

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	04/07/2024 17:58 (SGT)
Reported by	Actual Driver
Date of Accident	04/07/2024 09:15 (SGT)
Exact Location of Accident	Jurong West Ave 5, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7426M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JOSEPH COACH PTE LTD
Company Reg No	201719851E
Email Address	josephcoachsg@gmail.com
Mobile Phone No	(Phone) +65-91781988
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Coaster
Variant	19 SEATER MANUAL TURBO ABS
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	Manual
CC	4009

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00010632304

DRIVER

Name of Driver	LIM CHEE KEONG
NRIC No	S1756502H
Date Of Birth	09/09/1966
Occupation	Outdoor

Driving Pass Date	15/07/1996
Driving experience	28 YEARS
Gender	Male
Mobile Number	(Phone) +65-98933222
Alt. Phone Number	-
Email Address	josephcoachsg@gmail.com
Address	BLK 679 CHOA CHU KANG CRESCENT #06-584
Address complement	-
Postcode	680679
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	4
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

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Jurong Division Headquarters
Police Station Phone No	(Phone) +65-18007910000
Alt. Police Station Phone No	(Fax) +65-68965647
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

REFER TO THE ATTACHED POLICE REPORT

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 SHB6270S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB7670P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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) 1

SKETCH PLAN

IMPORTANT NOTICE

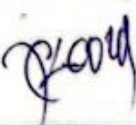
1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving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

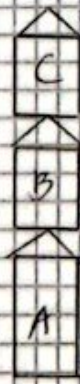
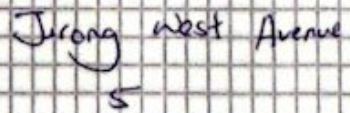
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

A: CB 7426M		
B: SHB 6270S		
C: SHB 7670P		
DoA: 4/7/12 ⁴		
0915 hrs		

Describe Circumstance of the Accident

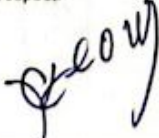
Ref. to the attached Police Repo-1


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
 (Name as in NRIC/ID card)











