

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	16/12/2017 15:58
Date Of Accident	16/12/2017 07:15
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2925M
Insured/Policyholder	
Name Of Registered Owner	ZION EXPRESS PTE. LTD.
Co Reg No	201424312W
Email Address	SHAIKNA_BE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92345926
Alternative Phone No	OFFICE-92345926

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067709661-03
Cover Note Number	

Driver

Name of Driver	MOHAMED ABDUL KADER SHAIKNA LEBBAI
NRIC No	S7979506B
Date Of Birth	10/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345926
Fax Number	
Contact Number	OTHERS-92345926
Email Address	SHAIKNA_BE@YAHOO.COM

Address	BLK 249 COMPASSVALE ROAD #02-604
Postcode	540249
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171216/2074

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC3087A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LI JIAN JUN
NRIC/Passport Number	G5243527M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC95X
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver ZHAO YONG YI
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE2956K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF INJURED PERSON 1

Name LOKE YEW CHOONG
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? PC2925M
Were seat belts worn? YES
Was injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SYED ISMAIL BAKKAR SAHIB
Approximate Age
Injuries Sustain SLIGHT
Injured person in which vehicle? PC2925M
Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MOHAMED ABDUL KADER SHAIKNA LEBBAI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHOO CHIN ENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

MAK Shik mi
Policyholder's Signature
Date & Time:

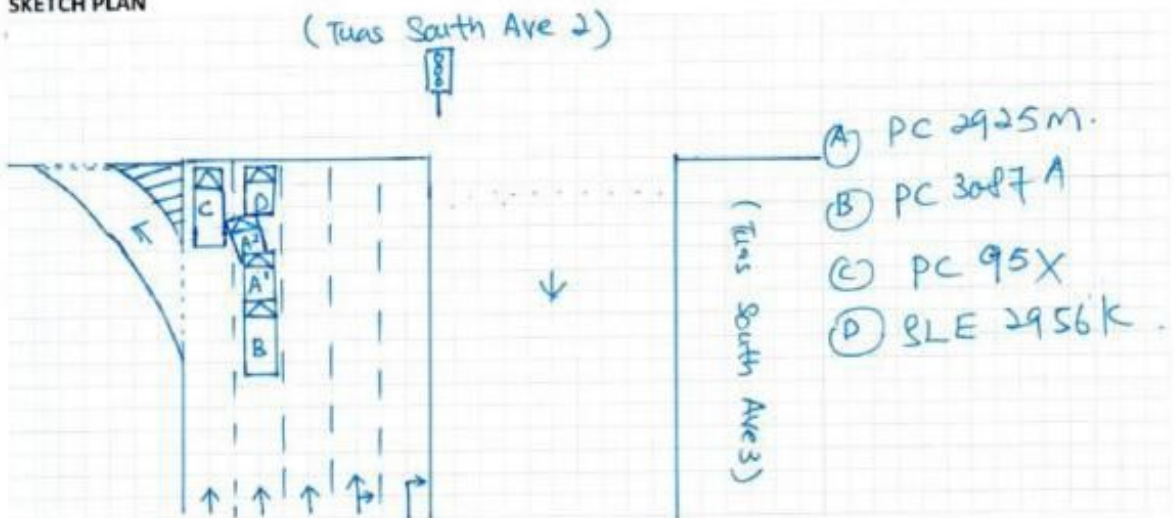


MAK Shik mi
Driver's Signature
(If driver is not the policyholder)
Date & Time:

16/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To
Police Report No: T/2017/216/2074

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171216/2074

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

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Report No. T/20171216/2074

CONTINUATION OF REPORT

Passenger			
Name	CHOO CHIN ENG		ID No. S1349478I
Related Vehicle	PC2925M (Van)		Contact No. 98267846
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LI JIANJUN		ID No. G5243527M
Related Vehicle	PC3087A (Bus/Coach/Minibus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	ZHAO YONGYI		ID No. S2667865Z
Related Vehicle	PC95X (Bus/Coach/Minibus)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 16/12/2017 at about 0713hrs along Tuas South Avenue 3, I was driving my company's vehicle bearing registration number PC2925M along lane 4. As I was approaching the junction of Tuas South Avenue 2, the traffic light indicator turn red and I slowed down and stopped behind one black in colour vehicle bearing registration number SLE2956K. I observed that there was one red in colour bus bearing registration number PC95X on lane 5. On board my vehicle there were three other passenger and I was heading to No.81 Tuas South Street 5 "See Hup Seng Pte Ltd" to send off my passenger to their workplace.

While we were in the vehicle waiting for the traffic light to turn green, we felt a great impact for the rear of the vehicle. Our vehicle was pushed forward due to the impact, my vehicle hit onto both vehicle registration number SLE2956K and PC95X. Then I discovered that a white in colour bus bearing



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T/20171216/2074

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Report No. T/20171216/2074

CONTINUATION OF REPORT

registration number PC3087A collided onto the rear of my vehicle. I then made a check on my passengers and called for the Ambulance.

Upon arrival of Ambulance two of my passenger namely Choo Chin Eng and Loke Yew Choong was conveyed to Ng Teng Fong General Hospital by Ambulance. After investigation by the Traffic Police, My company's insurance agent then send me and my another passenger named Seyed Ismal Bakkar Sahib to Ng Teng Fong General Hospital for check up. Choo Chin Eng, Seyed Ismail Bakkar Sahib and myself were granted three days of medical leave from 16/12/2017 till 18/12/2017. And for Loke Yew Choong he was granted with one day of medical leave on the 16/12/2017.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Police Report



**SINGAPORE
POLICE FORCE**



T/20171216/2074

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Report No. T/20171216/2074

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 13:14		Vide Report No.: J/20171216/0128		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: MOHAMED ABDUL KADER SHAIKNA LEBBAI			Address: APT BLK 249 COMPASSVALE ROAD #02-604 SINGAPORE 540249		
ID Type / ID No.: NRIC NO / S7979506B			Contact No.: Home/Office: Mobile: 92345926		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 10/10/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/12/2017 07:15	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TUAS SOUTH AVENUE 3 TUAS SOUTH AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Stationary Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2925M	Van				Seriously Damaged	3
PC3087A	Bus/Coach/Mi nibus				Seriously Damaged	1
PC95X	Bus/Coach/Mi nibus				Slightly Damaged	0
SLE2956K	Car				Slightly Damaged	1

Police Report



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Report No. T/20171216/2074

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOKE YEW CHOONG	ID No.	S0226807H
Related Vehicle	PC2925M (Van)	Contact No.	91788283
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	SYED ISMAIL BAKKAR SAHIB	ID No.	G6149417R
Related Vehicle	PC2925M (Van)	Contact No.	84990841
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED ABDUL KADER SHAIKNA LEBBAI	ID No.	S7979506B
Related Vehicle	PC2925M (Van)	Contact No.	92345926
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Police Report



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POLICE FORCE**



T/20171216/2074

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Driver			
Name	LI JIANJUN	ID No.	G5243527M
Related Vehicle	PC3087A (Bus/Coach/Minibus)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
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Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

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