

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	05/06/2018 19:49
Date Of Accident	04/06/2018 16:30
Exact Location Of Accident	PIE/TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6552M
Insured/Policyholder	
Name Of Registered Owner	AZ BUS PTE. LTD.
Co Reg No	200304649K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82312730

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	515CDI/4325
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D18MTSCBU000246
Cover Note Number	

Driver

Name of Driver	JAILANI BIN AYUB
NRIC No	S7224922D
Date Of Birth	14/07/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2000
Driving Experience	17 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82312730
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRX6071 (MOTORCYCLE)
Number of vehicles involved in the accident	
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180605/2174. I WOULD LIKE TO STATE THAT THE LICENSE PLATE NUMBER OF THE MOTORCYCLE SHOULD BE JRX6071 INSTEAD OF JRX607Q. I WOULD ALSO LIKE TO STATE THAT WHEN I COLLIDED INTO THE LEFT REAR BUMPER OF THE LORRY (YP31E), THE LORRY WAS STATIONARY. THE LORRY DRIVER DID NOT EXIT FROM HIS VEHICLE AFTER I COLLIDED INTO HIM. SUBSEQUENTLY, THE LORRY STARTED TO MOVE OFF AND CHANGE LANE ONTO LANE 1. WHILE THE LORRY WAS CHANGING ONTO LANE 1, A MOTORCYCLE THAT WAS TRAVELLING ON LANE 1 COLLIDED INTO THE RIGHT SIDE OF THE LORRY.

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	YP31E
Vehicle Make/Model/Colour	MITSUBISHI/CANTER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CASEY NG KIM CHENG
NRIC/Passport Number	S0216125G
Contact Number	98953352

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)
Passenger 1

4
NAME: : P1
GENDER: : MALE

Passenger 2

NAME: : P2
GENDER: : MALE

Passenger 3

NAME: : P3
GENDER: : MALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJY2033S
Vehicle Make/Model/Colour MERCEDES BENZ/GLC250D
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver TONG SOOK YI SHARON JEAN
NRIC/Passport Number S7207381I
Contact Number 96272768

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number JRX6071
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver MOHAMAD FITRIE BIN AMIR HAMZAH
NRIC/Passport Number G6935585X
Contact Number 98185194

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MOHAMAD FITRIE BIN AMIR HAMZAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? JRX6071
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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.

VERIFIED BY AJAX MARS
REPORTING OFFICER

AIZAM BIN ATAN

Policyholder's Signature / Date & Time

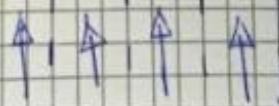
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: CB 6552M
B: YP 31E
C: S1Y20335
D: JRX 6071

PIC Lines



POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180605/2054

1 of 4

Report No. T/20180605/2054

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/06/2018 13:08	Vide Report No.: E/20180604/0125	Station Diary No.: 20
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Informant's Particulars

Name of Informant: JAILANI BIN AYUB		Address: APT BLK 91 PAYA LEBAR WAY #03-3015 SINGAPORE 370091	
ID Type / ID No.: NRIC NO / S7224922D		Contact No.: Home/Office:	Mobile: 82312730
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 14/07/1972	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: PRIVATE BUS DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/06/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards TUAS near flyover of adams road				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6552M	Bus/Coach/Mi nibus	MERCEDES BENZ	515CDI/4325	White	Slightly Damaged	0
JRX607Q	Motorcycle				Slightly Damaged	0
SJY2033S	Car	MERCEDES BENZ	GLC250D AMG COUPE AUTO	White	Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180605/2054

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20180605/2054

CONTINUATION OF REPORT

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
YP31E	Lorry	MITSUBISHI	CANTER FEB21ER3S DEB	White	Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	JAILANI BIN AYUB	ID No.	S7224922D
Related Vehicle	CB6552M (Bus/Coach/Minibus)	Contact No.	82312730
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Rider

Name	Mohamad Fitrie Bin Amir Hamzah	ID No.	G6935585X
Related Vehicle	JRX607Q (Motorcycle)	Contact No.	98185194
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	Tong Sook Yi Sharon Jean	ID No.	S72073811
Related Vehicle	SJY2033S (Car)	Contact No.	96272768
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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180605/2054

Police Station Of Origin:
MacPherson NPP
54 Piplit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20180605/2054

CONTINUATION OF REPORT

Driver			
Name	Casey Ng Kim Cheng	ID No.	S0216125G
Related Vehicle	YP31E (Lorry)	Contact No.	989533352
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 4/6/2018 at about 1630hrs, I was travelling along PIE towards Tuas heading Clementi loops at flyover of adam road driving at lane 2 behind the lorry (YP31E). He then suddenly jammed brake infront of me as I could not stop in time I collide into his left rear bumper which resulted in the lorry losing his control and going over to lane 1 which cause an incoming motorcycle(JRX607Q) to collide into the lorry and fell to floor. Also, while I knock on the lorry at lane 2 of PIE the lorry also knock onto the rear side of the car(SJY2033S) in front. This cause an chain collision accident between a private bus(myself), lorry, car and a Malaysia motorcycle.

