

# 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 .....	22/10/2024 14:39 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	22/10/2024 10:00 (SGT)
Exact Location of Accident .....	Nanyang Dr, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PD1064Z
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	COMFORTDELGRO BUS PTE LTD
Company Reg No .....	199607256W
Email Address .....	fleetsafety@cdgtaxi.com.sg
Mobile Phone No .....	(Phone) +65-97368378
Alternative Phone No .....	(Office) +65-64169679

### VEHICLE PARTICULARS

Manufacturer .....	Zhongtong
Model .....	ELECTRIC LCK6126EVG
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? .....	Yes
Vehicle Category .....	Bus
Transmission .....	Auto
CC .....	0
Vehicle Fuel .....	Electric
First Registration Date .....	-
Chassis no .....	LDYEC5236N0026051
Effective Date/Time of Ownership .....	-

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Policy Number / Cover Note Number .....	D24MFL0008848

### DRIVER

Name of Driver .....	TAN KIM LENG
NRIC No .....	S1172717D
Date Of Birth .....	07/11/1956
Occupation .....	Outdoor
Driving Pass Date .....	10/01/2011
Driving License Pass Class .....	4
Driving License Validity .....	Valid
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97368378
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	BLK 474 CHOA CHU KANG AVENUE 3 #11-197
Address complement .....	-
Postcode .....	680474
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	25
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 .....	KUNDALA VINEETA SHANKAR
Gender .....	Female

#### PASSENGER 3

Name .....	CRYSTAL HO JING RU
Gender .....	Female

#### PASSENGER 4

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

#### PASSENGER 5

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

#### PASSENGER 6

Name ..... UNKNOWN  
Gender ..... Female

PASSENGER 7

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

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
Police Station Name ..... Nanyang Neighbourhood Police Centre  
Police Station Phone No ..... (Phone) +65-18007929999  
Alt. Police Station Phone No ..... (Fax) +65-67912972  
Police Station Address ..... No. 2 Jurong West Avenue 5 Singapore 649482  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20241022/2039

#### 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 ..... SBS3200X  
Vehicle Manufacturer ..... Volvo  
Vehicle Model ..... B9TL 9.4L AUTO TURBO ABS  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
Name of Driver ..... KADER HUSAIN  
NRIC No ..... S7570825D  
Contact Number ..... (Phone) +65-91072254  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person ..... CRYSTAL HO JING RU  
Gender ..... Female  
Phone No ..... (Phone) +65-98284624  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... PD1064Z  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

##### INJURED 2

Name of injured person ..... KUNDALA VINEETA SHANKAR

Gender .....	Female
Phone No .....	(Phone) +65-83169074
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	PD1064Z
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

**SKETCH PLAN****IMPORTANT NOTICE**

1. Please correctly report the details of the accident to speed up the claims process.
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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.

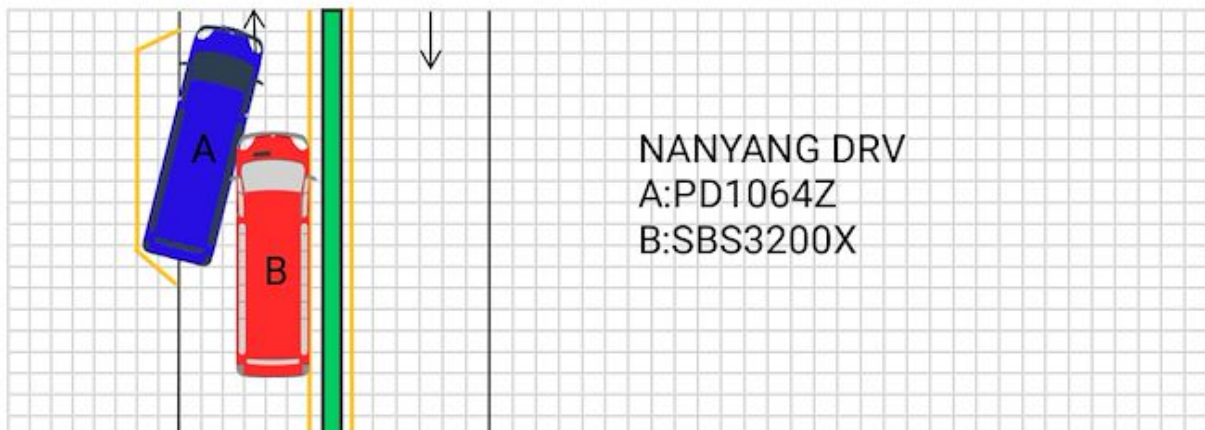
Policyholder's Signature / Date & Time

Sketch Plan

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

22102024--1230HRS

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT T/20241022/2039

Declaration

I/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

22102024--1230HRS

Witnessed by Reporting Centre  
Personnel















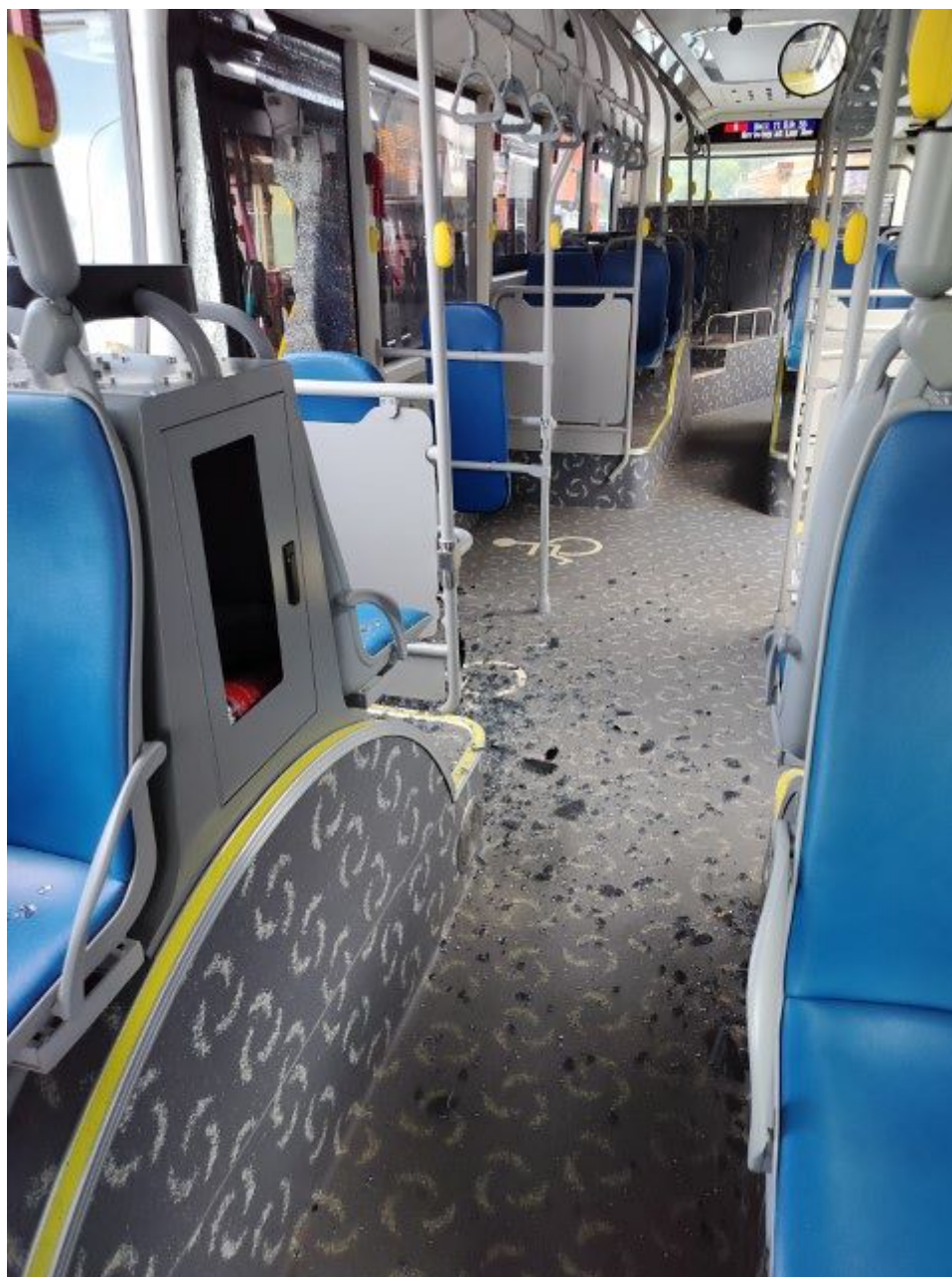


























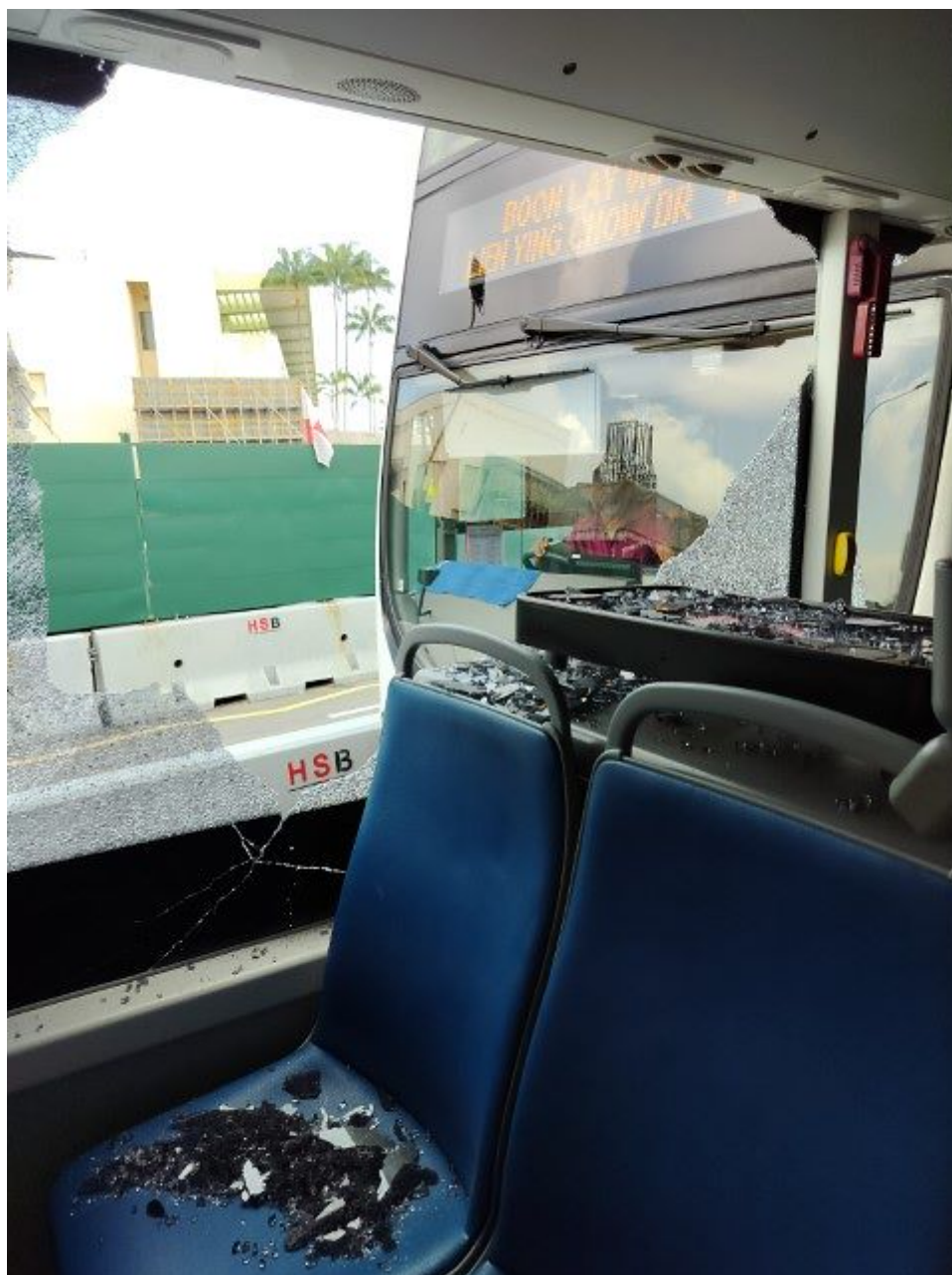










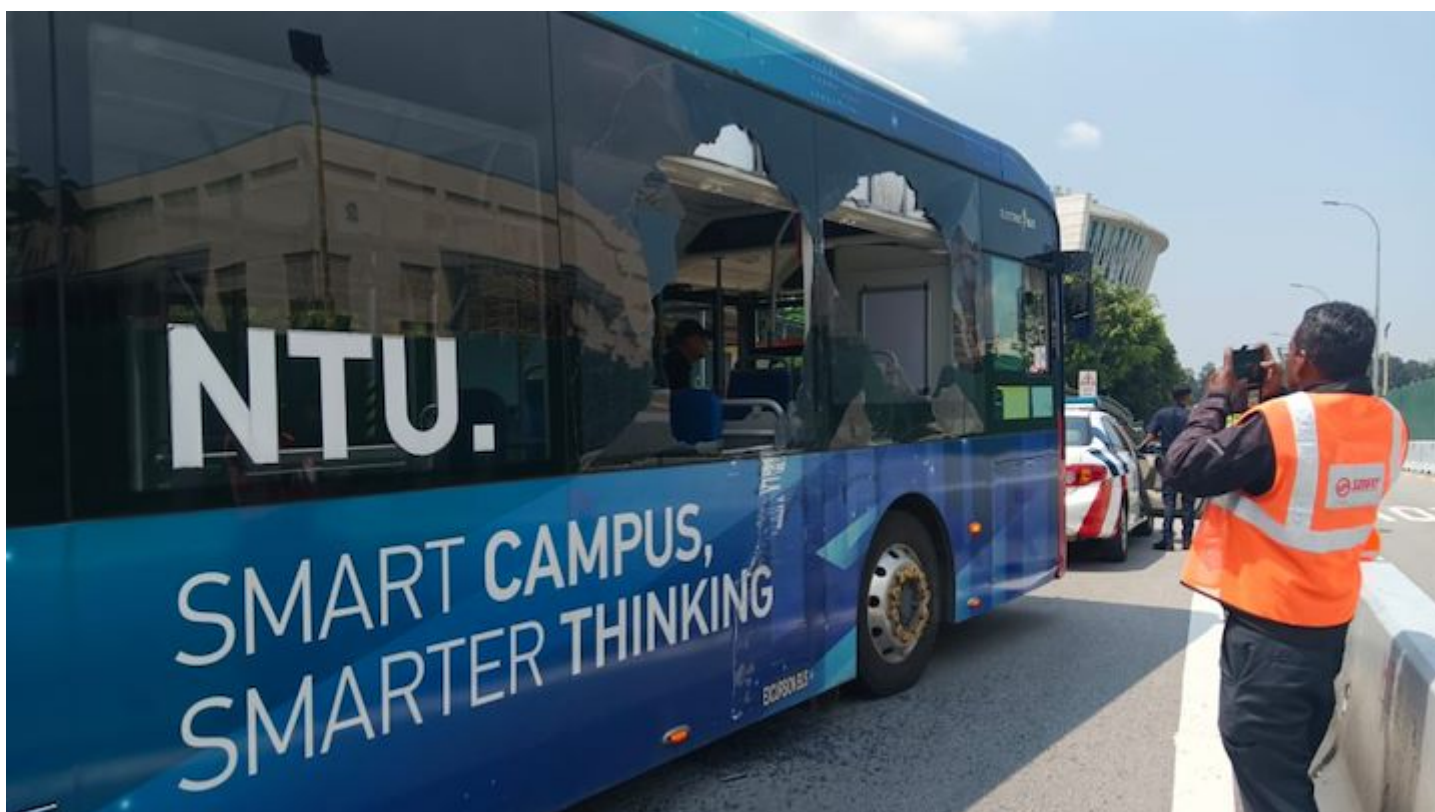


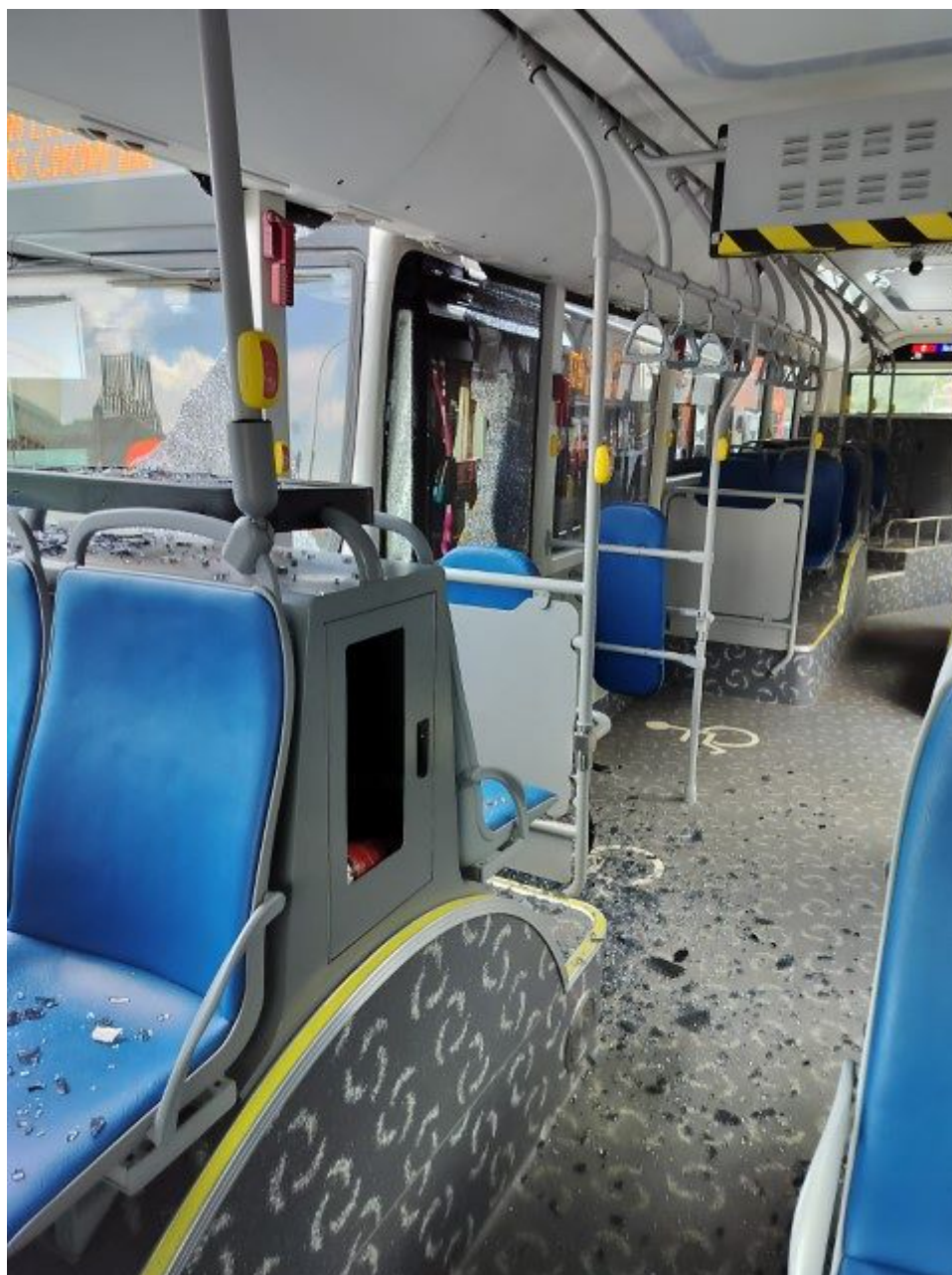























**SINGAPORE  
POLICE FORCE**


T/20241022/2039

1 of 3

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

Report No. T/20241022/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2024 13:51	Vide Report No.: J/20241022/0039	Station Diary No.: 72
