

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	09/03/2018 11:51
Date Of Accident	22/02/2018 08:10
Exact Location Of Accident	HOUGANG AVE 7
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1266M
Insured/Policyholder	
Name Of Registered Owner	TOK'S SCHOOL BUS SERVICE
Co Reg No	28666000L
Email Address	PA@EZBUZZ.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-94599091

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIROOF
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCFHQ17-000076
Cover Note Number	NA

Driver

Name of Driver	ONG CHEE HIAN
NRIC No	S8507093B
Date Of Birth	04/03/1985
Occupation	INDOOR
Date Of Driving Pass	31/07/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94599091
Fax Number	
Contact Number	
EEmail Address	PA@EZBUZZ.COM.SG

Address	HDB HOUGANG, 502 HOUGANG AVENUE 8 #12-437
Postcode	530502
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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)	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

DRIVER DOESN'T WORK IN THIS COMPANY ANYMORE. REPRESENTATIVES DOESN'T KNOW HOW THE ACCIDENT HAPPENS.

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	GBC3848L
Vehicle Make/Model/Colour	NISSAN / NV200 1.5L
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) 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.
 - (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

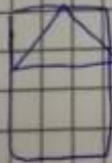
Driver's Signature (If driver is not the policyholder) / Date & Time

VERIFIED BY AJAX MARS
REPORTING OFFICER
MOHAMMAD SULHANDI BIN
MOHD AFFANDI

Witnessed by Reporting Centre
Personnel

Sketch Plan

RETRUGM (UNAWARE OF
HOW ACCIDENT HAPPEN)
DRIVER DOESN'T WORK
HERE ANYMORE



Common Statement

ACCIDENT STATEMENT (2000 characters)

DEIVER DOESNT WORK IN THIS COMPANY ANYMORE. REPRESENTATIVES
DOESNT KNOW HOW THE ACCIDENT HAPPENS.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

9 March 2018 at 11:00 AM

Date/Time:

9 March 2018 at 11:00 AM

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8507093B



Name
ONG CHEE HIAN
王 誌 賢

Race
CHINESE

Date of birth
04-03-1985

Sex
M

Country/Place of birth
SINGAPORE



Land Transport Authority



VOCATIONAL LICENCE
Licence No : S8507093B
Name : ONG CHEE HIAN

Card Issue Date : 21/02/2018

Please visit www.lta.gov.sg to check the status of this vocational licence

Driving License



Identification Card



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	21/02/2018
04	BUS ATTENDANT	21/02/2018



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS: (S)

PASS 04

Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver, and other motor vehicles \leq 2500kg

31 July

License No. 538901

