

## 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             | 21/12/2018 11:17                             |
| Date Of Accident           | 18/12/2018 08:30                             |
| Exact Location Of Accident | JUNCTION JURONG EAST ST 24/JURONG EAST AVE 1 |
| Country/State of Loss      | SINGAPORE                                    |

### DETAILS OF OWN VEHICLE

|                             |                           |
|-----------------------------|---------------------------|
| Vehicle Registration Number | PC1143J                   |
| <b>Insured/Policyholder</b> |                           |
| Name Of Registered Owner    | POO SEE YEOW BUS SERVICES |
| Co Reg No                   | 53252506W                 |
| Email Address               | CONNECT3WINNIE@GMAIL.COM  |
| Mobile Phone No             | (LOCAL) +65-98430003      |
| Alternative Phone No        | OFFICE-81197954           |

### Vehicle Particulars

|  |                      |
|--|----------------------|
| Manufacturer   | GOLDEN DRAGON        |
| Model  | XML6701J18-2.8 D (M) |
| Exact Purpose for which vehicle was being used at time of accident           | WORKING PURPOSES     |
| 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   | COMMERCIAL VEHICLE   |

### Insurance Company

|                           |   |
|---------------------------|---|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                                 |
| Fleet Policy              | NO  |
| Policy Number             | DMB1SN179511801                               |
| Cover Note Number         |   |

### Driver

|                      |                          |
|----------------------|--------------------------|
| Name of Driver       | YAAKOB BIN MOHD SHARIP   |
| NRIC No              | S1211494Z                |
| Date Of Birth        | 26/04/1955               |
| Occupation           | OUTDOOR                  |
| Date Of Driving Pass | 15/09/1982               |
| Driving Experience   | 36 YEARS AND 3 MONTHS    |
| Gender               | MALE                     |
| Mobile Number        | (LOCAL) +65-98430003     |
| Fax Number           |                          |
| Contact Number       | OTHERS-81197954          |
| Email Address        | CONNECT3WINNIE@GMAIL.COM |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 980A BUANGKOK CRESCENT<br>#06-97 |
| Postcode  | 531980                               |
| 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 (including own vehicle) involved in the accident                         | 2   |
| 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)   | 1   |

#### 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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         | GBG9020Y           |
| Vehicle Make/Model/Colour           |                    |
| Details Of Properties               |                    |
| Vehicle Category                    | COMMERCIAL VEHICLE |
| Name of Driver                      |                    |
| NRIC/Passport Number                |                    |
| Contact Number                      |                    |
| Address                             |                    |
| Postcode                            |                    |
| Insurance Company Name              |                    |
| Nature Of Damage                    |                    |
| No. Of Passenger (Including Driver) |                    |

## 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.

POO SEE YEOW BUS SERVICES PTE LTD.

No. 25A Hillview Ave  
#05-12 Glendale Park  
Singapore 669617

Tel: FAX: 6310 1979 HP: 9843 0003

Bag 291530592E

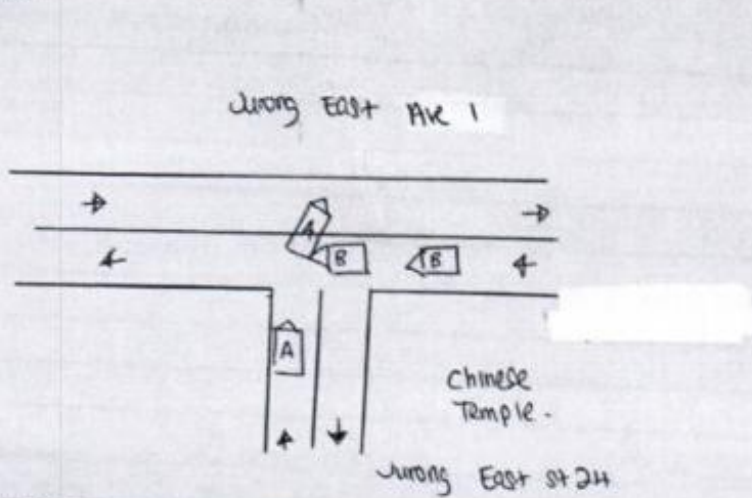
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/12/2018 @ 08:30hrs. I was driving my bus PC1143J turning out from Jurong East St 24 to Jurong East Ave 1. A while I was in the midst of turning, a lorry hit onto my bus near the side panel.

## DECLARATION

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

POO SEE YEOW BUS SERVICES PTE LTD.  
No. 25A Hillview Ave  
#05-12 Glendale Park  
Singapore 666613  
Tel: 6344 1979 HP: 9843 0003  
Reg. 201530592E

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

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

REPUBLIC OF SINGAPORE  
NATIONAL IDENTITY CARD NO. S1211494Z



Name  
YAAKOB BIN MOHD SHARIP  
يحيى بن محمد شريف

Race  
MALAY

Date of birth  
26-04-1955

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number  
S1211494Z


Name  
YAAKOB BIN MOHD SHARIP

Birth Date  
26 Apr 1955

Issue Date  
11 Dec 2014

002375498H

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1211494Z


Name : YAAKOB BIN MOHD SHARIP

Issue Date : 16/3/2016


Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

HP: 8119-7954.





NRIC No. S1211494Z



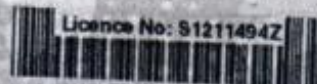
Date of Issue  
20-02-2004

Address  
APT BLK 980A BUANGKOK CRESCENT  
#06-97  
SINGAPORE 531980

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

|  | EFFECTIVE DATE |
|--|----------------|
| Class 2B Motorcycles <= 200 cc   | 26 Apr 1977    |
| Class 2A Motorcycles between 201 cc and 400 cc   | 26 Apr 1977    |
| Class 2 Motorcycles > 400 cc   | 26 Apr 1977    |
| Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg | 15 Sep 1982    |
| Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg       | 13 May 1983    |
| Class 5 Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg                 | 26 Jul 1983    |
| Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg                       |                |

NP 428A



Licence No: S1211494Z

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description   | Issue Date |
|------|---------------|------------|
| 02   | TAXI VL       | 16/03/2016 |
| 03   | BUS VL        | 16/03/2016 |
| 04   | BUS ATTENDANT | 16/03/2016 |





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

