

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	15/03/2018 15:25
Date Of Accident	14/03/2018 07:30
Exact Location Of Accident	FLYOVER OF TUAS RD TWDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8491T
Insured/Policyholder	
Name Of Registered Owner	RAINA TRANSPORTATION
Co Reg No	53348073J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 3.0DX A
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	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	5086730784-01
Cover Note Number	

Driver

Name of Driver	ZURAINAH BINTE MAHMUD
NRIC No	S7123249B
Date Of Birth	15/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2011
Driving Experience	6 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-88691047
Fax Number	
Contact Number	OFFICE-88691047
Email Address	NOEMAIL

Address	BLK 301 JURONG EAST STREET 32 #03-42
Postcode	600301
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
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180314/2089.

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	GBE6827S
Vehicle Make/Model/Colour	
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PA9979Y
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category BUS
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ZURAINAH BINTE MAHMUD
Approximate Age
Injuries Sustain LEGS & HANDS
Injured person in which vehicle? PA8491T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name KASSIM
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PA8491T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 3

Name JURAIMI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PA8491T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 4

Name PAVAN
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? PA8491T
Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 5

Name WATI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 6

Name NADIA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 7

Name HUI MING

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA8491T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident 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.

RAINA TRANSPORT

REG NO
533480731

Policyholder's Signature
Date & Time:

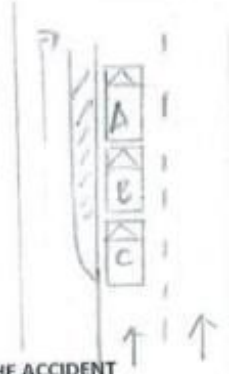
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

Tuas Flyover



A: PA 849IT.

B: GBE 68213

C: PA 9979Y.

RAINA TRANSPORTATI

REG NO.
533400731

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Police Report No:-
T/20180314/2089 dtd 14.03.2018.

* I wish to state that my veh. was
stopped without any contact or a safe
distance with the front vehicle (Taxi)

RAINA TRANSPORTATI

REG NO.
533400731

DECLARATION

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

RAINA TRANSPORTATI

REG NO.
533400731

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



SINGAPORE
POLICE FORCE



T/20180314/2089

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180314/2089

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/03/2018 14:51		Vide Report No.: E/20180314/0048		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: ZURAINAH BINTE MAHMUD			Address: APT BLK 301 JURONG EAST STREET 32 #03-42 SINGAPORE 600301		
ID Type / ID No.: NRIC NO / S7123249B			Contact No.: Home/Office: Mobile: 88691047		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 46	Date of Birth: 15/07/1971	Type of Informant: Driver		
Race: Indonesian			Language:		Institution / School Name:
Occupation: Van driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2018 07:30	Type of Location: Bridge
Location: Along Road 1 TUAS ROAD				
Along the flyover of Tuas Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBE6827S	Lorry	TOYOTA	DYNA 3.0 M	White	Slightly Damaged	0
PA8491T	Bus/Coach/Minibus	TOYOTA	HIACE 3.0DX A	White	Seriously Damaged	6
PA9979Y	Bus/Coach/Minibus	ISUZU	LT134P	Multi-Colored	Seriously Damaged	0

Police Report



SINGAPORE
POLICE FORCE



T/20180314/2089

2 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180314/2089

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZURAINAH BINTE MAHMUD	ID No.	S7123249B
Related Vehicle	PA8491T (Bus/Coach/Minibus)	Contact No.	88691047
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/03/2018	Date Discharge	14/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 14/03/18 at about 0730hrs, I was driving my vehicle, PA8491T, along Tuas Road flyover towards Tuas when the vehicle started to on and off his brakes and subsequently did an emergency brake and thus, I immediately brake to avoid collision. However, the vehicle behind, GBE6827S, did not managed to brake in time and thus collided onto the rear of my van. The impact from the collision caused the rear of my van to be seriously damaged and also 6 of my passengers to be injured and subsequently conveyed to Ng Teng Fong Hospital. As the vehicle had to do a sudden brake, another vehicle, PA9979Y, did not brake in time and thus collided onto the lorry. TP and ambulance were at scene.

I wish to state that I did not install any in-car camera in my vehicle. I also wish to state that I did not managed to get the particulars of the other drivers.

Police Report



SINGAPORE
POLICE FORCE



T/20180314/2089

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20180314/2089

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: J1 Sgt 1 CHEW WEI XIANG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/03/2018 14:51
Officer In Charge Of Case: TP / GIT / Staff Sgt MA JUNXIANG Contact No.: 65476251	Classification Of Case: .

Authentication Stamp
NP16A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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