

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	25/05/2024 13:48 (SGT)
Reported by	Actual Driver
Date of Accident	24/05/2024 18:45 (SGT)
Exact Location of Accident	1 Supreme Ct Ln, Singapore 178879
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8901S
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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	SC Neustar
Model	CA36
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	10837

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5133542887-01

DRIVER

Name of Driver	ABDUL GHANI BIN DOROS ULLAH
NRIC No	S6928434E
Date Of Birth	19/07/1969
Occupation	Outdoor

Driving Pass Date	30/04/2019
Driving experience	5 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91694156
Alt. Phone Number	-
Email Address	josephcoachsg@gmail.com
Address	APT BLK 340 HOUGANG AVENUE 7 #03-439
Address complement	-
Postcode	530340
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)	31
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	Female

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?	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

REFER TO THE ATTACHED POLICE REPORT

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	SFU391P
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**IMPORTANT NOTICE**

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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 Representative
(Name as in NRIC/ID card)

Sketch Plan

A: PC 8901 S			<p>→ Lamp of Supreme Court Lane</p>
B: SFU 391P			
DOA: 24/5/24 1845 hrs			

Describe Circumstance of the Accident


Ref to the attached Police Report.

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)
























**SINGAPORE
POLICE FORCE**


T/20240524/7127

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

1 of 3

Report No. T/20240524/7127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/05/2024 21:55		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: ABDUL GHANI BIN DOROS ULLAH		Address: 340 HOUGANG AVENUE 7 #03-439 SINGAPORE 530340	
ID Type / ID No.: NRIC NO / S6928434E		Contact No.: Home/Office: Mobile: 91694156	
Nationality: SINGAPORE CITIZEN		Email: ABDUL.GHAAAANI@GMAIL.COM	
Sex: Male	Age: 54	Date of Birth: 19/07/1969	Type of Informant: Driver
Race: Pakistani		Language: English	
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 24/05/2024 18:45	Type of Location: Straight Road
Location: SUPREME COURT LANE				
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 Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFU391P	Motor car	BMW			Slightly Damaged	0
	Bus	SC NEUSTAR		Multi-Colored	Slightly Damaged	30

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



**SINGAPORE
POLICE FORCE**

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



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Report No. T/20240524/7127

CONTINUATION OF REPORT

Driver			
Name	ABDUL GHANI BIN DOROS ULLAH		ID No. S6928434E
Related Vehicle	(Bus)		Contact No. 91694156
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave (MC)	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, I was driving on the above mentioned road, which was a one way street. As I was driving on the straight road heading towards a traffic junction, a BMW car exited from National Gallery Carpark ramp on the right and hit the right rear of my bus. I stopped and opened my window to indicate for the driver to turn left on the side road after the junction and stop her vehicle so that we can exchange particulars. However, after the junction, she turned right instead of turning left, and left the scene without exchanging any information with me. I was only able to identify her vehicle from my passenger who witnessed the incident.

**SINGAPORE
POLICE FORCE**

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



T/20240524/7127

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Report No. T/20240524/7127

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

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

Date/Time:
24/05/2024 21:55

Classification Of Case:

This report is lodged at Jurong East NPC Kiosk 1
NP168