

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	10/08/2018 12:31
Date Of Accident	25/03/2018 08:50
Exact Location Of Accident	ALONG BALESTIER ROAD TOWARDS SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC238B
Insured/Policyholder	
Name Of Registered Owner	KUMAR LIMOUSINE AND COACH SERVICES PTE. LTD.
Co Reg No	200707442H
Email Address	KUMARLIMOUSINE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-93665453
Alternative Phone No	OFFICE-93665453

Vehicle Particulars

Manufacturer	TOYOTA
Model	COASTER
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	5087168531-01
Cover Note Number	

Driver

Name of Driver	RAMADASS DINESH
Passport No/FIN	G3048664T
Date Of Birth	10/05/1988
Occupation	OUTDOOR
Date Of Driving Pass	03/04/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81488804
Fax Number	
Contact Number	
Email Address	KUMARLIMOUSINE@YAHOO.COM.SG

Address	BLK 287 YISHUN AVENUE 6 #02-72
Postcode	760287
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	7

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHER N.P.C
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

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	SHD4325X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	S1176586F
Contact Number	84813142
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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:

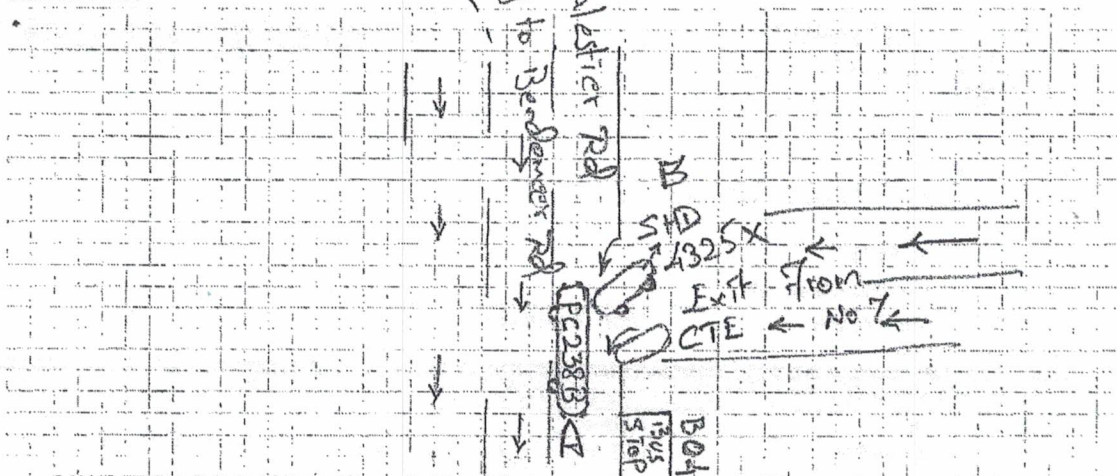
10 AUG 2018



Reporting Centre Personnel's Signature
Name: **NG WING KIN JAMES**
NRIC/FIN No.: **S7927881E**

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls Refer The Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

NG WING KIN JAMES
S7927881E

110 AUG 2018



**SINGAPORE
POLICE FORCE**



T/20180720/2063

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

1 of 3

Report No. T/20180720/2063

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/07/2018 12:49	Vide Report No.:	Station Diary No.: 102
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Informant's Particulars

Name of Informant: RAMADASS DINESH	Address: 287 YISHUN AVENUE 6 #02-72 SINGAPORE 760287		
ID Type / ID No.: FIN NO / G3048664T	Contact No.: Home/Office: Mobile: 81488804		
Nationality: INDIAN	Email:		
Sex: Male	Age: 30	Date of Birth: 10/05/1988	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 25/03/2018 08:50	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD SERANGOON ROAD Before Bus stop B04 along Balestier Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
PC238B	Bus/Coach/Mi nibus				Slightly Damaged	7
SHD4325X	Car				Slightly Damaged	0

Details of Person Involved

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



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Report No. T/20180720/2063

CONTINUATION OF REPORT

Driver			
Name	RAMADASS DINESH		ID No. G3048664T
Related Vehicle	PC238B (Bus/Coach/Minibus)		Contact No. 81488804
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	JAMALLUDDIN BIN IBRAHIM		ID No. S1176586F
Related Vehicle	SHD4325X (Car)		Contact No. 84813142
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 25/03/2018 at 0850hrs, I was driving my company bus, PC238B, ferrying 7 passengers towards the Coach park located at Bendemeer Road. I was driving along Balestier Road heading towards Serangoon Road on the 2nd lane from the left of the four lane road. I then drove past the slip road exit from the Central Expressway heading into a merging lane further down the said Balestier Road. I then suddenly felt an impact on the rear of my bus when I just past the Central Expressway exit and I stopped my vehicle. When I went out to make a check I found out that a blue comfort taxi, SHD4325X, supposedly driving out from the Central Expressway exit earlier attempting to drive onto the 3rd lane from the left, had collided onto the rear left side of my bus, on the corner, causing some dents and scratches. The said taxi had its right front bumper dented, along with some scratches and a cracked headlight.

The taxi driver later approached me and we exchanged particulars, and apologized to me acknowledging that it was his mistake, and offered to settle the matter in private as he did not want the company to be involved. I then agreed and the taxi driver provided me with his contact details at, 84813142. After which, we left the scene and I proceeded to inform my company about the accident. The following day, my supervisor contacted the driver who agreed to bear the damages for the vehicle and asked for the receipt to be forwarded to him. However, after that day, the taxi driver could not be contacted up till now, as such I was told to lodge a report about the matter.



**SINGAPORE
POLICE FORCE**



T/20180720/2063

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Tel No: 1800-2949999

3 of 3

Report No. T/20180720/2063

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:

A /

Sgt 3 KALVIN NG YONG KIAT

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

20/07/2018 12:49

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NP168



Singapore Police Force