

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 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	31/01/2018 10:39
Date Of Accident	30/01/2018 16:55
Exact Location Of Accident	BLK 920 HOUGANG ST 91 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6609K
Insured/Policyholder	
Name Of Registered Owner	LOONG EXPRESS SERVICES
Co Reg No	53228074A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97960305

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 M
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5086218943-01
Cover Note Number	-

Driver

Name of Driver	CHEN WAN SIEW
NRIC No	S0106078C
Date Of Birth	07/04/1952
Occupation	OUTDOOR
Date Of Driving Pass	13/12/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97960305
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 576 HOUGANG AVE 4 #10-612
Postcode	530576
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I STOP AT THE SHELTER BESIDE THE BLK 920 HOUGANG ST 91. SUDDENLY A TAXI COME FROM BEHIND AND STOP BESIDE MY VEH PREPARE ALIGHTING PASSENGER, DUE TO THE RAINING DAY, I REVERSED A BIT MY VEH TO GIVE WAY TO THE TAXI CAN MOVE TO THE SHELTER, BUT WHEN MY VEH AT THE STATIONARY POSITION, THE SAY TAXI SUDDENLY REVERSED AND HIT ONTO MY VEH RIGHT HAND SIDE. AFTER THE INCIDENT, THE TAXI DRIVER AFTER DROP THE PASSENGER AND QUICKLY DROVE OFF WITHOUT ALIGHTING FROM THE TAXI, I ALSO CANNOT GET DOWN THE PLATE NUMBER OF THE TAXI

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7114J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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' 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.

龍快捷巴士服務
LOONG EXPRESS SERVICES

20 Shaw Road, Blk B #05-12
Gong Shing Industrial Building, Singapore 367956
Tel: 6487 6586 Fax: 6487 6002
Policyholder's Signature: _____
Email: loongmetals@gmail.com
Date & Time: _____

Driver's Signature
(if driver is not the policyholder)
Date & Time: _____

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

Accident Sketch Plan

SKETCH PLAN

SKETCH PLAN

BIK 920

Shelter

A B

925A

A = PA 5609K

B = Unknown

Hougang St 91

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

龍快捷巴士服務
LONG EXPRESS SERVICES
Policyholder's Signature _____
Date & Time: _____
Ching Shing Industrial Building, Singapore 367956
Tel: 6487 5586 Fax: 6487 6002
Email: loongmetalia@gmail.com

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180202/2035

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

1 of 3
Report No. T/20180202/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/02/2018 11:06		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: CHEN WAN SIEW			Address: APT BLK 576 HOUGANG AVENUE 4 #10-612 SINGAPORE 530576		
ID Type / ID No.: NRIC NO / S0106078C			Contact No.: Home/Office: Mobile: 97960305		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 07/04/1952	Type of Informant: Vehicle Owner		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/01/2018 16:55	Type of Location: Sheltered vehicle pickup/dropoff point
Location: Along Road 1 HOUGANG STREET 91				
Sheltered vehicle pickup/dropoff point of Blk 920 Hougang Street 91 near open carpark				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA6609K	Bus/Coach/Minibus (School Children)	TOYOTA	HIACE 2.5 M	Silver	Slightly Damaged	0
SHA7114J	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180202/2035

Police Station Of Origin:

Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

2 of 3

Report No. T/20180202/2035

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Vehicle Owner			
Name	CHEN WAN SIEW	ID No.	S0106078C
Related Vehicle	PA6609K (Bus/Coach/Minibus (School Children))	Contact No.	97960305
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 30/01/2018 at about 1655hrs, I parked my bus (PA6609K) at the sheltered vehicle dropoff/pickup point of Blk 920 Hougang Street 91. Another vehicle (Blue Comfort Taxi SHA 7114J) then arrived the location shortly after to drop off a passenger. As such, I reversed my vehicle to allow the taxi passenger to alight from the vehicle in the sheltered area.

After the passenger alighted from the vehicle, the taxi then proceeded to reverse his vehicle without making a check. During the reversing, the rear of his vehicle knocked onto the right side bumper of my vehicle, resulting in several scratches. After the incident, I alighted from my vehicle and intended to confront the taxi driver. However, the taxi driver drove off immediately without alighting from his vehicle to make a check or to make verifications.

I am lodging this report for insurance claiming against the other party. I also wish to inform that I have in car camera footages of the incident.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180202/2035

3 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20180202/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Sgt 2 TAN KAI JUN, CHRISTIAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/02/2018 11:06

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt LIM WOON TIONG

Contact No.: 65476418

SN 085

Signature

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



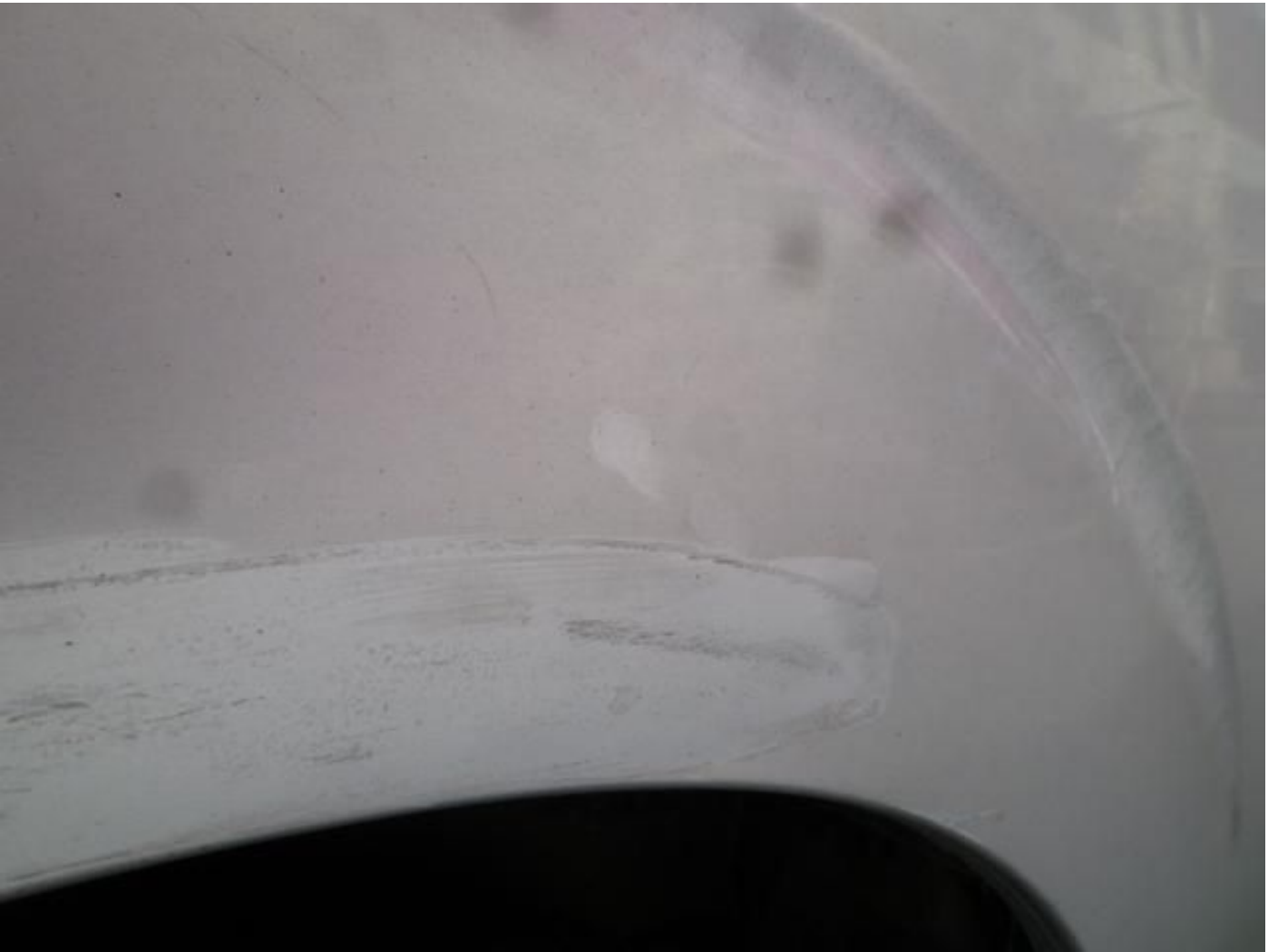
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017795

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 118015103 Vehicle Registration No: PA6609K
Name (as shown in NRIC) : Chen Wan Siew NRIC/FIN/Passport No : S0106078C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 97960305
Email Address : _____
Date of Accident : 30/1/18 Time of Accident : 16:55
Place of Accident : Blk 920 Hougang St 91 Open Carpark
Insurance Company : NTUC

(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:

- * Amend Add In third Party Vehicle Number : SHA7114J
- * Amend Add In Police Report
- * Amend Add In Video footage.

龍快捷巴士服務

LOONG EXPRESS SERVICES

20 Shaw Road, Blk B #05-12

Ching Shing Industrial Building, Singapore 367956

Tel: 6487 6586 Fax: 6487 6002

Email: loongmetah@gmail.com

Policyholder / Driver's Signature

Date:

02/2/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 2/2/18.