

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	04/06/2018 14:36
Date Of Accident	04/06/2018 01:30
Exact Location Of Accident	JUNC OF UPPER CHANGI RD & BEDOK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2818P
Insured/Policyholder	
Name Of Registered Owner	SENG TAXI & TRANSPORT SERVICES PTE LTD
Co Reg No	201221271M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90618368

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067739838-03
Cover Note Number	

Driver

Name of Driver	ANIZA BINTE RADI
NRIC No	S1790468Z
Date Of Birth	25/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	24/05/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83350446
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 525 BEDOK NORTH ST 3 #09-414
Postcode	460525
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 - HEAD ON 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?	YES
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)	9
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 6	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 7	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 8	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHANGI N.P.C
Police Station Address	ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE

Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180603/2027

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	SJV7681D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD TAUFIK BIN MAAT
NRIC/Passport Number	S8109222B
Contact Number	81210434
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ANIZA BINTE RADI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	PC2818P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

Policyholder's Signature
Date & Time:

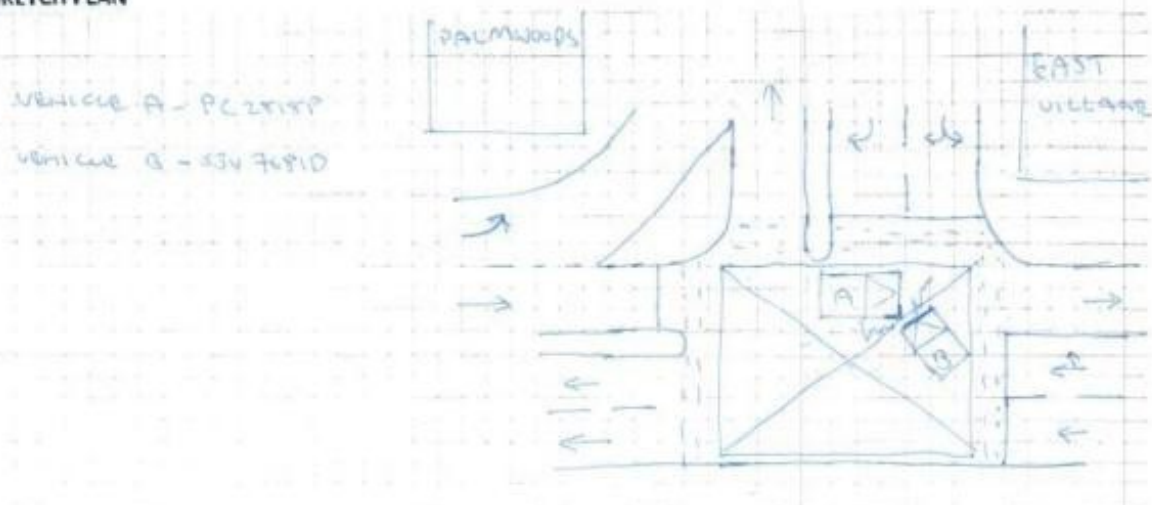


Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER
: T/20170603/2027

VEHICLE A - PC 2515P

VEHICLE B - SSU 7651D



DECLARATION

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

Pop: 10,000
Date & Time:



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

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

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999



T/20180603/2027

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Report No. T/20180603/2027

CONTINUATION OF REPORT

Driver			
Name	ANIZA BINTE RADI	ID No.	S1790468Z
Related Vehicle	PC2818P (Bus/Coach/Minibus)	Contact No.	83350446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD TAUFIK BIN MAAT	ID No.	S8109222B
Related Vehicle	SJV7681D (Car)	Contact No.	81210434
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 03/06/2018 at about 0130hrs, I was sending my passengers off and was travelling along Upper Changi Road. When I was near Bedok Road, the traffic light was in my favor and hence I carried on driving. When I was inside the yellow box, I saw that a white car (SJV7681D) stopped at the junction at the opposite direction. The car then suddenly accelerated and wanted to turn into Bedok Road. The car had no signal indicator. I then tried to apply the brakes. However, I was unable to stop and the car collided into my minibus head on.

After which, the car reversed and parked at the side of the road. I was stuck inside my vehicle and was unable to get out. Hence, I tried to get out by the other side. A motorist came to check on me and called for the police. After which, I waited for police to arrive. Meanwhile, I assessed my vehicle's damages.

My vehicle's driver side door was damaged and unable to open, and the front right side bumper was also badly damaged. I could not drive my vehicle afterwards as the accelerator and brake could not function. I am unsure of how much repairing the damages will cost. I do not have any in car camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-8872999



T/20180603/2027

1 of 3

Report No: T/20180603/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/06/2018 08:41		Vide Report No.: G/20180603/0033		Station Diary No.: 20
Informant's Particulars				
Name of Informant: ANIZA BINTE RADI		Address: APT BLK 525 BEDOK NORTH STREET 3 #09-414 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S1790468Z		Contact No.: Home/Office		Mobile: 83350446
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Female	Age: 50	Date of Birth: 25/11/1967	Type of Informant: Driver	
Race: Banyanese		Language:		Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 03/06/2018 01:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 UPPER CHANGI ROAD BEDOK ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2818P	Bus/Coach/Minibus				Seriously Damaged	8
SJY7681D	Car					0

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Changi N.P.C.
9 Simel Street 2 SINGAPORE 528914
Tel No: 1800-5872999



T/20180603/0027

2 of 3

Report No: T/20180603/0027

CONTINUATION OF REPORT

Driver			
Name	ANIZA BINTE RADI	ID No.	S1790486Z
Related Vehicle	PC2618P (Bus/Coach/Minibus)	Contact No.	83350446
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MUHAMMAD TAUFIK BIN MAAT	ID No.	S8109222B
Related Vehicle	SJV7681D (Car)	Contact No.	81210434
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Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 526914
Tel No: 1800-5672698



T/20180603/2027

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Report No: T/20180603/2027

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:

G /

Sgt 2 TEO YEE WAN, Renny

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/06/2018 08:41

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BEN RAJIL

Contact No.: 65478245

Classification Of Case:

Authentication Stamp:
NP168



SINGAPORE
POLICE FORCE

SIGNATURE