

## 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 .....	04/11/2024 15:11 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	03/11/2024 10:00 (SGT)
Exact Location of Accident .....	Woodlands Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SH105P
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SINGAPORE-JOHORE EXPRESS PTE LTD
Company Reg No .....	194700108D
Email Address .....	LJWANG@SJE.COM.SG
Mobile Phone No .....	(Phone) +65-62928149
Alternative Phone No .....	+65-68410055

#### VEHICLE PARTICULARS

Manufacturer .....	Man
Model .....	RR8
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 .....	Auto
CC .....	6871
Vehicle Fuel .....	Diesel
First Registration Date .....	08/02/2021
Chassis no .....	WMARR8ZZXLF012593
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 .....	CHE REZALI BIN CHE HAAT
Passport No/FIN .....	G0316731W
Date Of Birth .....	12/07/1962
Occupation .....	Outdoor
Driving Pass Date .....	10/10/2022
Driving License Pass Class .....	5
Driving License Validity .....	VOCATIONAL LICENSE
Driving experience .....	2 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +60-192573755
Alt. Phone Number .....	-
Email Address .....	LJWANG@SJE.COM.SG
Address .....	SINGAPORE-JOHORE EXPRESS PTE LTD
Address complement .....	-
Postcode .....	-
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	10
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 .....	PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 3

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 4

Name .....	PASSENGER
Gender .....	Male

#### PASSENGER 5

Name .....	PASSENGER
Gender .....	Female

#### PASSENGER 6

Name ..... PASSENGER  
Gender ..... Female

PASSENGER 7

Name ..... PASSENGER  
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

-

#### 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 ..... PC4888Z  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
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) ..... 20

**SKETCH PLAN**

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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

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)

**Sketch Plan**


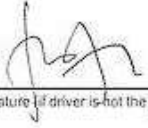

Clear / Dry  
No injury  
A = SH105P  
(10 pr, M&F)  
B = PC4888Z  
(3 pr, M)

100

Describe Circumstance of the Accident	
VEHICLE NO: SH105P	ACCIDENT DATE & TIME: 3/11/24 10:00am
CONTACT NUMBER: 96092573755	E-MAIL: ljwang@sje.com.sg
LOCATION: Woodlands Road	
<p>Please refer to attached statement.</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> CLAIM DONE AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

**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	 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
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On 3/11/2024, at about 10.00 hrs.  
 at ~~Woodlands~~ Along Woodlands road,  
 before entering Woodlands checkpoint,  
 when I reached the traffic light,  
 it already turned red,  
 so I stopped my bus in front of  
 the traffic light, suddenly.  
 a transfer Bus PC 4888Z  
 from behind hit my bus  
 the impact of the collision was  
 so hard that my bus original position  
 stopped from the white line,  
 After  
 the impact of the collision from  
 behind, it sent my bus half the  
 body length moved forward and  
 crossed the white line half the body  
 length. My bus damages at Air filter cover,  
 diesel filter set damaged, and rear  
 body damaged.



## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792K | GST Reg. No. M2-0078006-X  
 6 Raffles Quay #22-00 Singapore 048580  
 Office (65) 63476100 Email: insure@iil.com.sg  
 Website www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1989 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D19MFL000003_05		COVER: Third Party Only
1. Index Mark and Registration Number of Vehicle	: SH105P	
Chassis No	: WMARR8ZZXLF012593	
2. Name of Policyholder	: SINGAPORE-JOHORE EXPRESS (PTE) LTD	
3. Effective date of Insurance	: 01 Jan 2024	
4. Expiry date of Insurance	: 31 Dec 2024	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
6. Limitations as to use*	<p>Within The Republic of Singapore &amp; Johor Bahrn only.</p> <p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.</p> <p>The Policy does not cover:</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
Excess Section II	: SGD	3,000.00
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OLD AND OR WITH LESS THAN 2 YEARS DRIVING EXPERIENCE UNDER THE RELEVANT CLASSES OF DRIVING LICENCES IN SINGAPORE, AN ADDITIONAL EXCESS OF \$1,500.00 ON SECTION II WILL BE APPLICABLE.</p> <p>TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE &amp; JOHOR ONLY</p> <p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>		
Agent/Broker	B000005/HL SUNTEK INSURANCE BROKERS PTE LTD	
Date of Issue	15/11/2023 12:50:36	
M.Z. 601CM	- OMNIBUS Company's use	
	<p>For India International Insurance Pte Ltd</p> <p><i>Aravind</i></p> <p><b>Aravind Venugopal</b> MD &amp; CEO</p>	

santhosh/15/11/2023 12:50:36

15/11/2023 12:53:13





















