

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 Authorised 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 ability
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 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 Report	08/04/2016 16:52
Date Of Accident	08/04/2016 06:40
Exact Location Of Accident	changli lodge2 workers dormitory/tanah merah coast
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9175A
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Insured/Policyholder

Name Of Registered Owner	ANG MO KIO NORTH BUS SERVICE
Co Reg No	27480700J
Email Address	ANTHONYTANWQ@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	Office-93896120

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6100H
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMBISN1511431500
Cover Note Number	

Driver

Name of Driver	WANG DONG
Passport No/FIN	G6199455L
Date Of Birth	29/10/1978
Occupation	Outdoor
Date Of Driving Pass	29/10/2008
Driving Experience	7 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-93896120
Fax Number	
Contact Number	
EMail Address	ANTHONYTANWQ@HOTMAIL.COM

Address	Blk 102A Punggol Field #07-438
Postcode	821102
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE SKETCH PLAN.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD103S
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Name of Driver	LIONG KIM XING
NRIC/Passport Number	S7655946E
Contact Number	86068841
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date &
Time 8/4/16 1630hrs

Driver's Signature (If driver is not the policyholder) / Date
& Time 8/4/16 1630hrs

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2

Describe Circumstances of the Accident

On 8/4/16 (✓) about 0640 hrs, I was driving my bus (PA 9175A) at Changi Lodge 2 workers Dormitory, Tanah Merah Coast Road.

I checked the oncoming traffic from both ~~side~~ directions. After ensuring no traffic, I made my left turn when suddenly, a bang sound on my left rear. I alighted and realised a lorry (GBD 1035) following behind my bus had overtook my left to move forward. Thus, collided with my bus.

No one was injured.

Declaration

We declare the foregoing particulars are true in every respect.

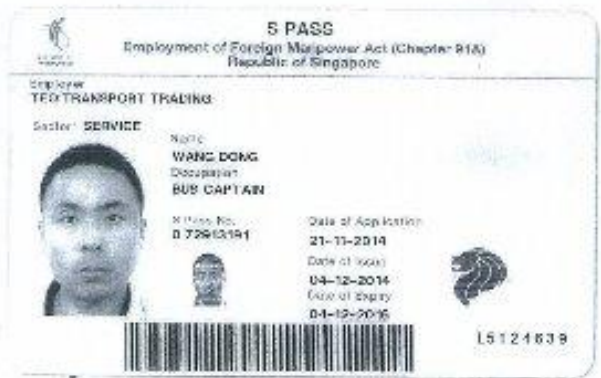


Policyholder's Signature / Date & Time
8/4/16 1630hrs

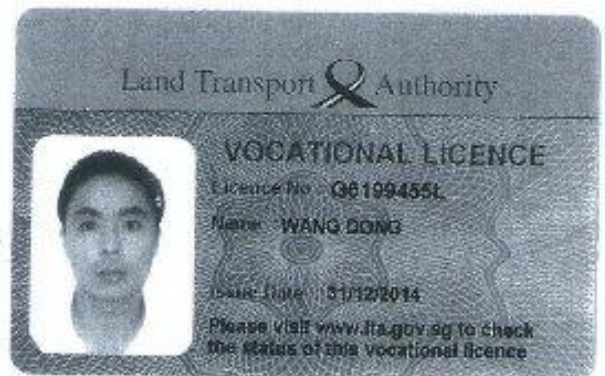
Driver's Signature (If driver is not the policyholder) / Date & Time
8/4/16 1630hrs

Witnessed by Reporting Centre Personnel

Identification Card



HP: 9389 6120



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Effective Date
Class 3	Motor Cars < 2000kg with ≤ 7 passengers, exclusion of the driver, and other motor vehicles < 2500kg	29 Dec 2000
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	01 Jan 2009

Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg

License No. G6199455L

NP 4204

VISIT PASS
Immigration Regulations

Name: **WANG DONG**

Date of Birth: **29-10-1978** Sex: **M** Nationality: **CHINESE**

FIN: **G6199455L** Date of Issue: **04-12-2014** Date of Expiry: **04-12-2018**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED BY OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

