

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	17/05/2018 14:45
Date Of Accident	15/05/2018 17:30
Exact Location Of Accident	QUEEN'S CRESCENT TURNING LEFT TO QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA2639A
Insured/Policyholder	
Name Of Registered Owner	STARLIGHT TRANSPORTATION
Co Reg No	53011096B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81828248

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	RM117NSRDEB-7.5 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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	CHAN HAN LEONG
NRIC No	S1834357F
Date Of Birth	30/08/1952
Occupation	OUTDOOR
Date Of Driving Pass	18/02/1975
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81828248
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 246 YISHUN AVE 9, #07-263 SINGAPORE 760246
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	YISHUN NORTH NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SLU2017L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
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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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.

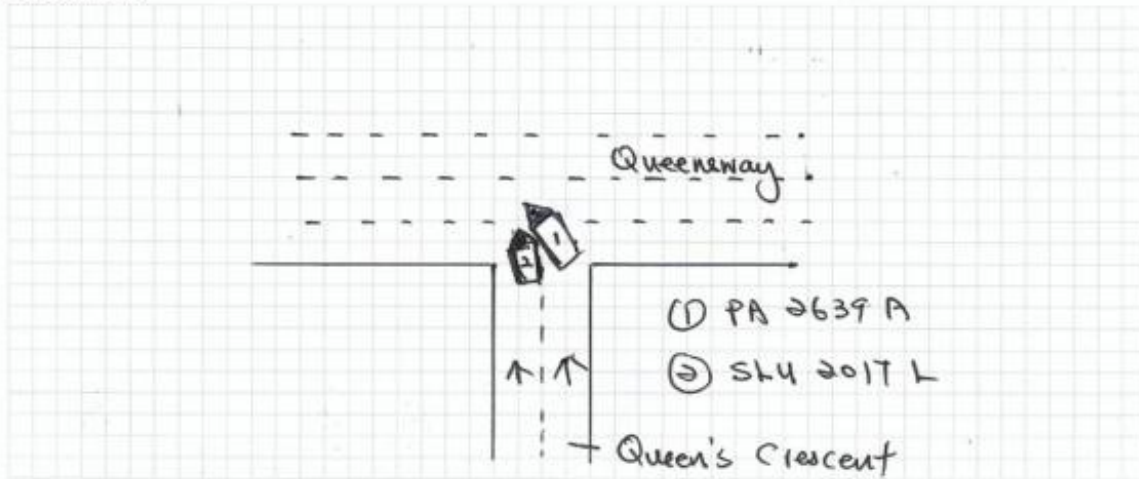
Policyholder's Signature
Date & Time: _____


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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to 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.:

Accident Photo



Accident Photo



Accident Photo



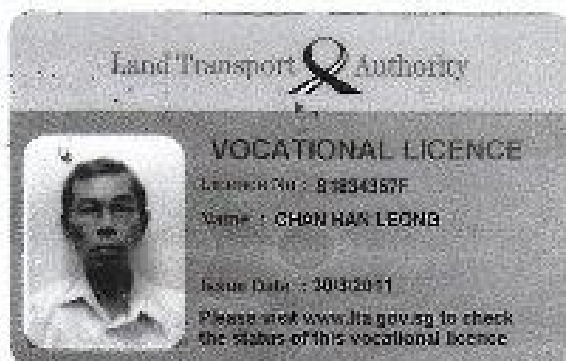
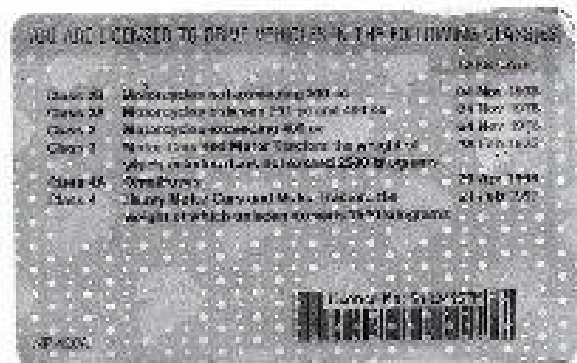
Accident Photo



Accident Photo



Driving License



Police Report

17.05.2018 14:11

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**SINGAPORE
POLICE FORCE**



T/20180517/2516

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3
Report No: T/20180517/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/05/2018 09:39		Vide Report No.:		Station Diary No.: 22	
Name of Informant: CHAN HAN LEONG		Address: APT BLK 246 YISHUN AVENUE 9 #07-263 SINGAPORE 760248			
ID Type / ID No.: NRIC NO / S1834357F		Contact No.: Home/Office: Mobile: 81828248			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 65	Date of Birth: 30/08/1952	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: PRIVATE BUS DRIVER		Driving Licence Information: Class: 2B,2A,2,3 4A,4		Date of Expiry:	

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/05/2018 17:30	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 QUEEN'S CRESCENT QUEENSWAY ON QUEEN'S CRESCENT TURNING LEFT TO QUEENSWAY				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

PA2839A	Bus/Coach/Minibus				Slightly Damaged	0
SLU2017L	Car				Seriously Damaged	1

Police Report

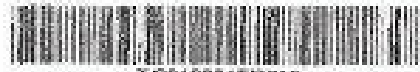
17.05.2018 14:12

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**SINGAPORE
POLICE FORCE**



T/20180517/2018

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20180517/2018

CONTINUATION OF REPORT

Brief Details.

On 15/05/2018, at about 1730hrs, I was driving along Queen's Crescent and going to turn left to Queenway.

When I was at the junction and turned my bus to the left, I never keep a proper look-out on the left side and thus my left side of my bus brush and knocked against a black car SLU2017L.

I then went and checked our vehicles and take pictures of it. My bus has some minor scratches and her black car's right door and bumper has some damages. We exchanged particulars but it was unclear as I only took a picture of the female driver's driving license. We agreed to settle amicably. She told me that she will inform this to her car rental company and will settle from there.

Nobody was injured at the point of time. I then drove off and carry on with my work.

On 16/05/2018, I received a call from her car rental company and told me that I need to go lodge a Traffic accident report as the female driver involved in the accident has went to see a doctor.

As such, I hereby lodge a traffic accident report on this.

That's all.

Police Report

17.05.2018 14:12

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**SINGAPORE
POLICE FORCE**



T20180517/2018

Police Station Of Origin:

Yishun North N.P.C

81 Yishun Central SINGAPORE 768327

☎ No: 1800-8528889

3 of 3

Report No. T20180517/2018

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 65474865 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt LEE TECK LENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

17/05/2018 08:39

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Classification Of Case: