

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 | 01/11/2018 13:08 |
| Date Of Accident | 31/10/2018 14:25 |
| Exact Location Of Accident | TAMPINES 92 MSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | PC7333M |
| Insured/Policyholder | |
| Name Of Registered Owner | RAFFLES BUS SERVICES PTE LTD |
| Co Reg No | 199906025N |
| Email Address | CKONG727@YAHOO.COM.SG |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97830770 |

Vehicle Particulars

| | |
|--------------|--------------|
| Manufacturer | YUTONG |
| Model | ZK6119H AUTO |

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 | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | KHOR MENG HOW |
| Passport No/FIN | G2445702N |
| Date Of Birth | 24/03/1982 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 04/08/2017 |
| Driving Experience | 1 YEAR AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-83397637 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | C/O 24 CACTUS DRIVE #08-06 |
| Postcode | 580694 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | 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) | 0 |

Details of Police Action

| | |
|---|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

AS PER SKETCH PLAN ATTACH.

Attachment(s)

| | |
|---|---------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | NOT AVAILABLE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

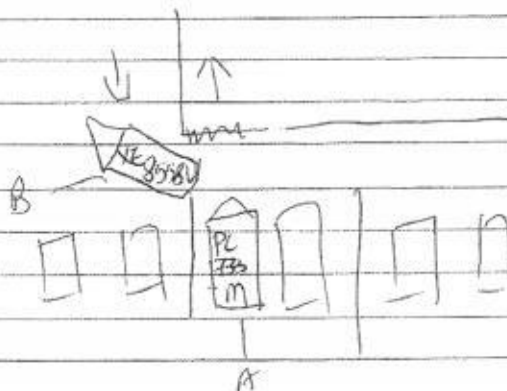
| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | XE8558U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | 90265622 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I park my bus at Indoor carpark at tampines st 92 since 1.45pm.
 At 2.25pm lorry XE 8558U ^{station} ~~fall~~ ^{reverse} back and ~~hit~~ hit my bus and caused a
 crack in my bus mirror & wiper.



☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

DECLARATION

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

INTELES BUS SERVICES PTE LTD

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.:

