





## 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	01/02/2019 17:51
Date Of Accident	01/02/2019 13:10
Exact Location Of Accident	ALONG ANDERSON RD (BUS STOP)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6995J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISLAND BUS EXPRESS PTE LTD
Co Reg No	201715213D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91281115

### Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6107H AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5104588726
Cover Note Number	-

### Driver

Name of Driver	PANG JUN HIUNG
NRIC No	S7780380G
Date Of Birth	26/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91281115
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 742 YISHUN AVE 5 #04-464
Postcode	760742
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 TO REAR
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?	
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 ATTACHED STATEMENT.

#### 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	SBS8216T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LING SIEW CHENG
NRIC/Passport Number	
Contact Number	98967183
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



## SKETCH PLAN

### IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation.**
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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.

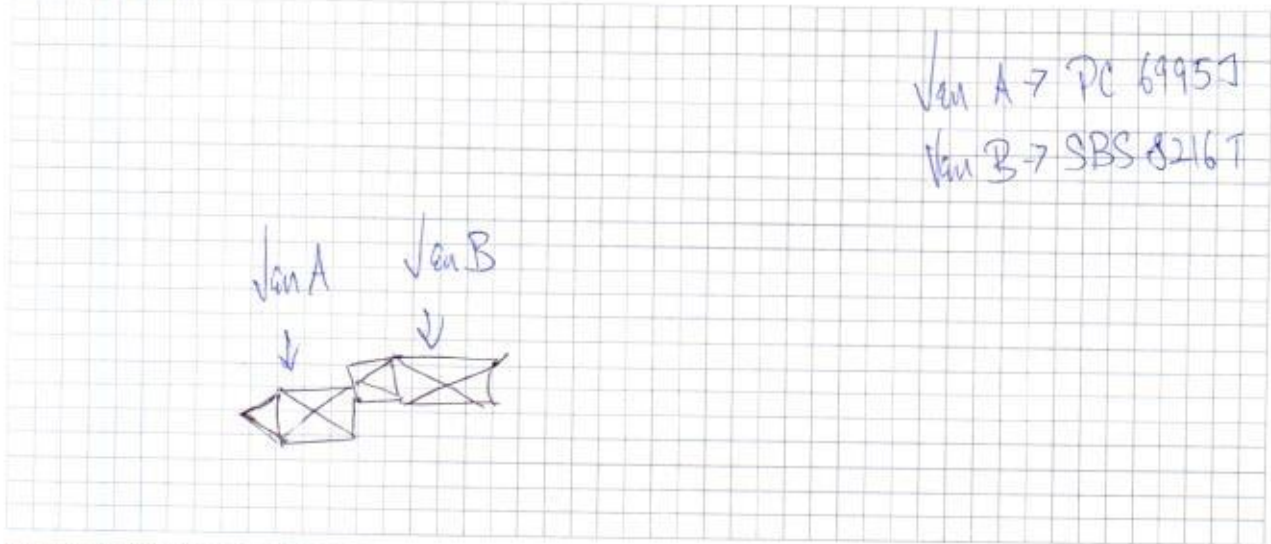


Policyholder's Signature  
Date & Time:

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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along Anderson Road Bus Stop, when suddenly I felt a huge impact from the rear. I alighted from my vehicle and realise veh B had hit onto the rear of my veh.

## DECLARATION

I/We declare the foregoing 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.:



# ACCIDENT STATEMENT

ACCIDENT DATE: (1 / 2 / 19) (DD/MM/YYYY), TIME: (13 : 10) (HH:MM)

LOCATION: Along Anderson Road (Bus Stop)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PC6995J  
 b) INSURANCE COMPANY: NTUC  
 c) POLICY NUMBER: 5047637623  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: \_\_\_\_\_  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: work  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- A) NAME: Island Bus Express Pte Ltd (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 91281115  
 c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: Pang John King (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S778038007 CONTACT: \_\_\_\_\_  
 c) ADDRESS: B1K 742 Yishun Ave 5 # 04-464  
S(760742)

\*d) DATE OF BIRTH: (26 / 10 / 1977) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 10

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)

b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SBS 8216T MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Ling Siew Cheng  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 98967183

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

\* No of passenger  
 (including driver)  
 (1)

\* No of passenger  
 (including driver)  
 ( )

\* No of passenger  
 (including driver)  
 ( )

Email = wei\_845@outlook.com

fax = 64514516

VIDEO =

No.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **S7780380G**

Name  
**PANG JUN HIUNG**

Birth Date **26 Oct 1977**  
Issue Date **16 Oct 2003**

1000922262J

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S7780380G**



Name  
**PANG JUN HIUNG**

**彭俊雄**

Race  
**CHINESE**

Date of birth  
**26-10-1977**

Sex  
**M**

Country/Place of birth  
**MALAYSIA**

**ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS**

	PASS DATE
Class 2B Motorcycles $\leq 200$ CC	08 Nov 2009
Class 3 Motor cars $\leq 2000$ kg with $\leq 7$ passengers, exclusive of the driver, and motor tractors/vehicles $\leq 2500$ kg	08 Nov 2009
Class 4A Omnibuses	07 Dec 2008
Class 4 Heavy motor cars and motor tractors $> 2500$ kg	03 Jun 2008

S7780380G

S / No. 9000069368

Licence No: S7780380G

NP 428A

6032212



NRIC No. **S7780380G**



Date of issue  
**26-09-2018**

Address  
**APT BLK 742 YISHUN AVENUE 5  
#04-464  
SINGAPORE 760742**

Land Transport Authority



**VOCATIONAL LICENCE**

Licence No : **S7780380G**

Name : **PANG JUN HIUNG**

Issue Date : **20/7/2015**

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

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
03	BUS VL

Issue Date
20/07/2015





Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.  Date of Accident   
Vehicle No. (For Motor)  Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5104588726		ISLAND BUS EXPRESS PTE LTD	201715213D	GFT	Comprehensive	PC6995J	PC6995J	09/10/2018	

## ▼ Policy Information

Policy No.	5104588726	Policyholder Name	ISLAND BUS EXPRESS PTE LTD	Policyholder NRIC	201715213D
Certificate No.					
Address	61H CHOA CHU KANG ROAD NICON GARDENS SINGAPORE 689396				
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	10/10/2018	Effective Date	09/10/2018 00:00	Expiry Date	08/10/2019 23:59
Third Party Excess	1500	Own damage Excess	3000	Windscreen Excess	500
Additional Excess		OS Premium	0		
Outside Singapore OD Excess		Outside Singapore TP Excess			
Agent	NLE INSURANCE AGENCIES PTE	Agent Tel.	65673612	GST Flag	Y
Co-insurance Flag	No				
Open Policy Info					
Certificate Info					

## ▼ Policyholder Mailing Address

Address 1	61H CHOA CHU KANG ROAD	Address 2	NICON GARDENS	Address 3	SINGAPORE 689396
Address 4		Address Type	Singapore address	Post Code	689396
Unit No.		Related Policy Number	5107294132		

## ▶ Insured Object: PC6995J

## ▼ Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	10/10/2018 00:00	Basic Information Endorsement	000001286920162	Endorsement Take Effective	amend sect 2 excess  Thank you for giving us the opportunity to serve you. We confirm and endorse that from 15 Jan 2019, the geographical limit of the policy is extended to cover West Malaysia for the following vehicles: VEHICLE NUMBER PREMIUM (INCL GST) 1. PC6955A \$1,137.79 2. PC6995J \$1,137.79 An excess of S\$5,000.00 for both Section I & II is applicable for accidents arising in West Malaysia. In view of this amendment, an additional premium of \$2,275.58 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	04/01/2019 00:00	Basic Information Endorsement	000001286980418	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following
3	25/01/2019 00:00	Basic Information Endorsement	000001286997652	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that the following



## Claim Handling

Accident MT/1030562

Policy No.	5104588726	Vehicle No.	PC6995J	GST Registration No.	201711
Certificate No.					
Policyholder Name	ISLAND BUS EXPRESS PTE LTD			Policyholder NRIC	201711
Product Code	FLEET INSURANCE	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	91281115	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	No

## ▼ Accident Details

Report Date	01/02/2019 18:08	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	01/02/2019	Time of Accident hh:mm	13:10	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG ANDERSON RD (BUS STOP)				

## ▼ Excess

Own damage Excess	3,000.00	Additional Excess		Windscreen Excess	500.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	1,500.00	Outside Singapore TP Excess			

## ▼ Benefits

## ▼ GST Registered Information

GST Registered	Yes	GST Registration Date	12/02/2018
GST Registration No.	201715213D	GST Status Verified	Yes
Modification History			

## ▼ Policyholder Mailing Address

Address 1	61H CHOA CHU KANG ROAD	Address 2	NICON GARDENS	Address 3	SINGAPORE
Address 4		Address Type	Singapore address	Post Code	689394
Unit No.		Related Policy Number	5107294132		

## ▼ OI Driver Info

Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	PANG JUN HUANG	Driver NRIC	57780380G	Driver DOB	26/10/1980
Register Date of Driver License	20/07/2015	Driver Age	41	Driving Experience	3
Contact No.(Mobile)	91281115	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 742 #04-464	Address 2	YISHUN AVENUE 5	Address 3	NEE SEOW
Address 4	SINGAPORE 760742	Address Type	Singapore address	Post Code	760742
Unit No.	04-464				
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No	Driver Vehicle No.		Driver Insurer Company	

## Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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## Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	ISLAND BUS EXPRESS PTE LTD
Contact No.(Mobile)	84067713	Contact No. (Home)	
Email Address		Vehicle Number	PC6995J
Claim Description	PC6995J / SBS8216T ON 1 Feb 2019		
Preferred Workshop	0	Insured Liability	Not at Fault
Preferred Repair Option	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered		Received	
Report Taken By		Claim Close Date	01/02/2019 18:11
			LIEW SHAN HUI

☒ Print AK letter



## Attachment

Accident No. MT/1030562 Claim No. 001

Last Doc. Received

Yes No

Upload Date

01/02/2019 18:12

Path \*

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

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Choose File No file chosen

Choose File No file chosen

Message Read

Category *		Confidential	Urgency *
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼
Clear	Please Select ▼	NO ▼	Normal ▼

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	SAS	Normal	SAS 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:12	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1
	NAC_PAYA_UBI_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 01 Feb 2019 18:11	Photos	Normal	Photos 2019-2-1

## Video List

Uploaded By/Date	Folder Date	File Name	Source
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Scan and uploading