

## 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	17/03/2018 19:09
Date Of Accident	16/03/2018 16:45
Exact Location Of Accident	ALONG PIE SLIP RD THOMSON RD JALAN TOA PAYOH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7067R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SALEHA BINTE WAHIB
NRIC No	S1710376H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91077401
Alternative Phone No	OFFICE-91077401

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER GL 3.0 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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MTSCBU000105
Cover Note Number	

### Driver

Name of Driver	MOHAMED GAZALI BIN OMAR
NRIC No	S1600325E
Date Of Birth	22/09/1963
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1998
Driving Experience	20 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077401
Fax Number	
Contact Number	
EEmail Address	ILAZAG63@YAHOO.COM

Address	APT BLK 136 BEDOK RESERVOIR ROAD #02-1431 SINGAPORE 470136
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	
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
Passenger 1	NAME: : P1 GENDER: : FEMALE
Passenger 2	NAME: : P2 GENDER: : FEMALE
Passenger 3	NAME: : P3 GENDER: : MALE
Passenger 4	NAME: : P4 GENDER: : MALE
Passenger 5	NAME: : P5 GENDER: : MALE
Passenger 6	NAME: : P6 GENDER: : MALE
Passenger 7	NAME: : P7 GENDER: : MALE

#### 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

While I driving at Jalan Toa Payoh on the 2nd lane an SBS bus was signalling right . In front of me there was a fallen tree branch on the left lane . I slowed down to let the bus through . Suddenly I felt an impact from my rear. I realised that my bus has been hit by a vehicle from behind. The driver of the vehicle was in a rush and ask me to take a picture of his license plate and report the incident. I have 7 school kids in my bus. All of them including me are not injured

**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	SGT1984R
Vehicle Make/Model/Colour	TOYOTA/COROLLA ALTIS 1.6 AUTO/SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	UNKNOWN
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### IMPORTANT NOTICE

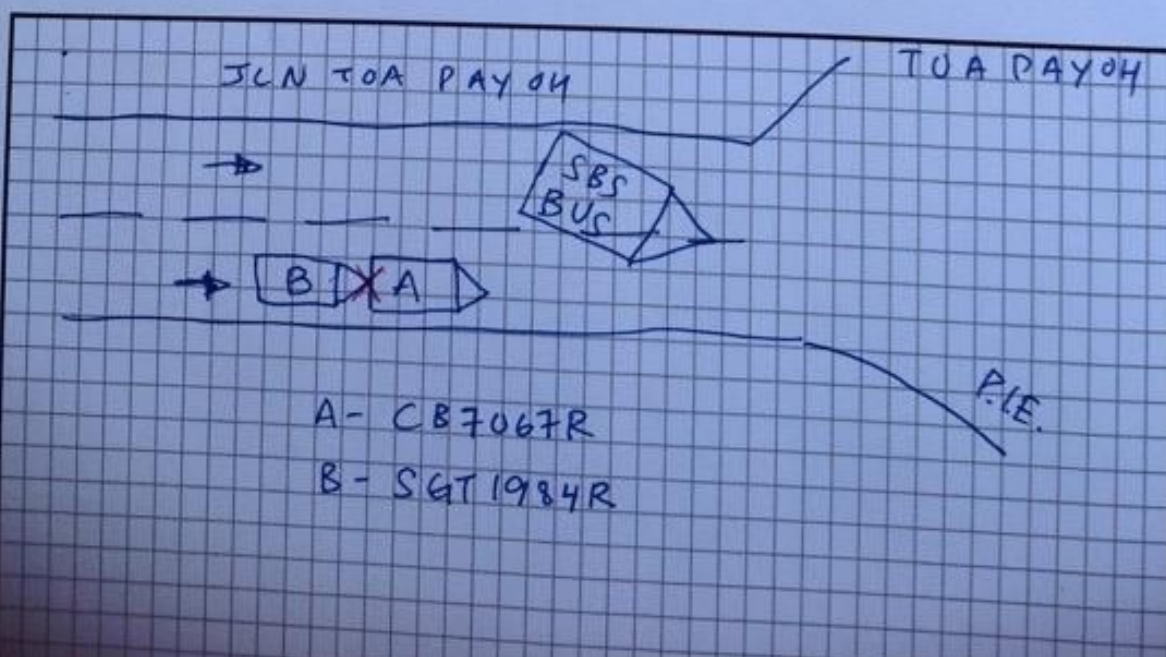
1. Please report **correctly** the details of the accident to speed up the claims process.
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available 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.
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.

Policyholder's Signature / Date & Time

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

VERIFIED BY AJAX MARS  
REPORTING OFFICER  
Mohammad Azaly Bin Abdullah  
Witnessed by Reporting Centre  
Personnel

### Sketch Plan



**ACCIDENT STATEMENT (2000 characters)**

While I driving at Jalan Toa Payoh on the 2nd lane an SBS bus was signalling right . In front of me there was a fallen tree branch on the left lane . I slowed down to let the bus through .Suddenly I felt an impact from my rear. I realised that my bus has been hit by a vehicle from behind.

The driver of the vehicle was in a rush and ask me to take a picture of his license plate and report the incident.

I have 7 school kids in my bus. All of them including me are not injured

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 AZALY BIN ABDULLAH

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

17 March 2018 at 6:12 PM

Date/Time:

17 March 2018 at 6:12 PM



Date of accident, 16 March 2018

Time of accident 15:45 ~ 1550 p.m.

Place of accident. PIE Jln Toa Payoh

Slip Rd towards Changi.

Vehicle involve : CB7067 R (my bus)

Statement : : SG71984R (The car)

While I was driving at Jln

Toa Payoh slip Rd on 2<sup>nd</sup> lane there

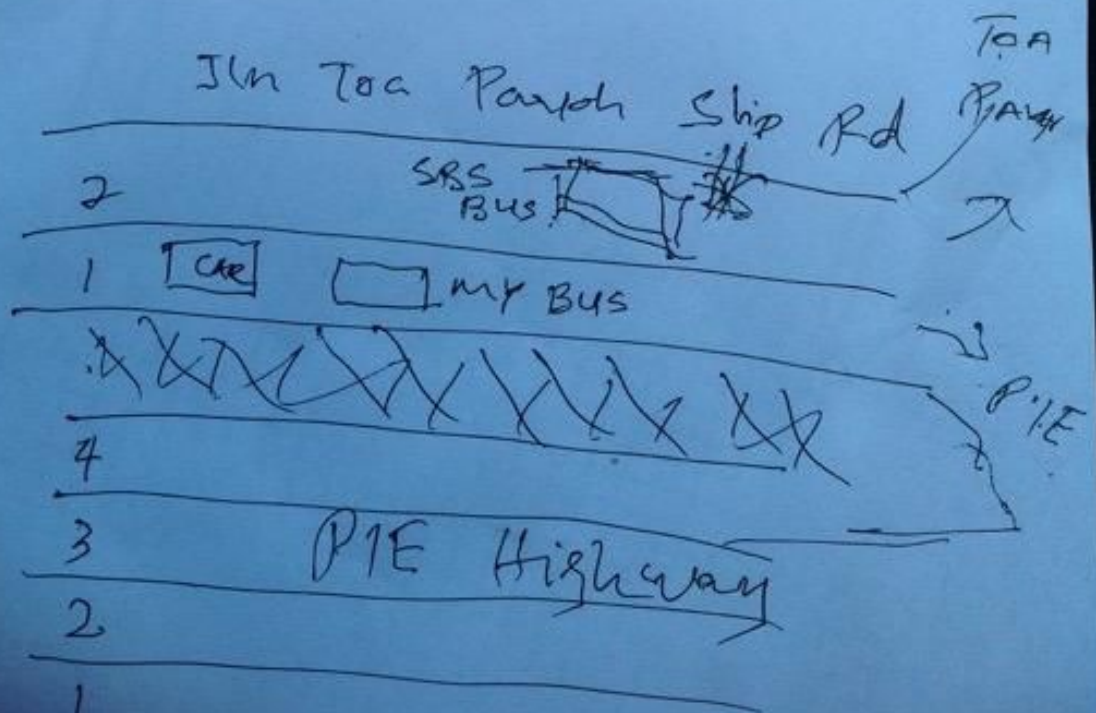
~~were~~ SBS bus signaling right. in front

of me. (theres a fallen tree/branch

on the left lane). I slow down to

let the bus through, suddenly the

car behind bang my bus.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Identification Card



Mohammad Aza



# Identification Card



Mohammad Aza