

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	07/08/2024 12:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	06/08/2024 16:10 (SGT)
Exact Location of Accident	Ophir Rd, Ophir Flyover, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PD1343T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ROBIN LIMOUSINE
Company Reg No	5XXXX755M
Email Address	ANGRBN@GMAIL.COM
Mobile Phone No	(Phone) +65-97677881
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2000
Vehicle Fuel	-
First Registration Date	15/08/2023
Chassis no	GDH2232005698
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D23MCV0006178

DRIVER

Name of Driver	ANG BOON KEOW
NRIC No	SXXXX644F
Date Of Birth	03/10/1958
Occupation	Outdoor
Driving Pass Date	30/09/1977
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	46 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97677881
Alt. Phone Number	-
Email Address	ANGRBN@GMAIL.COM
Address	BLK 461 PASIR RIS DRIVE 4
Address complement	#08-271
Postcode	510461
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	6
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Bedok South Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18002448999
 Alt. Police Station Phone No (Fax) +65-62446558
 Police Station Address 20 Chai Chee Drive Singapore 469045
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE 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 SKJ886C
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person ANG BOON KEOW
 Gender -
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? PD1343T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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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.



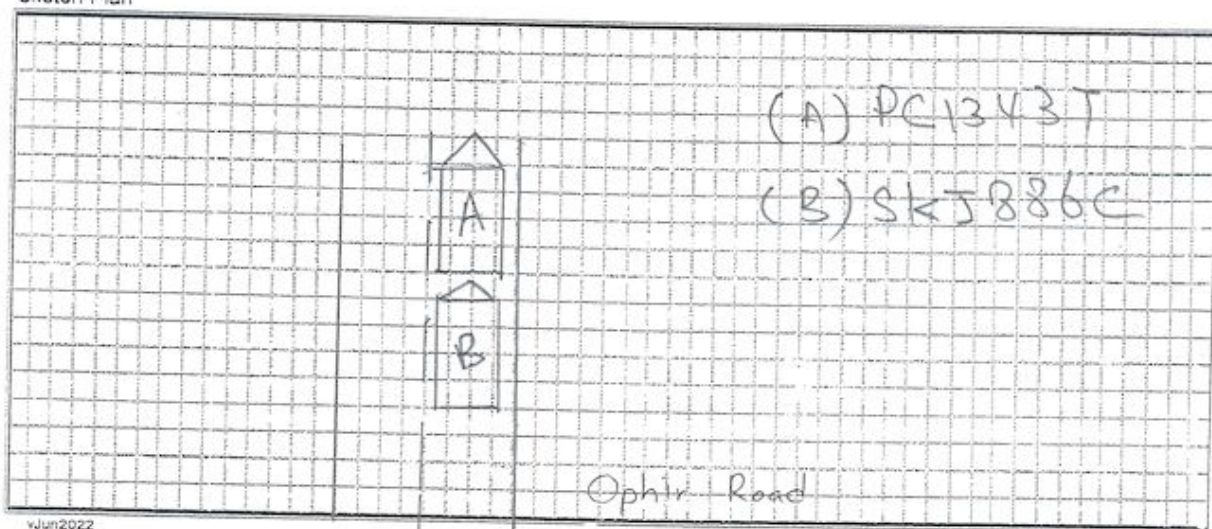
Policyholder's Signature, Date & Time

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



Witness of Reporting Centre Personnel (Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Handwritten: No report

Declaration

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



Policyholder's Signature / Date & Time

Handwritten signature

Handwritten signature

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



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

Handwritten signature































**SINGAPORE
POLICE FORCE**



T/20240807/2019

Police Station Of Origin:
Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T 20240807/2019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2024 10:12	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: ANG BOON KEOW			Address: APT BLK 461 PASIR RIS DRIVE 4 #08-271 SINGAPORE 510461		
ID Type / ID No.: NRIC NO / S1299644F			Contact No.: Home/Office: Mobile: 97677881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 03/10/1958	Type of Informant: Driver		
Race: Chinese			Language:		
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/08/2024 16:10	Type of Location: Flyover
Location: OPHIR ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
PD1343T	Bus/Coach/Minibus	TOYOTA	HIACE COMMUTER GL 2.8 AUTO	White	Slightly Damaged	4
SKJ886C	Motor car	MERCEDES BENZ	CLA180 AMG LINE AUTO	White	Slightly Damaged	0



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Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T 20240807/2019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ANG BOON KEOW	ID No.	S1299644F
Related Vehicle	PD1343T (Bus/Coach/Minibus)	Contact No.	97677881
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 3,4 Date of Expiry: NIL
Date Treatment	06/08/2024	Date Discharge	06/08/2024
No. of Days granted Medical Leave	04	Degree of	Slight

Brief Details.

On 6 August 2024 at 4:10pm, I was driving my bus, PD1343T with at least 4 to 5 passengers onboard along Ophir Road. I was the exiting towards ECP exit, after the junction of Raffles Boulevard when the rear of my bus was hit by a White Mercedes, SKJ886C. I then stopped my vehicle and try to engage the driver of the said vehicle. The driver whom is a female Chinese then offered to pay me \$400/- however I declined as my bumper was damage and she then went inside her car. I then approached her to ask for her to provide her contact number, details or driving license. She then shake her head and start her engine and drove off without providing any.

On the same day at night, I went to CGH after I felt some pain on my neck area and was given MC for 4 days.



SINGAPORE
POLICE FORCE



T/20240807/2019

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Bedok South NPP
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T 20240807/2019

CONTINUATION OF REPORT

Signature of Officer Recording The
G /
SI MOHAMAD SHAPIE BIN
SALEH (FIRST TWIN)

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SUPT (1) PHNG KAR SOON
Contact No.: 65476439

Signature Of Informant:

Date/Time:
07/08/2024 10:12

Classification Of Case:

NP168