

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	11/07/2018 12:05
Date Of Accident	06/07/2018 20:40
Exact Location Of Accident	TAMPINES AVE 2 TWDS BEDOK RESERVOIR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA3959R
Insured/Policyholder	
Name Of Registered Owner	INH BUS TRANSPORT SERVICE
Co Reg No	53241461J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	999994641
Cover Note Number	

Driver

Name of Driver	KAMALJIT KAUR
NRIC No	S8013525D
Date Of Birth	18/04/1980
Occupation	INDOOR
Date Of Driving Pass	11/01/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98377069
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	27 PASIR RIS LINK #10-18 WATERCOLOURS
Postcode	518151
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 TO REAR
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180709/2056

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	PC585Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BAK AH WAH
NRIC/Passport Number	S1327147Z
Contact Number	91220648
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	KAMALJIT KAUR
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	SJA3959R
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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6. 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.
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:

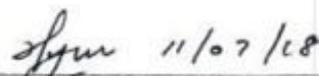
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180709/2056

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

2 of 3

Report No. T/20180709/2056

CONTINUATION OF REPORT

Driver			
Name	BAK AH WAH	ID No.	S1327147Z
Related Vehicle	PC585Z (Bus/Coach/Minibus)	Contact No.	91220648
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	KAMALJIT KAUR	ID No.	S8013525D
Related Vehicle	SJA3959R (Car)	Contact No.	98377069
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 06 July 2018, at about 8.40pm, I was driving my vehicle (SJA3959R) along Tampines Avenue 2 after the Junction of Tampines Avenue 2 and Tampines Street 31. Suddenly, I saw a motorcycle swerving out from the slip road of Tampines Street 31 to Tampines Avenue 2. As such, I slowed down my vehicle. While I was slowing down, I felt an impact from the rear of my vehicle.

Thereafter, I alighted my vehicle and observed that a bus (PC585Z) had collided to my rear of my vehicle. I also observed that my rear vehicle suffers from dents and scratches. I then exchanged particulars with the other driver and carried on your journey. After the accident, I felt pain on my back. As such, I seek medical treatment at Changi General Hospital and I was given 8 days of MC .

I wish to state that I do not have any rear in vehicle camera. As I was feeling unwell after the accident I did not lodge the police report within 24 hour. I am lodging this police report in compliance with the road traffic act and for insurance claim purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



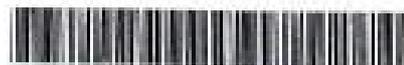
Accident Photo



Accident Photo



**SINGAPORE
POLICE FORCE**



T201807052056

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529909

1 of 3

Report No: T201807052056

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/07/2018 12:39	Video Report No.:	Station Diary No.: 10
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Informant's Particulars

Name of Informant: KAMALJIT KAUR		Address: 27 PASIR RIS LINK #10- 18 SINGAPORE 518151	
ID Type / ID No.: NRIC NO / S80135250		Contact No. Home/Office: Mobile: 98377069	
Nationality: SINGAPORE CITIZEN		Email	
Sex: Female	Age: 38	Date of Birth: 18/04/1980	Type of Informant: Driver
Race: Sikh		Language: English	Institution / School Name:
Occupation: ADMIN EXECUTIVE		Driving Licence Information: Class: 3A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/07/2018 20:40	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 2 TAMPINES STREET 31 T Junction of Tampines Avenue 2 & Tampines Street 31				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
PC585Z	Bus/Coach/Minibus					0
SJA3959R	Car				Slightly Damaged	0

Details of Person Involved

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

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20180706/2056

Police Station Of Origin
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No. 1800-4529099

2 of 3

Report No. T/20180706/2056

CONTINUATION OF REPORT

Driver			
Name	BAK AH WAH	ID No.	S1327147Z
Related Vehicle	PC585Z (Bus/Coach/Minibus)	Contact No.	91220648
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	KAMALJIT KAUR	ID No.	S8013525D
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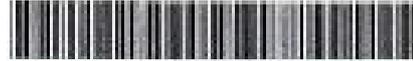
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Police Report



SINGAPORE
POLICE FORCE



TJ018070902066

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

3 of 3

Report No: TJ018070902066

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

E /

Sgt 1 CHENG XINLIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/07/2018 12:39

Officer In Charge Of Case:

TP / AEIT /

SI DZUL HAIRIE BIN RAMLI

Contact No.: 65476220

Classification Of Case:

Authentication Stamp
NP184

	SINGAPORE POLICE FORCE	09/07/18
SIGNATURE		