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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/06/2018 17:24
Date Of Accident	04/06/2018 07:20
Exact Location Of Accident	TPE TWDS CHANGI AIRPORT B4 KPE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5664X
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	MAILUS@GUILLEMARDBUS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97920384
Vehicle Particulars	
Manufacturer	ISUZU
Model	LT434P 7.8SMT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	BUS
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087461493-01
Cover Note Number	
Driver	
Name of Driver	CHEN GUANLIANG

Name of DriverCHEN GUANLIANGNRIC No\$8325467Z

Date Of Birth 20/08/1983
Occupation OUTDOOR
Date Of Driving Pass 06/12/2005

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97920384

Fax Number

Contact Number

EMail Address MAILUS@GUILLEMARDBUS.COM

52 FOWLIE ROAD Address

Postcode 428496

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **OWNER**

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 **RAINING** Road Surface WET

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 41

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 1 DUKE ROAD, POSTCODE: 268914, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4629999 - FAX NO: 64628933

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180605/2069

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP3543A

Vehicle Make/Model/Colour MITSUBISHI CANTER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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 upon application by
 interested parties.
- 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 the purpose(s).
 - 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:
 - 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

w 05/06/18

Name: NRIC/FIN

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN					
A-P(5664		TPE TO	1145 240	ANG PAIR B4	KPE E
B- YP32 K31	9	A ST	AJ -	+	
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT				
Pls refor to	· He p	solve rep	orf: 7/2	20808104	12069
LARATION declare the foregoing particulars	s are true in every resp	pect.			
e declare the foregoing particulars	Driver's Signature		Skyru- Reporting Centre	05/06 Personnel's Signature	
& Time:	(If driver is not the p Date & Time:	oolicyholder)	Name: NRIC/FIN No.:	- 1 Standings a algorithms	

Individual Statement





T/20180605/2069

2 of 3 Report No. T/20180605/2069

Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, while I was ferrying a bunch of 40 workers from Sengkang MRT to Changi North Rise travelling along TPE towards Changi Airport direction on the 3rd lane of the expressway. Suddenly one lorry(YP3543A) from my left which is on the 4th lane suddenly cut into my lane and hit onto the front left of my bus(PC5664X). I sounded my horn several times but the lorry driver did not stop and just drove off. My bus CCTV camera had captured the accident. The bus belongs to my company from Guillemard Bus Service. The lorry was also observed to be ferrying some workers behind the lorry.

:

The damaged sustained from my bus is:

- dent on the front left passenger door
- left front mirror scratch
- scratches on the front left body of the bus

www.guillemardbus.com William Company Company

















Police Report





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4829999 1 of 3 Report No. T/20180606/2069

Station Diary No.:

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:

05/06/2018 13:58				47
Informa	nt's Partic	ulars		CENTER WAY
Name of Informant: CHEN GUANLIANG			Address: 52 FOWLIE ROAD SINGAPO	DRE 428496
ID Type / ID No.: NRIC NO / \$8325457Z			Contact No.: Home/Office:	Mobile: 97920384
Nationality: SINGAPORE CITIZEN		EN	Email	
Sex: Male	Age: 34	Date of Birth: 20/08/1983	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class:	Date of Expiry:

Vide Report No.:

General Infor	nation of the Accide		THE PERSON NAMED IN		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident 04/06/2018 08:20	Type of Location Straight Road	
TAMPINES E UPPER CHAI TPE towards	Traveling Toward Roa XPRESSWAY NGI ROAD EAST Changi Airport Before	KPE exit			
Weather: Roar Raining Wet		Road Surface: Wet	R	Road Speed Limit:	
Traffic Flow: One Way	7200	Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis Between Mov	ion: ing Vehicles - Side Sw	ripe - Same Direction	The state of the s	nyone conveyed by mbulance: 0	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC5884X	Bus/Coach/Mi nibus	ISUZU	LT434P 7.8 SMT	Multi-Colored		40
YP3543A	Lony	MITSUBISHI	CANTER FEB21ER4S DEB (CBU)	White		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
PC5864X	NTUC Income Insurance Co-Operative Limited	5087461493-01	12/01/2018	11/01/2019	

Police Report





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No: 1800-4629999

Report No. T/20180605/2069

2 of 3

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, while I was ferrying a bunch of 40 workers from Sengkang MRT to Changi North Rise travelling along TPE towards Changi Airport direction on the 3rd lane of the expressway. Suddenly one lorry(YP3543A) from my left which is on the 4th lane suddenly out into my lane and hit onto the front left of my bus(PC5664X). I sounded my horn several times but the lorry driver did not stop and just drove off. My bus CCTV camera had captured the accident. The bus belongs to my company from Guillemard Bus Service. The lorry was also observed to be ferrying some workers behind the lorry.

2

The damaged sustained from my bus is :

- dent on the front left passenger door
- left front mirror scratch.
- scratches on the front left body of the bus

Police Report





Police Station Of Origin: Bukit Timah N.P.C 1 Duke's Road SINGAPORE 268914 Tel No. 1800-4829999

3 of 3 Report No. 1/20180605/2009

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 Signature Of Infogment: E7 Sr Staff Sgt LIM CHIN KHAI, ALVIN Signature Of Interpreter: Date/Time. Not applicable 05/06/2018 13:58 Officer In Charge Of Case: Classification Of Case: TP / HRT / SI ABDUL KAREEM BIN ABDUL HAGUE 21 120 Contact No : 65476079 Authentication Stamp MP158