

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	13/11/2024 09:32 (SGT)
Reported by	Actual Driver
Date of Accident	10/11/2024 18:14 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS CHECK POINT COACH BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9611Y

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LUXURY COACH SERVICE
Company Reg No	28011800K
Email Address	ADMIN@LEISUREFRONITER.COM.SG
Mobile Phone No	(Phone) +65-85066876
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2
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	12742
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D24MFL0003405

DRIVER

Name of Driver	LAU BOON KWENG
NRIC No	S2739363B
Date Of Birth	18/10/1963
Occupation	Outdoor
Driving Pass Date	25/11/1997
Driving License Pass Class	5
Driving License Validity	Valid
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-91469900
Alt. Phone Number	-
Email Address	ADMIN@LEISUREFRONITER.COM.SG
Address	APT BLK 170A SENGKANG EAST DRIVE
Address complement	#17-28
Postcode	541170
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)	30
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	Female

PASSENGER 4

Name	PASSENGER
Gender	Female

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name PASSENGER
Gender Male

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

ON 10/11/24 AROUND 1814HRS, I WAS DRIVING MY BUS PC9611Y ALONG TUAS CHECK POINT, COACH BAY. MY BUS WAS ABOUT TO MAKE A RIGHT TURN TO EXIT, VEH B SLH8844U OVERTAKE MY BUS FROM THE RIGHT AND COLLIDED TO MY BUS.

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 SLH8844U
Vehicle Manufacturer -
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 PLAN

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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.

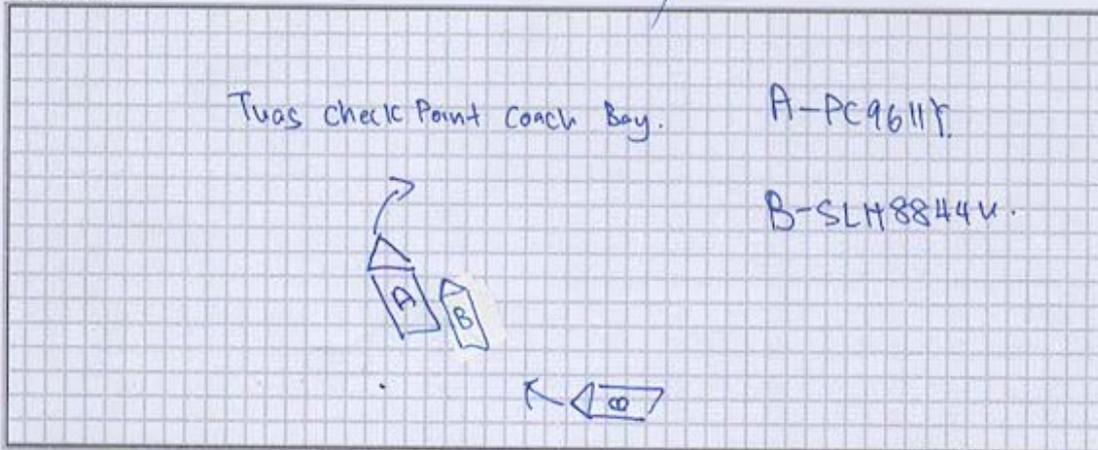
Policyholder's Signature / Date & Time

X Lau Boon Kwee
 Actual Driver's Signature (if driver is not the policyholder) / Date & Time

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



Sketch Plan



vJun2022

Describe Circumstance of the Accident

on 10/11/24 around 18:14 hrs, I was driving my Bus PC 9611R along Tuas Check Point, Coach Bay. My Bus was about to make a right turn to exit, veh B SLH 8844 U overtake my Bus from the right and collided to my Bus.

Declaration

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

Policyholder's Signature / Date & Time

* Jan Boon Kwee
Actual Driver's Signature (if driver is not the policyholder) / Date & Time

Mr. [Signature] 
Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)



