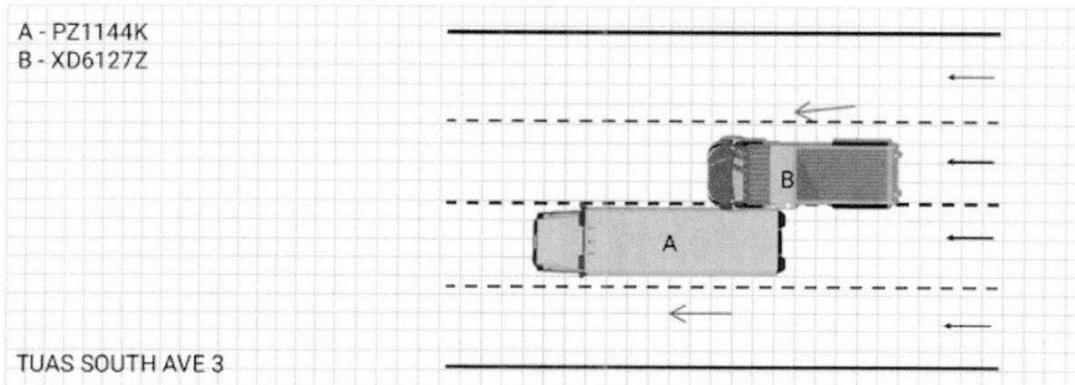
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

ON THE 10/09/2024 AT AROUND 2035 HRS, I WAS DRIVING VEHICLE A BEARING REGISTRATION PZ1144K ALONG TUAS SOUTH AVE 3. I WAS EN-ROUTE FROM TUAS HEADED TOWARDS AYE FOR WORK PURPOSES. SUDDENLY, THERE WAS AN IMPACT FROM THE RIGHT REAR PORTION OF VEHICLE A. VEHICLE B BEARING REGISTRATION XD6127Z COLLIDED FRONT TO RIGHT REAR OF VEHICLE A. NO INJURIES WERE SUSTAINED AT THE TIME OF.

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