All of us then came out of our vehicle to make a check and realized the rider was lying on the floor. Shortly, after Traffic Police officers and ambulance arrived. The rider was then conveyed to the hospital due to the injury. I wish to state that I have no injuries suffered from the accident. There is no in-camera inside my bus.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180605/2054

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20180605/2054

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 MELSON CHEW WEI JIE

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/06/2018 13:08

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt YUS MASTARI I KHAZALI
Contact No.: 65476214

Classification Of Case:

Authentication Stamp
NP168



SINGAPORE
POLICE FORCE

SIGNATURE

Elizabeth Lee

From: hilmi <hilmi@azbus.com.sg>
Sent: Thursday, 7 June 2018 1:57 PM
To: group@ajaxmars.com
Cc: 'Elizabeth Lee'
Subject: FW: Message from KM_C454e
Attachments: SKM_C454e18060713590.pdf

Dear MARS

Kindly see attachment.

Amended CB6552M police report.

Please email back to me the finished report soon.

Thanks

Regards

Muhd.Hilmi Deres
AZ Bus Pte Ltd
Tel : +65 6755 8810
Fax : +65 6755 8809
Mobile : +65 97480340
Email Add : hilmi@azbus.com.sg
Website : <http://www.azbus.com.sg/>
CRN/GST : 200304649 K
TA License : 02181



Term & conditions:

- (1) Term of Payment: Cash or Cheque
- (2) Full amount will be levied if the cancellation is within 24 hours due to unforeseen circumstances
- (3) Waiting time is 15 minutes. Waiting time for airport transfer is 60 mins after plane landed. Surcharge of S\$30 per 30mins block apply after waiting time.
- (4) 24 hours notice in advance is needed for any change of schedule.
- (5) Price quoted above does not included venue entrance fees/ admission fees/ parking fees.
- (6) Midnight surcharge applies between 2330hrs and 0700hrs.

We specialise in all your transportation and travel needs. Call us today for more information.

Amended Police Report Pg. 1



T/20180605/2174

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Report No. T/20180605/2174

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No -

Report Number T/20180605/2174
Vide Report Number T/20180605/2054
Date/Time of Report Made 05/06/2018 23:15
Place Report Lodged Traffic Police Division HQ
Type of Informant Driver
Name of Informant JAILANI BIN AYUB
ID Type / ID No. NRIC NO / S7224922D
Home/Office
Mobile 82312730
Email
Type of Accident Injury / Conveyed By Ambulance
Drink Drive No
Anyone conveyed by ambulance Yes
Date/Time of Accident 04/06/2018 16:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JRX6071	Motorcycle					0

Brief Facts.

I would like to state that the license plate number of the motorcycle should be JRX6071 instead of JRX607Q.

I would also like to state that when I collided into the left rear bumper of the lorry (YP31E), the lorry was stationary. The lorry driver did not exit from his vehicle after I collided into him. Subsequently, the lorry started to move off and change lane onto Lane 1. While the lorry was changing onto Lane 1, a motorcycle



T/20180605/2174

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Report No. T/20180605/2174

Continuation of CSF For NP168

that was travelling on Lane 1 collided into the right side of the lorry.

Amended Police Report Pg. 1



T/20180605/2174

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Report No. T/20180605/2174

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / YUS MASTARI I KHAZALI
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

Pasir Ris NPC
No. 1 Pasir Ris Drive 4
#01-01 Singapore 519457
Tel: 1800-5852999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66S0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18073164 Vehicle Registration No: CB6552M
Name(as shown in NRIC) : JAILANI BIN AYUB NRIC/FIN/Passport No : S7224922D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 82312730
Email Address : _____
Date of Accident : 04/06/2018 Time of Accident : 16:30 HRS
Place of Accident : PIE/TUAS
Insurance Company: SOMPO INSURANCE SINGAPORE PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ATTACHED AMENDED POLICE REPORT AND PHOTO.

AMENDED ACCIDENT STATEMENT.

UPDATED INJURY DETAILS.

AMENDED THIRD PARTY VEHICLE NUMBER FROM JRX6071R TO JRX6071.

AMENDED TYPE OF ACCIDENT TO CHAIN COLLISION.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Lee Wan Qi
NRIC/FIN No.: S9245801F
Date: 7/6/2018

Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHH18073164-01 Vehicle Registration No: CB6552M
Name(as shown in NRIC) : JAILANI BIN AYUB NRIC/FIN/Passport No : S7224922D
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : 82312730 Mobile No. : 82312730
Email Address : NOEMAIL
Date of Accident : 04/06/2018 Time of Accident : 1630HRS
Place of Accident : PIE/TUAS
Insurance Company: INDIA INTERNATIONAL INSURANCE P L.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

AMEND THE INSURANCE COMPANY.

Policyholder / Driver's Signature
Date:

Ben Ng

Reporting Centre Personnel's Signature
Name: Ben Ng
NRIC/FIN No.: S9146453E
Date: