

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	03/01/2018 11:51
Date Of Accident	02/01/2018 18:10
Exact Location Of Accident	SLIP RD FROM CTE TO ROCHOR RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1688H
Insured/Policyholder	
Name Of Registered Owner	TOUR ROYALE SERVICES PTE LTD
Co Reg No	198904354G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62239138

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2-8.9 D (M)

Exact Purpose for which vehicle was being used at time of accident

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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1090834
Cover Note Number	

Driver

Name of Driver	TOH BOCK SOON
NRIC No	S1475447D
Date Of Birth	13/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	13/09/1983
Driving Experience	34 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90213881
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 233 PENDING ROAD #07-01 SINGAPORE 2367

Postcode

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 COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR

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? NO

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) 8

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG SOUTH NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 124 PENDING ROAD , POSTCODE: 670124 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-7609999 - FAX NO: 67636614

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING OWNER TO RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJD5298K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

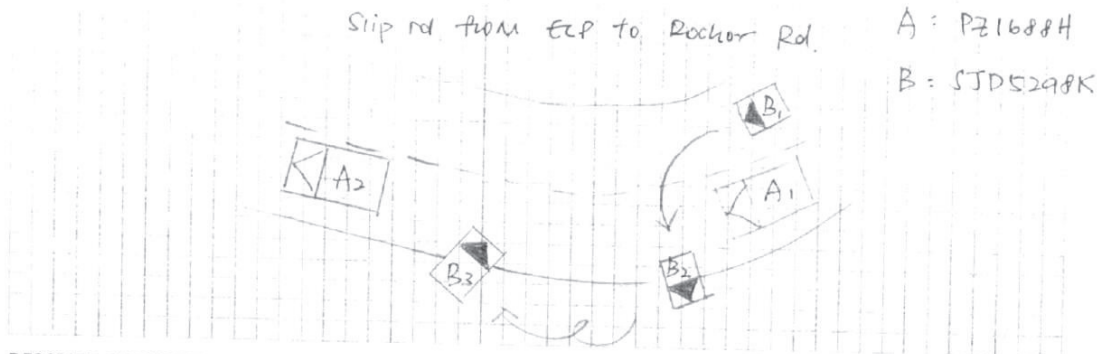
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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:

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180102/2211

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

1 of 3

Report No: T/20180102/2211

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 21:26	Vide Report No.: G/20180102/0196	Station Diary No.: 83
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Informant's Particulars

Name of Informant: TOH BOCK SOON			Address: APT BLK 233 PENDING ROAD #07-01 SINGAPORE 670233		
ID Type / ID No.: NRIC NO / S1475447D			Contact No.: Home/Office: Mobile: 90213881		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 13/12/1961	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 02/01/2018 18:10	Type of Location: Flyover
Location: Along Road 1 EAST COAST EXPRESSWAY ROCHOR ROAD rochor road exit				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PZ1688H	Bus/Coach/Minibus				Slightly Damaged	7
SJD5298K	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180102/2211

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

2 of 3

Report No. T/20180102/2211

CONTINUATION OF REPORT

Driver			
Name	TOH BOCK SOON		ID No. S1475447D
Related Vehicle	PZ1688H (Bus/Coach/Minibus)		Contact No. 90213881
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	male chinese driver		ID No. NIL
Related Vehicle	SJD5298K (Car)		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 02/01/2018 at about 1810hrs, I was exiting ECP along Rochor Road. I was on the left lane of a 2 lane road. Out of a sudden, a red car suddenly swerve into my lane and collided onto the guard railing. As it was not near, I tried to apply intermittent breaking and swerve out of the lane to avoid maximum collision. Due to that, I believe that my bus also hit onto the rear of the car as there were damages on the front left door. I do not know how the damages had occurred however I have a dashboard camera in my vehicle. Myself and my 7 passengers were not injured. I went out to check on the driver however he was also fine. Shortly after, Traffic Police came to the scene and advised me to lodge a report.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180102/2241

Police Station Of Origin:
Bukit Panjang South NPP
124 Pending Road #01-00 SINGAPORE
670124
Tel No: 1800-7609999

3 of 3

Report No. T/20180102/2211

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:
J /
Staff Sgt MOHAMMED FAZRIZAN NAZARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/01/2018 21:26

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168

Fazrizan Nazari T07437
Group Leader
Bukit Panjang NPC