

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	09/10/2024 11:38 (SGT)
Reported by	Actual Driver
Date of Accident	08/10/2024 16:10 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE towards CTE/TPE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8938L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Atlantic Travel Pte. Ltd.
Company Reg No	2XXXXX049C
Email Address	ops@atlantictransport.com.sg
Mobile Phone No	(Phone) +65-93381882
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
Variant	Multi Color
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	7790
Vehicle Fuel	-
First Registration Date	02/09/2016
Chassis no	JALLT434PG7000058
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D18MFL0002658_05

DRIVER

Name of Driver	Shamsul Bin Hussain
NRIC No	SXXXX905D
Date Of Birth	28/04/1979
Occupation	Outdoor
Driving Pass Date	10/10/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS
Gender	Male
Mobile Number	(Phone) +65-87615373
Alt. Phone Number	-
Email Address	hussainshamsul40@gmail.com
Address	618 Senja Road
Address complement	#06-78
Postcode	S670618
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	Hit and run / Vandalism / Damaged whilst parked
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)	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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Please refer to Sketch Plan 2.

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	SLP7187Y
Vehicle Manufacturer	Mercedes
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 PLANIMPORTANT NOTICE

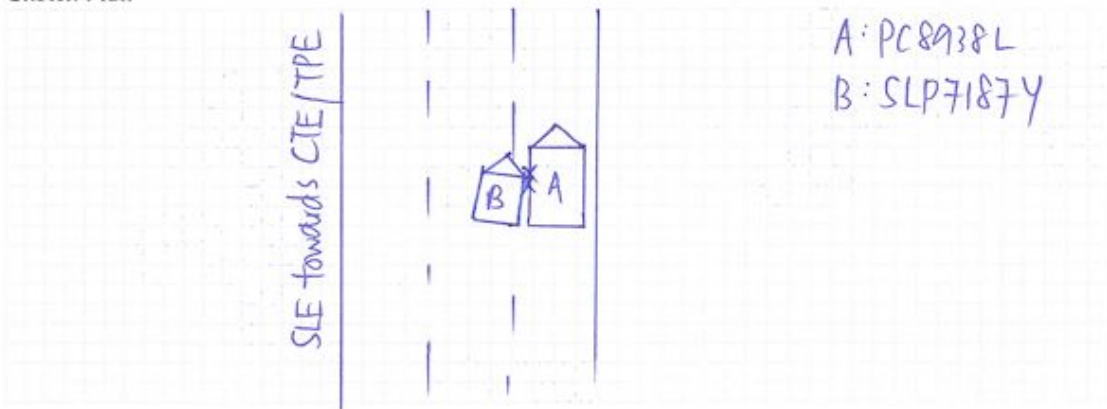
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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.
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 09-October-2024

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

Please refer to the attached police report: T/20241008/7085

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time
09-October-2024



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



Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20241008/7085

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241008/7085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2024 19:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SHAMSUL BIN HUSSAIN			Address: 618 SENJA ROAD #06-78 SINGAPORE 670618		
ID Type / ID No.: NRIC NO / S7912905D			Contact No.: Home/Office: Mobile: 87615373		
Nationality: SINGAPORE CITIZEN			Email: HUSSAINSHAMSUL40@GMAIL.COM		
Sex: Male	Age: 45	Date of Birth: 28/04/1979	Type of Informant: Driver		
Race: Malay			Language: English		
Occupation: Bus driver			Driving Licence Information: Class: 3,4A,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/10/2024 16:10	Type of Location: Straight Road
Location: SLE				
Weather: Clear		Road Surface: Dry		
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLP7187Y	Motor car	MERCEDES BENZ		Black		0
	PRIVATE BUS	ISUZU	DRIVER	Gold	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20241008/7085

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20241008/7085

CONTINUATION OF REPORT

Driver			
Name	SHAMSUL BIN HUSSAIN		ID No. S7912905D
Related Vehicle	(PRIVATE BUS)		Contact No. 87615373
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4A,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave (MC)	NIL		Degree of Injury NIL

Brief Details.

I WAS DRIVING MY BUS LICENCE PLATE NUMBER PC8398L ALONG SLE TOWARDS TPE/CTE.JUST BEFORE THE MANDAI ROAD EXIT,SUNDDENLY A BLACK MERCEDES WITH A PLATE NUMBER SLP7187Y JUST SIDESWIPE ME FROM THE RIGHT.WITHOUT EVEN STOPPING...THE SUBJECT JUST CONTINUE TO DRIVE AFTER SIDESWIPE WITH ME.I MANAGED TO GET THE FOOTAGE OF THE INCIDENT THROUGH MY BUS CCTV.MY BUS HAD COSMETICS SCRATCHES AND THE RIM COVER WAS DAMAGED.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20241008/7085

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Report No. T/20241008/7085

CONTINUATION OF REPORT

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
IRMAN BIN MOHAMAD SAID
Contact No.: 65476145

This report is lodged at Traffic Police Kiosk 1
NP168

Signature Of Informant:
The identity of the person making this report has been
authenticated by Singpass. No signature is required.

Date/Time:
08/10/2024 19:52

Classification Of Case: