

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 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. 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	17/10/2018 17:51
Date Of Accident	16/10/2018 08:25
Exact Location Of Accident	BOUNDARY RD TWDS LOR CHUAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7209Z
Insured/Policyholder	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68419813

Vehicle Particulars

Manufacturer	JOYLONG
Model	HKL6540RC 2.0 M
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5102731694
Cover Note Number	

Driver

Name of Driver	TAN THONG SWEE
NRIC No	S1255973I
Date Of Birth	02/11/1957
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82109810
Fax Number	
Contact Number	OFFICE-82109810
Email Address	NOEMAIL

Address	BLK 554 BEDOK NORTH STREET 3 #02-235
Postcode	460554
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	COLLIDED INTO BICYCLIST
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)	12

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181017/2047.

Attachment(s)

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

Accident Sketch Plan

SKETCH PLAN

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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.

基理馬巴士服務
GUILLEMARD BUS SERVICE

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.:

Accident Sketch Plan

SKETCH PLAN

Refer to Attached sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: 7/2018/012/2042.

DECLARATION

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

基理瑪巴士服務
GUILLEMAUD BUS SERVICE

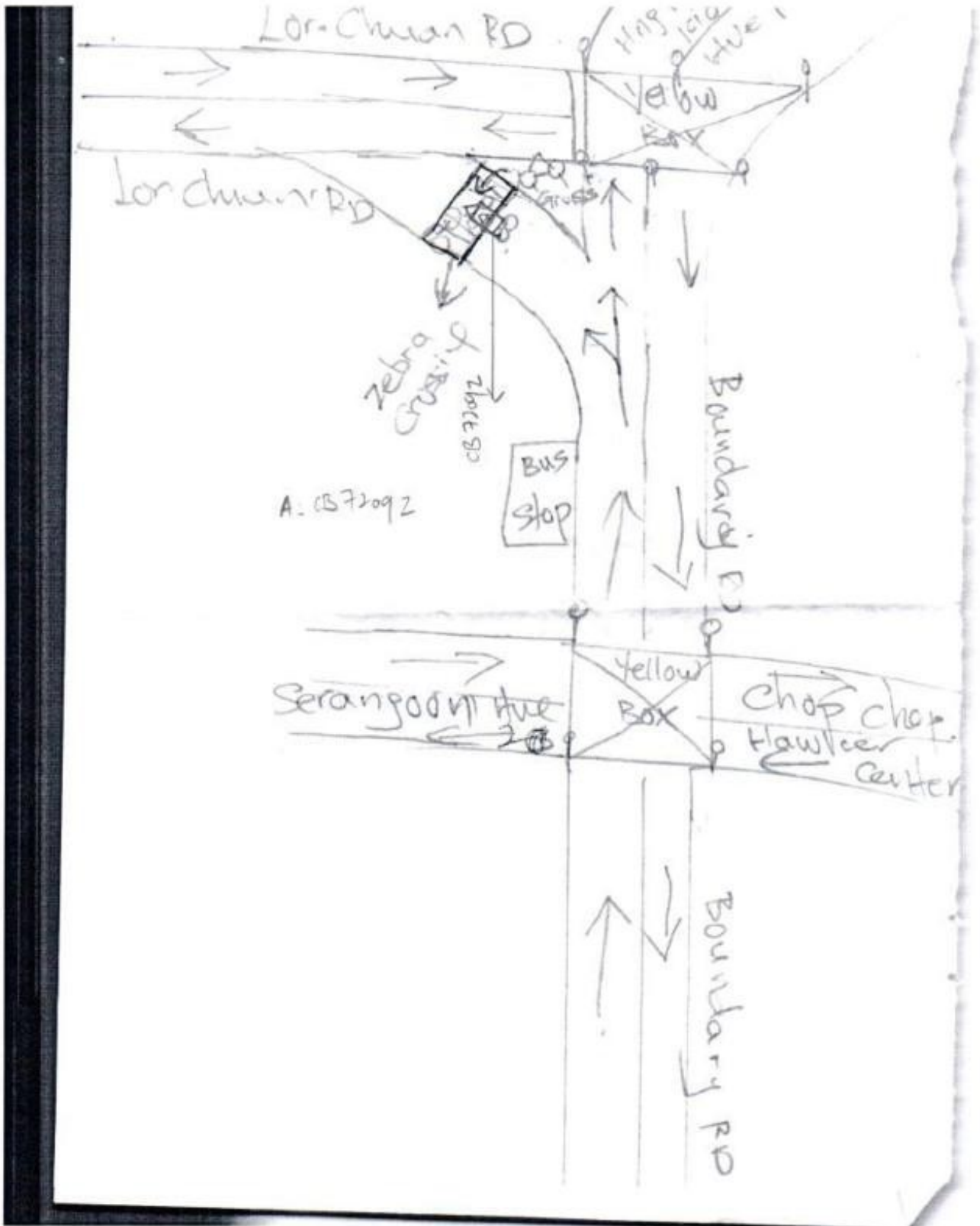
Policyholder's Signature
Date & Time:

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

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

GUIN/MSAC Report Form (Form 1) v.3

Accident Sketch Plan



Police Report



**SINGAPORE
POLICE FORCE**



T/20181017/2047

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 409676
Tel No: 1800-2449999

Report No: T/20181017/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/10/2018 11:24		Vide Report No.:		Station Diary No.: 19	
Informant's Particulars					
Name of Informant: TAN THONG SWEE			Address: APT BLK 554 BEDOK NORTH STREET 3 #02-235 SINGAPORE 460554		
ID Type / ID No.: NRIC NO / S12559731			Contact No.: Home/Office: Mobile: 82109810		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 80	Date of Birth: 02/11/1957	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 16/10/2018 08:25	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 BOUNDARY ROAD LORONG CHUAN BOUNDARY ROAD TOWARDS LORONG CHUAN, AT THE BEND				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Pedestrian Crossing		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
CB7209Z	Bus/Coach/Minibus (School Children)	JOYLONG	HKL6540RC 2.0 M		No Damage	11

Details of Person Involved

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20181017/2047

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 489678
Tel No: 1800-2449999

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Report No. T/20181017/2047

CONTINUATION OF REPORT

Driver			
Name	TAN THONG SWEE	ID No.	S12559731
Related Vehicle	NIL	Contact No.	82109810
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details

On 16/10/18, at 8.25am, I was driving along Boundary road and turning towards Lor Chuan Road in my vehicle, CB7209Z, which is a school bus with 10 kindergarten school children and 1 attendant.

At the bend, there was a zebra crossing, so I slowed down. Seeing that there was no pedestrian, I moved off. When I was halfway through the zebra crossing, a cyclist sped in front of my vehicle from the right side of the road, to the left. I heard a soft sound, and I stopped my vehicle. I saw a cyclist that has just fell. The cyclist's rear bicycle wheel touched my left front bumper and he fell. I winded down the window, and checked on the cyclist. The cyclist stood up and appeared to be fine. My passengers were all fine as well. As I was rushing to send the school children to school, and I saw that he was okay, I started to drive off. He then ran after my vehicle and I stopped to speak to him. He took a few photo of my bus and he demanded to know why drove off. I explained that I was halfway through the zebra crossing and he was the one speeding across the road. I told him that I cannot stop for too long as I have to send the children to school, and asked him to wait for me opposite the school so that we can discuss about the issue.

When I was done with sending the school children to school, I went out of the school and saw that the cyclist is no where to be found. I wish to state that there was no damage on my vehicle and no one was injured. The cyclist did not give me his particulars.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 409676
Tel No: 1800-2449999



7/201810172047

1 of 3

Report No: T201810172047

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 65474665 stating the report number as reference.

Signature Of Officer Recording The Report

G /
Sgt 2 BOEY HUI QI MICHELLE

Signature Of Informant

Signature Of Interpreter
Not applicable

Date/Time:
17/10/2018 11:24

Officer In Charge Of Case:
TP: ASIT
SBI 2 SITIMARSITA BINTE BOHARI
Contact No: 65476219

Classification Of Case

Authorisation Stamp
Am 108

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

