

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	11/06/2018 10:31
Date Of Accident	09/06/2018 17:20
Exact Location Of Accident	ALONG CHANGI COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7333M
Insured/Policyholder	
Name Of Registered Owner	RAFFLES BUS SERVICES PTE LTD
Co Reg No	199906025N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97655553
Alternative Phone No	OFFICE-97655553

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2 MANUAL ABS
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?	YES
If No, Please state action to be taken	
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5090132572-01
Cover Note Number	

Driver

Name of Driver	WANG HONGHAI
Passport No/FIN	G5281692R
Date Of Birth	22/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86566407
Fax Number	
Contact Number	OFFICE-86566407
EEmail Address	NOEMAIL

Address	33A JALAN TARI PAYONG
Postcode	799283
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	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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)	11

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180609/2178.

Attachment(s)

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

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.

RAFFLES BUS SERVICES PTE LTD

Policyholder's Signature
Date & Time:

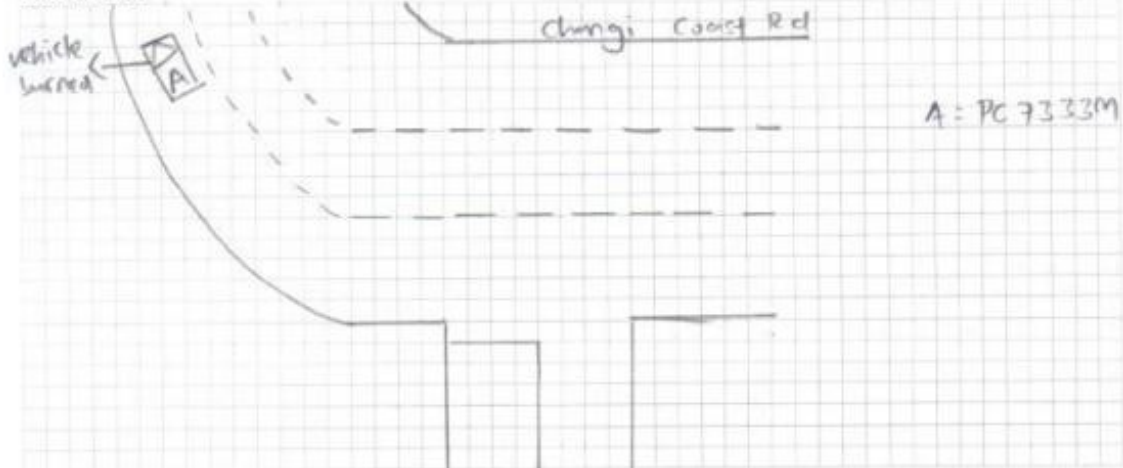
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

RAFFLES Bus Services Pte Ltd

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180609/2178.

(The remaining lines of this section are crossed out with a diagonal line.)

DECLARATION

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

RAFFLES BUS SERVICES PTE LTD

Policyholder's Signature

Date & Time:

Copyright © Singapore Road Safety Council

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



F/20180609/2178

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Report No. F/20180609/2178

POLICE REPORT (NP299)

Police Station Of Origin
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Date/Time Report Made 09/06/2018 23:16	Vide Report No.	Station Diary No. 88
Name Of Informant NEO SOON HUAT	Address 33A JALAN TARI PAYONG SINGAPORE 799283	
ID Type / ID No. NRIC NO / S0180694G	Contact No. Home/Office	Mobile 97655553
Nationality SINGAPORE CITIZEN	Email Address	
Occupation	Sex Male	Age 65
Director	Date of Birth 23/02/1953	Race Chinese
Institution/School Name	Language Chinese	
Date/Time Of Incident 09/06/2018 17:25 - 09/06/2018 17:25	Location Of Incident 33A JALAN TARI PAYONG JALAN KAYU ESTATE SINGAPORE 799283	

Brief details.

On the 09/06/2018 at about 1725hrs, I receive a call from one of my worker (WANG HONG HAI , G52B1692R,86566407) he informed me that the bus(vehicle registration number :PC7333M) he was using from my company (Raffles Bus Services Pte Ltd) has caught on fire along Changi Causeway Road. I proceeded down shortly to the incident location and I observed that the whole bus is charred after the fire was put out by the SCDF. My worker informed me that while he was driving, he noticed that the warning light came on the display, he then stopped at a road shoulder checked the side view mirrors and noticed that there were smoke coming out from the engine compartment at the back and quickly turn off

Signature Of Officer Recording The Report:

F / Sgt 1 KANG YONG LER, JAMESON

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Hougang N.P.C /
SI MUHAMMAD HELMI BIN MOHD KHALID
Contact No.: 64890999

Authentication Stamp

Signature Of Informant:

[Signature]

Date/Time:
09/06/2018 23:16

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



F/20180609/2178

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180609/2178

the engine.

He ran to the back of the vehicle and inspect and noticed that the smoke was getting thick and quickly used the fire extinguisher on board the bus to try to extinguish the fire. He tried to open the engine compartment and was unable to do so as it was too hot and went away from the bus to look for a fire extinguisher but was unsuccessful in doing so. The fire engine subsequently came and put out the fire. I am lodging this report for my insurance claim purpose.

Signature Of Officer Recording The Report: F / Sgt 1 KANG YONG LER, JAMESON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/06/2018 23:16
Officer In-Charge Of Case: F / Hougang N.P.C / SI MUHAMMAD HELMI BIN MOHD KHALID Contact No.: 64890999	Classification Of Case:
Authentication Stamp 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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