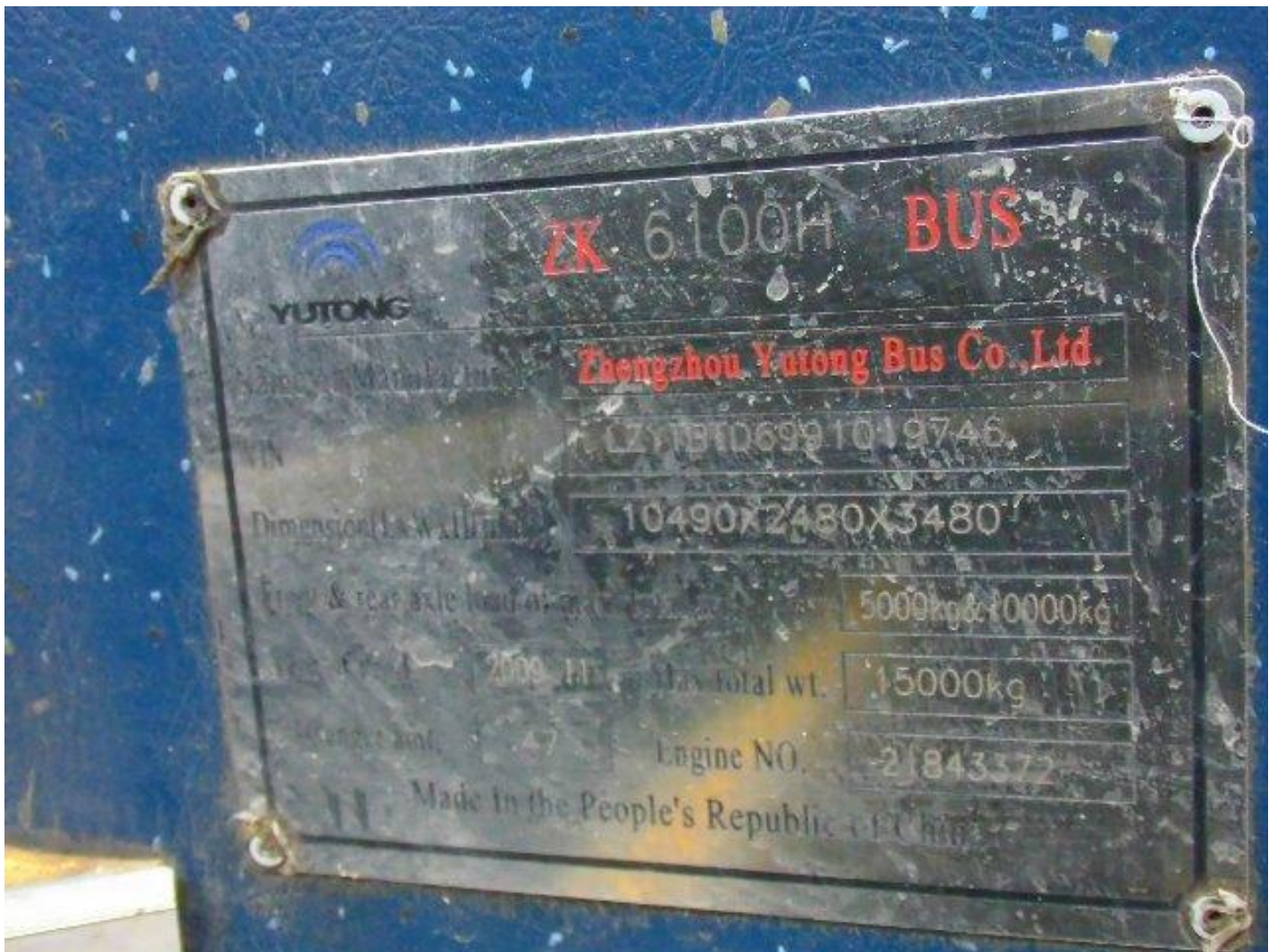
This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Silo Mead Drive, Singapore 137871.

Type	Description	Issue Date
03	BUS VI	31/12/2014

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

