

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	10/05/2018 15:40
Date Of Accident	09/05/2018 14:10
Exact Location Of Accident	BALESTIER RD TWDS LAVENDER ST AFTER T-JUNCTION MCN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3919A
Insured/Policyholder	
Name Of Registered Owner	FENG HUO TRANSPORT
Co Reg No	53281966K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91461422

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D17MTSCBU000521
Cover Note Number	

Driver

Name of Driver	TAN BOON LEE
NRIC No	S1666704H
Date Of Birth	24/06/1964
Occupation	INDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91461422
Fax Number	
Contact Number	
Email Address	ALANTAN3919@GMAIL.COM

Address	BLK 403 ANG MO KIO AVE 10 #07-631
Postcode	560403
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	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?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180509/2115.

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	SKE1234D
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED MUSTAFA S/O SHAHUL HAMID @ RAJ MOHD
NRIC/Passport Number	
Contact Number	91180786
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

風火
FENG HUO TRANSPORT

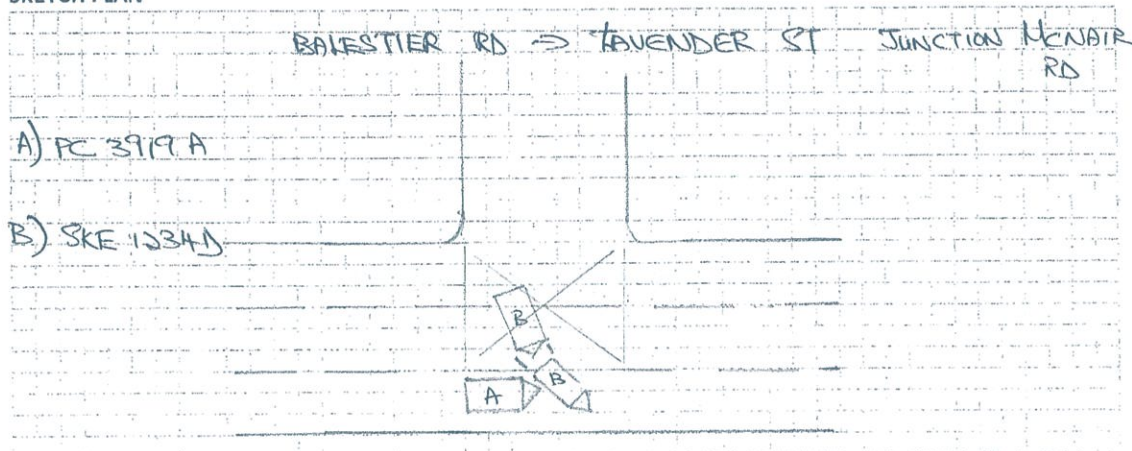
Policyholder's Signature
Date & Time:

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

As per Police Report No: T/20180509/2115.

DECLARATION

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

風火
FENG HUO TRANSPORT

Policyholder's Signature
Date & Time:

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

10/5/18 12.50pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180509/2115

1 of 4

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

Report No. T/20180509/2115

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/05/2018 18:13	Vide Report No.:	Station Diary No.: 125
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Informant's Particulars

Name of Informant: TAN BOON LEE			Address: APT BLK 403 ANG MO KIO AVENUE 10 #07-631 SINGAPORE 560403	
ID Type / ID No.: NRIC NO / S1666704H			Contact No.: Home/Office: Mobile: 91461422	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 53	Date of Birth: 24/06/1964	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: School Bus driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 09/05/2018 02:10	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD LAVENDER STREET Along Balestier Road towards Lavender Street after the T-junction of McNair Road.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3919A	Bus/Coach/Minibus (School Children)	TOYOTA	Hiace	Silver	Slightly Damaged	1
SKE1234D	Car	MERCEDES BENZ	E200	Blue	Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20180509/2115

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Police Station Of Origin:

Bishan N.P.C

20 Bishan Street 23 SINGAPORE 579757

Tel No: 1800-5529999

Report No. T/20180509/2115

CONTINUATION OF REPORT

Passenger			
Name	LIM KIM HUI	ID No.	S2608807J
Related Vehicle	PC3919A (Bus/Coach/Minibus (School Children))	Contact No.	90689338
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	09/05/2018	Date Discharge	09/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	TAN BOON LEE	ID No.	S1666704H
Related Vehicle	PC3919A (Bus/Coach/Minibus (School Children))	Contact No.	91461422
Hospital/Clinic	Intemedical 24 Hr Clinic	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	09/05/2018	Date Discharge	09/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED MUSTAFA S/O SHAHUL HAMID @RAJ MOHAMMED	ID No.	S2174269D
Related Vehicle	SKE1234D (Car)	Contact No.	91180786
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 09/05/2018 at about 1408hrs, while I was driving my school bus (PC3919A) along Balestier Road towards Lavender Street on the extreme right lane of three lanes road. While I was driving straight passing by the junction of Balestier Road and Mcnair Road, there was one black vehicle (SKE1234D) suddenly from the left side of the lane cut into my lane without signal and my vehicle (PC3919A) collided onto the vehicle (SKE1234D) right side rear portion. At the point of accident, we exchanged particulars and no one require any immediate medical attention.

After the accident, my wife who is my passenger informed me that her left bicep area felt pain. At about an hour after the accident, I felt discomfort on my neck and back area and slightly giddy. Therefore, both of us went to Intemedical 24 Hr Clinic to consult medical attention and was issued 3 days medical leave each.



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T/20180509/2115

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Report No. T/20180509/2115

CONTINUATION OF REPORT

I wished to state that, there was in-built car camera inside my vehicle and it captured the accident. I had viewed the footage and It shown the vehicle (SKE1234D) was turning out from Mcnair Road and it drove to the extreme right lane without signal and check blind spot.



**SINGAPORE
POLICE FORCE**



T/20180509/2115

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Report No. T/20180509/2115

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:
E /
Sgt 2 SIM JUN XIONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI 2 YEO GEAK ENG CECILIA
Contact No. 65476404

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
09/05/2018 18:13

Classification Of Case: