

## 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	13/08/2018 14:14
Date Of Accident	13/08/2018 08:25
Exact Location Of Accident	ONE NORTH LINK TOWARDS ONE NORTH GATEWAY LP NO. 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9465M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	199607256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96732567

### Vehicle Particulars

Manufacturer	SCANIA
Model	KUB4X2 9.3L A/T ABS TURBO
Exact Purpose for which vehicle was being used at time of accident	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M485742
Cover Note Number	

### Driver

Name of Driver	TEO BOON CHOON
NRIC No	S1014245H
Date Of Birth	26/01/1952
Occupation	INDOOR
Date Of Driving Pass	03/01/1978
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96732567
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 125 RIVERVALES STREET #11-912  
 Postcode 540125  
 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  
 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 TOA PAYOH NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,  
 POSTCODE: 319194 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: TAKEN BY POLICE  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA7665K  
 Vehicle Make/Model/Colour  
 Details Of Properties COMFORT TAXI  
 Vehicle Category BUS  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

TAXI DRIVER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA7665K

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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:

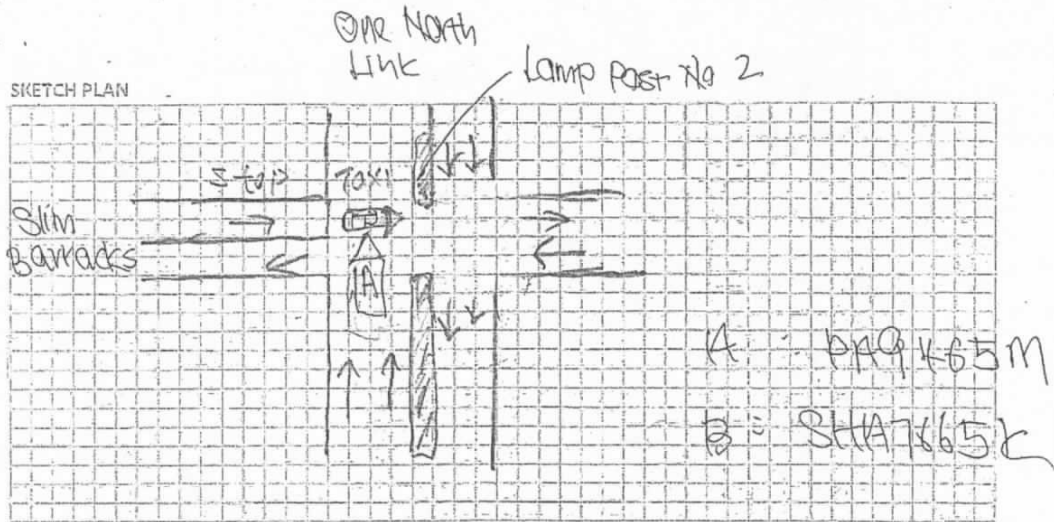
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Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan Pg. 2

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report T/20180813/2045

### 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)  
Date & Time:

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

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180813/2045

1 of 3

Report No. T/20180813/2045

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 12:03	Vide Report No.: D/20180813/0041	Station Diary No.: 76
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## Informant's Particulars

Name of Informant: TEO BOON CHOON			Address: APT BLK 125 RIVERVALE STREET #11-912 SINGAPORE 540125	
ID Type / ID No.: NRIC NO / S1014245H			Contact No.: Home/Office: Mobile: 96732567	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 66	Date of Birth: 26/01/1952	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2,3,4,5 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/08/2018 08:25	Type of Location: X-Junction
Location: Along Road 1 ONE-NORTH LINK  Towards One North Gateway Lamp Post Number: 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA9465M	Bus/Coach/Minibus				Slightly Damaged	0
SHA7665K	Car				Slightly Damaged	0

## Details of Person Involved

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



**SINGAPORE  
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T/20180813/2045

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

2 of 3

Report No. T/20180813/2045

**CONTINUATION OF REPORT**

Driver			
Name	TEO BOON CHOON		ID No. S1014245H
Related Vehicle	PA9465M (Bus/Coach/Minibus)		Contact No. 96732567
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On the 13/08/2018 at about 0825hrs, I was travelling in my bus (PA9465M) along One-North Link towards One-North Gateway near LP 2 at a traffic intersection on the left lane. As the road I was travelling on was a main road I had continued to proceed forward when one Taxi (SHA7665K) had driven out from a small road known as Slim barracks on my left at the intersection without stopping at the indicated stop line at the said road. This resulted in my bus colliding onto the right portion of his vehicle. I was in shock for a period and had alighted slightly after to take a look at the taxi as there were many by standers. One bystander had also called for the ambulance. I had noticed that the driver was still seated in his seat however he was not moving. The ambulance came slightly after and he was conveyed to the hospital. Traffic Police officers had attended to me and had given me a case card (D/20180813/0041) IO in charge Rashidah (65476216) and advised me to lodge a report regarding this accident. I had felt some pain after the accident however I am fine now. My bus had a CCTV camera however the footage can only be retrieved from ComfortDelgro HQ and the Traffic police officers had already liaised with my HQ. This is the first time such an accident has happened to me. I had followed all traffic regulations when travelling on the said road. My bus had sustained damages on the front portion including a cracked front windscreen and mirrors. the other Taxi had sustained damages to its right portion which included dents. I am lodging this report as advised for recording and insurance purposes. Vide (D/20180813/0041)



**SINGAPORE  
POLICE FORCE**



T/20180813/2045

3 of 3

Report No. T/20180813/2045

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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 2 JOVI BENEDICK TAN WEI MING

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

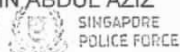
13/08/2018 12:03

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355



Classification Of Case:

SN 168

Authentication Stamp  
NP168

SIGNATURE