

MSME1818077 / SME Motor Pte Ltd - Kaki Bukit  
 ENTRY DATE & TIME 11/09/2018 17:40  
 SUBMITTED BY Chia Pei Ying

## 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	11/09/2018 17:40
Date Of Accident	11/09/2018 06:30
Exact Location Of Accident	BRADDELL RD JUNCTION OF UPP SERANGOON RD
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7049U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FANG BUS TRANSPORT
Co Reg No	53237752D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91685749

## Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE

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

Vehicle Category	COMMERCIAL VEHICLE
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## Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD18V00762/VBS/R00
Cover Note Number	

## Driver

Name of Driver	ANG BOON HOCK
NRIC No	S1108045F
Date Of Birth	18/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2010
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98332000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 22 CHAI CHEE ROAD #12-528  
 Postcode 461022  
 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 - HEAD ON COLLISION  
 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) 4

Passenger 1  
 NAME: ANG YI XIANG  
 GENDER: MALE  
 Passenger 2  
 NAME: MUHD IKHWAN  
 GENDER: MALE  
 Passenger 3  
 NAME: ASHLYNN  
 GENDER: FEMALE

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name TRAFFIC POLICE DIVISION HQ  
 Police Station Address ROAD: 10 UBI AVENUE 3 POSTCODE: 408865 COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 65470000 - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO POLICE REPORT: T/20180911/2023.

**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 SJQ4016X  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	CHRISLYN KOH WAN TIAN
NRIC/Passport Number	S9546853E
Contact Number	84186329
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	ANG BOON HOCK
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	PA7049U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

## SKETCH PLAN

## 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 liability**.
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. The report will be forwarded by the Insurers to the G4E Road Management Centre established by the German Insurance Association in Singapore (GIA) for archiving and distribution to the relevant law enforcement agencies and regulatory authorities, potentially by a restricted access.
7. The Insurance Companies report to the insurers will be fully recorded in the archiving and distribution of the report will be made available for access.
8. **Consent under the Personal Data Protection Act (PDPA)**

Understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association Singapore (GIA) may/are permitted to collect, use, disclose and/or process my personal data/personal information (rebut in this form and any other personal information provided by me or possessed by my insurer, collectively the **Personal Information**) and derivative information such as Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident and all insurer(s) who have insured vehicle(s) involved in the accident that is or is directly referred to as the **Insurers**, the insurers' lawyers/law firms, the **Secretary of the City of Singapore** and any relevant government agency/authority and/or the relevant law enforcement agencies for the purposes stated.
- (b) providing, handling and/or dealing with my / insurer's and/or the settlement of the above accident claims, my investigations relating to the claims.
- (c) investigating the accident and/or my claims.
- (d) carrying out and/or dealing with my contract with the relevant law enforcement agencies.
- (e) 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
- (f) 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 a mishap story 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:

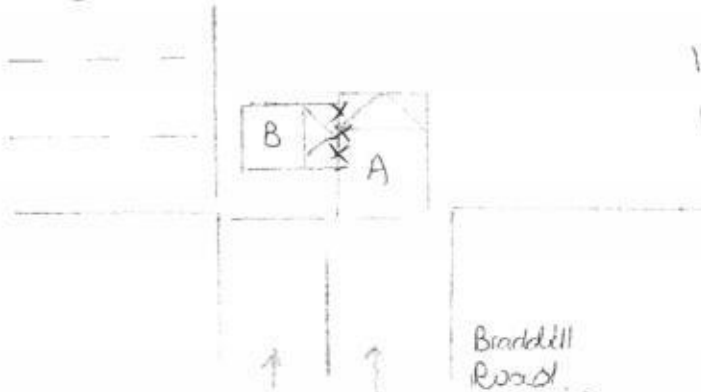
Reporting Centre Personnel's Signature  
Name:  
NRH / EN 563

Focus AUTO

## Sketch Plan #2 Pg. 1

## SKETCH PLAN

Upper Serangoon Rd.



Veh A: PA7049U

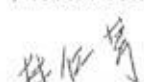
Veh B: 3J24016X

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Refer to Police Report No. T/20180911/2023

## DECLARATION

I/We declare the foregoing 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 #3 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180911/2023

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180911/2023

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 09:28	Vide Report No.: F/20180911/0061	Station Diary No.:
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## Informant's Particulars

Name of Informant: ANG BOON HOCK	Address: APT BLK 22 CHAI CHEE ROAD #12-528 PING AN GARDENS SINGAPORE 461022		
ID Type / ID No.: NRIC NO / S1108045F	Contact No.: Home/Office: Mobile: 98332000		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 63	Date of Birth: 18/04/1955	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 3		Date of Expiry:

## General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 11/09/2018 06:30	Type of Location:
Location: Junction of Road 1 and Road 2 UPPER SERANGOON ROAD BRADDELL ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7049U	Bus/Coach/Minibus	TOYOTA	HIACE 2.5 A		Seriously Damaged	3
SJQ4016X	Car	HONDA	AIRWAVE 1.5M A		Seriously Damaged	0

## Details of Person Involved

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

## Sketch Plan #4 Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180911/2023

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180911/2023

## CONTINUATION OF REPORT

Driver Name		ANG BOON HOCK		ID No.	S1108045F
Related Vehicle		PA7049U (Bus/Coach/Minibus)		Contact No.	98332000
Hospital/Clinic		NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment		NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL		Degree of Injury	NIL
Driver Name		CHRISLYN KOH WAN TIAN		ID No.	S9546853F
Related Vehicle		S1Q4016Z (Car)		Contact No.	84186329
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 09/11/2018 at about 0630 hrs, I met an accident at Upper Serangoon Rd x Braddell Rd junction. I was traveling along Braddell road, I wanted to turn right at the junction and traffic light was also green in my favor thus I proceeded to make a right turn and the next minute I got into a head to head collision. One of the passenger who was a student was conveyed to KK Hospital. His father number is 8128 8867. the student is from Tanglin School from Alexandra Road. I have a in car camera

## Sketch Plan #5 Pg. 1

**SINGAPORE  
POLICE FORCE**

T/20180911/2023

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No: T/20180911/2023

## 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:  
TP /  
SEBASTIAN NG JING PEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SI NG CHWEE THENG  
Contact No.: 65476397

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/09/2018 09:28

Classification Of Case:

**SINGAPORE  
POLICE FORCE**Signature: *Sebastian*