

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	28/11/2018 15:55
Date Of Accident	22/11/2018 06:05
Exact Location Of Accident	PIE TWDS AIRPORT B4 BKE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC736E
Insured/Policyholder	
Name Of Registered Owner	TWENTY-EIGHT LIMO
Co Reg No	53324929E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86840577

Vehicle Particulars

Manufacturer	TOYOTA
Model	TOYOTA HIACE HIROOF AUTO 14 SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5076618351-02
Cover Note Number	-

Driver

Name of Driver	SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN
NRIC No	S8428274Z
Date Of Birth	13/09/1984
Occupation	OUTDOOR
Date Of Driving Pass	11/03/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86840577
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 211B PUNGGOL WALK #03-631
Postcode	822211
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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 PROPERTY
Weather Conditions	RAINING
Road Surface	WET

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)	2

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

PLEASE REFER TO POLICE REPORT.

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	
Vehicle Make/Model/Colour	BARRIER
Details Of Properties	
Vehicle Category	GOVERNMENT
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	SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC736E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURHAYATI BINTE ABDUL RAZAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC736E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.



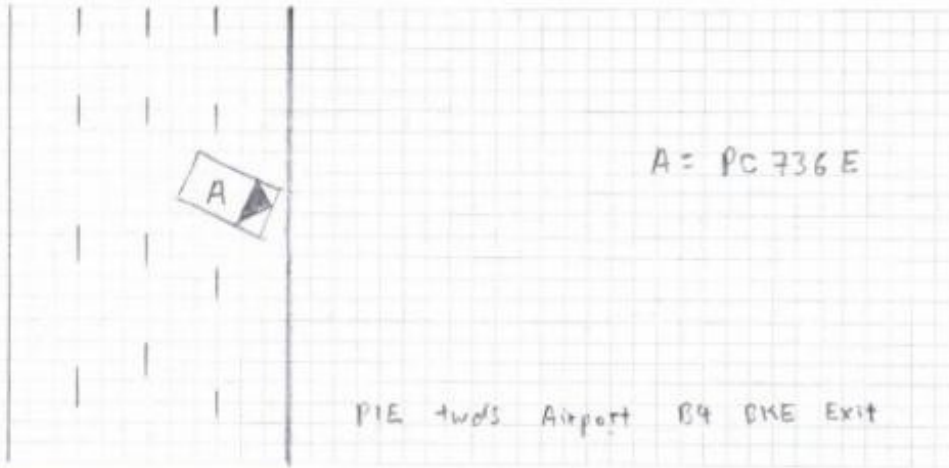
Policyholder's Signature
(Date & Time: _____)

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

DECLARATION

I/We hereby declare the following 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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181124/2078

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

1 of 3

Report No. T/20181124/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 15:47	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: SHAIKH MUHAMMAD SHALIH BIN SALIM MARJAN		Address: 211B PUNGGOL WALK #03-631 PUNGGOL RIPPLES SINGAPORE 822211	
ID Type / ID No.: NRIC NO / S8428274Z		Contact No.: Home/Office: 83866696 Mobile: 86840577	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 13/09/1984	Type of Informant: Driver
Race: Arab		Language: English	Institution / School Name:
Occupation: BUS DRIVER		Driving Licence Information: Class: 2B,2A,2,3A Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/11/2018 06:05	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY PIE TOWARDS AIRPORT BEFORE BKE EXIT				
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
PC736E	Bus/Coach/Mi nibus					2

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181124/2078

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

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Report No. T/20181124/2078

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ON THE 2ND LANE ON THE 4-LANE ROAD ALONG WITH MY WIFE AT AROUND SPEED OF 60-70 KM/H AND WAS DRIVING NORMALLY. DURING THAT TIME, IT WAS NOT CONGESTED AND THE WEATHER WAS DRIZZLING AND THE ROAD CONDITION WAS WET. I WAS TRAVELLING STRAIGHT WHEN I REACHED A CERTAIN PART OF THE ROAD AND FELT MY STEERING WHEEL WAS LIGHT AND I FELT LIKE MY BUS WAS SLIDING ON THE ROAD. AFTER WHICH I RELEASED MY ACCELERATOR. HOWEVER MY BUS STARTED TO DRIFT TO THE SIDE. I VEERED MY BUS BACK INTO THE LANE AND BRAKED AS I WANTED TO SLOW DOWN. THERE WERE ALSO A CAR IN FRONT THAT I DID NOT WANT TO HIT. I WAS BRAKING WHEN MY BUS SPUN OUT OF CONTROL AND HIT THE CENTRE BARRIER.

I BELIEVE THE CAUSE OF THE ACCIDENT WAS AN OIL SPILLAGE ON THE ROAD. MY BUS NOT BADLY DAMAGES AND THE AIRBAG WAS STILL INTACT. AMBULANCE CAME AND CONVEYED ME TO TAN TOCK SENG. I WAS NOT ADMITTED TO THE HOSPITAL BUT RECEIVED 5-DAYS MC. MY WIFE WAS HOSPITALISED AND WAS DISCHARGED ON 23RD OCT 2018 AND RECEIVED 9-DAYS MC.

BY SAYING THIS AFTER MY ACCIDENT, UNTIL TODAY, THERE WERE A FEW ACCIDENTS AT THE SPOT WHERE I HAD THE BAD EXPERIENCE. I HOPE THE RELEVANT DEPARTMENT WILL LOOK INTO THIS MATTER AS IM CONCERNED FOR THE ORDER ROAD USERS.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181124/2078

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

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Report No. T/20181124/2078

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 /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
24/11/2018 15:47

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