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**Informant's Particulars**

Name of Informant: TAN KIM LENG			Address: 414 JURONG WEST STREET 42 #03-793 SINGAPORE 640414	
ID Type / ID No.: NRIC NO / S1172717D			Contact No.: Home/Office:	Mobile: 97368378
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 07/11/1956	Type of Informant: Driver	
Race: Chinese			Language:	
Occupation: Bus driver			Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/10/2024 10:00	Type of Location: Straight Road
Location:  NANYANG DRIVE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of Passenger
PD1064Z	Bus/Coach/Mi nibus				Seriously Damaged	30
SBS3200X	Bus/Coach/Mi nibus				Slightly Damaged	30

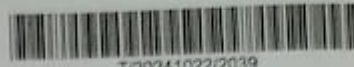
**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL		





**SINGAPORE  
POLICE FORCE**



T/20241022/2039

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

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Report No. T/20241022/2039

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	TAN KIM LENG		ID No. S1172717D
Related Vehicle	PD1064Z (Bus/Coach/Minibus)		Contact No. 97368378
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
<b>Driver</b>			
Name	K M A Kader Husain S/O Mohd Abubacker		ID No. SBS3200X
Related Vehicle	SBS3200X (Bus/Coach/Minibus)		Contact No. 91072254
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

On 22/10/2024 at about 1000hrs, I was driving my company bus (PD1064Z) picking up and dropping off NTU students along Nanyang Drive. I was at the bus stop (Nanyang Dr 27211 Lee Wee Nam Lib) where many students were alighting and boarding.

After closing the doors, I checked for safety on my right before moving off. A few seconds later, I felt an impact from the right side of my bus. I then realized that another SMRT Bus have collided onto my right side of the bus causing 3 right window panels to be shattered.

The shattered window panels have caused injuries to 2 of my passengers in the bus. Police and ambulance were at scene. 2 of my passengers were conveyed by ambulance.

I exchanged particulars with the other party. Both parties were not injured. I am lodging this report as advised by the police at scene.

**SINGAPORE  
POLICE FORCE**

T/20241022/2039

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No. T/20241022/2039

**CONTINUATION OF REPORT**

Signature of Officer Recording The  
J /  
SCSGT(1) FOO CHER YAO

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
STAFF SGT YAN MINGSHENG DANIEL  
Contact No.: 65476252

NP168

Signature Of Informant:

Date/Time:  
22/10/2024 13:51

Classification Of Case:



**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: SJ0G24AM000M-02 Vehicle Registration No: PD1064Z  
 Name (as shown in NRIC): COMFORTDELGRO BUS PTE LTD NRIC/FIN/Passport No: 1XXXXX256W  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: \_\_\_\_\_ Singapore ( )  
 Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Date of Accident: 22/10/2024 Time of Accident: 10:00  
 Place of Accident: Nanyang Dr, Singapore  
 Insurance Company: India International Insurance Pte Ltd

**(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:

AMEND INSURER

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Policyholder / Driver's Signature  
Date:



*navanesh*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: 23.10.2024