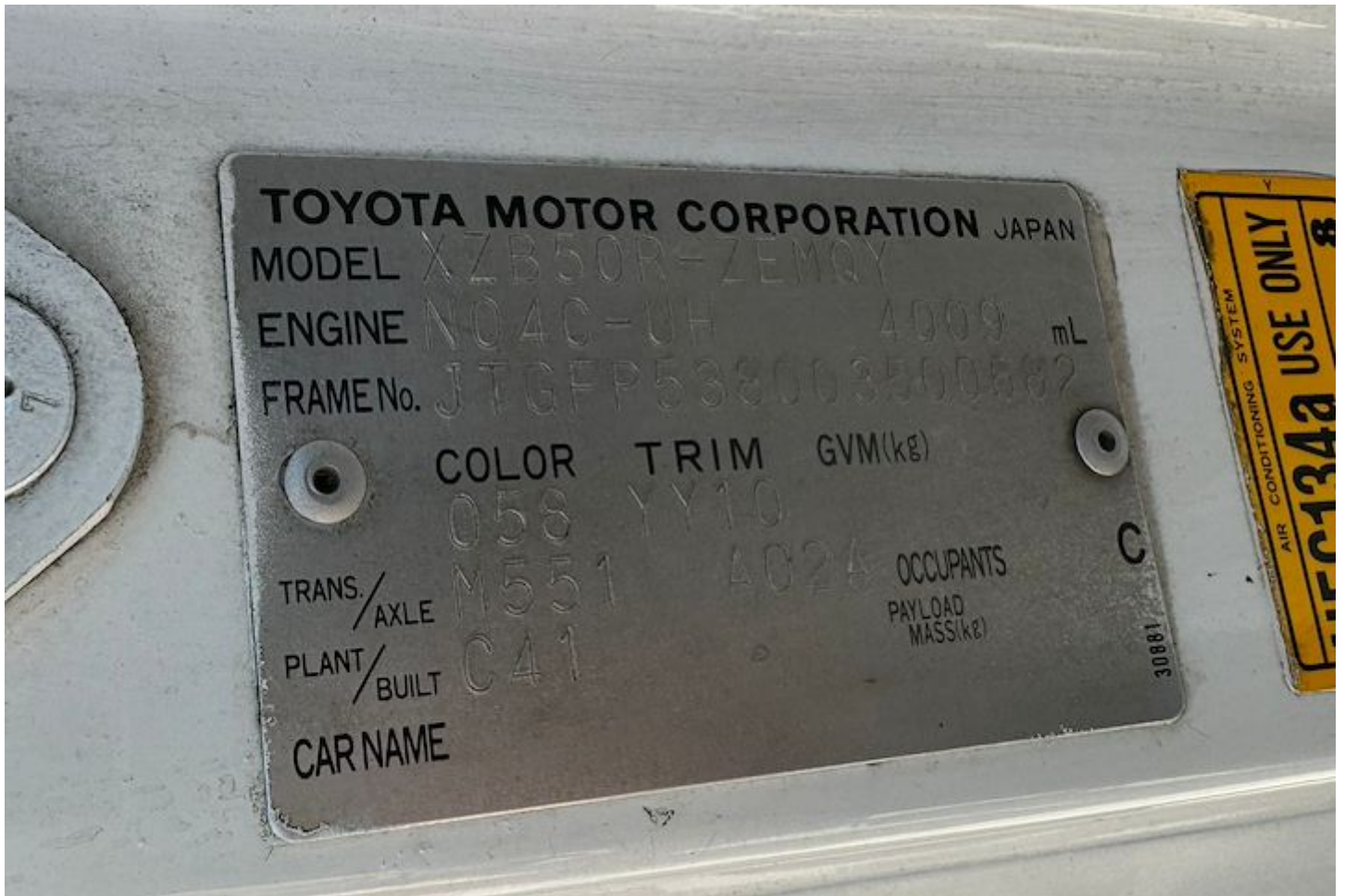














**SINGAPORE
POLICE FORCE**

J/20240704/7047

1 of 3

POLICE REPORT (NP299)

Report No. J/20240704/7047

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

Date/Time Report Made 04/07/2024 11:44		Vide Report No.		Station Diary No.	
Name Of Informant LIM CHEE KEONG		Address 679 CHOA CHU KANG CRESCENT #06-584 SINGAPORE 680679			
ID Type / ID No. NRIC NO / S1756502H		Contact No. Home/Office: Mobile: 98933222			
Nationality SINGAPORE CITIZEN		Email Address limcheekeongcck@gmail.com			
Occupation Bus driver		Sex Male	Age 57	Date of Birth 23/09/1966	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 04/07/2024 09:15 - 04/07/2024 09:15		Location Of Incident JURONG WEST AVENUE 5			

Brief details.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/07/2024 11:44

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1

**SINGAPORE
POLICE FORCE**

J/20240704/7047

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240704/7047

I was involved in a chain collision involving 3 vehicle. The first vehicle was involving TransCab SHB7670P, second vehicle was Comfort DelGro SHB6270S and my vehicle is CB7426M.

Location is at Jurong West Ave 5 towards Jln Bahar x Jurong West St 72 L/P 32.

Report Number: J/20240704/0054

The weather was clear, traffic was controlled by traffic lights.

The first vehicle in front could not decide whether he wanted to go as the traffic light was amber and the second vehicle rear headed the first vehicle. I could not stop in time and I knocked into the Comfort DelGro.

There were 3 passengers in my bus and were not injured.

Both taxi drivers were conveyed by ambulance as they claimed that they were having a headache.

This is the first time such incident happened to me.

I am lodging this report for report and insurance purposes.

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/07/2024 11:44

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1

SINGAPORE
POLICE FORCE

J/20240704/7047

3 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20240704/7047

Subjects Involved			
Victim			
Person Name	LIM CHEE KEONG		
ID Type	NRIC NO	ID No	S1756502H
Gender	Male	Age	57
Race	Chinese	Language	English
Occupation	Bus driver	Address	679 CHOA CHU KANG CRESCENT #06-584 SINGAPORE 680679
Mobile No	98933222	Is Informant A Victim?	Yes
Person Name	LIM CHEE KEONG (Informant)		

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

Signature Of Informant:

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

Date/Time:
04/07/2024 11:44

Classification Of Case:

This report is lodged at Choa Chu Kang NPC Kiosk 1



SINGAPORE POLICE FORCE ACKNOWLEDGEMENT SLIP

Ref: Report No: 3/20240704/0054

I, Sur 719012 SYAHWAN
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of 7070
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 1x 32GB KINGSTON MICRO SD CARD
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

from S175652 S1756502H LIM CHEE KIONG
(Name, NRIC or Passport No. / Rank and No.)
of APT BLK 679 CHOA CHU KANG CRESCENT #06-584 S(680679)
(Address / Police Station / NPC / NPP)
on 4/07/24 at 1000HRS
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

(Signature)
S1756502H LIM CHEE KIONG
(Name, NRIC or Passport No. / Rank and No.)

(Signature)
Sur 719012 SYAHWAN
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: 1.0 SYAHWAN 6547 6185
LOC: JUKONG WEST AVE 5 JCN BAHAR x JUKONG WEST ST 72. 4/P



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: SJ0E2474006 Vehicle Registration No: CB7426M
 Name (as shown in NRIC): Joseph Coach PTELTD NRIC/FIN/Passport No: 201719851E
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: 1 Defu Lane 10 #01-547 Defu Industrial Estate Singapore (539182)
 Contact (Tel): 9178 1988 Mobile No.: _____
 Email Address: josephcoachsg@gmail.com
 Date of Accident: 04/07/2024 Time of Accident: 09:15 AM
 Place of Accident: Jurong West Ave 5, Singapore
 Insurance Company: China Taiping Insurance

(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:

Reporting Purpose change to Own Damage Claim.

lks
 Policyholder / Driver's Signature
 Date:

JA
 Reporting Centre Personnel's Signature
 Name: The Siew Loh
 NRIC/FIN No.: 878754382Q
 Date: 10/7/2024