#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Fax Number
Contact Number

**EMail Address** 

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	12/02/2019 17:22
Date Of Accident	08/02/2019 06:15
Exact Location Of Accident	BEDOK RESERVOIR RD TWDS EUNOS LINKON RTLANEDIVIDER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB7711P
Insured/Policyholder	
Name Of Registered Owner	MAHA BODHI SCHOOL BUS SERVICE
Co Reg No	37880000X
Email Address	MBSBUSES@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96160265
Alternative Phone No	OFFICE-64426887
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	RM117NSR DEB
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	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	5102667144
Cover Note Number	
Driver	
Name of Driver	WU JIANXIN
Passport No/FIN	G5164002R
Date Of Birth	17/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	20/07/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83306505

OTHERS-83306505

MBSBUSES@YAHOO.COM.SG

**BLK 18 LORONG KEMBANGAN** Address

#01-01 KIMNAN PARK

Postcode 417336

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

1

NO

NO

1

**General Information of the Accident** 

SIDE SWIPE Type Of Accident 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

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE

YES

YES

ROAD: 20 CHAI CHEE DRIVE, POSTCODE: 469045, COUNTRY: Police Station Address

**SINGAPORE** 

Police Station Contact TEL NO: 1800-2448999 - FAX NO: 62446558

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLS REFER TO THE POLICE REPORT: T/20190208/2034

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Remarks/ Reasons: **REVERT** 

Was there any audio recorded? NO

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- The 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.
- 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:
  - 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:
  - 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

gg with requirements under any regulations, laws or court orders.

4

Policyholder's Signature Date & Time: 3CR

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

SKETCH PLAN		
bedok Reserv	voir Rd	
GOOD Lesen	(8)	A 60 mul 6
towards Emni	os Link	A-687711P
on the right	8	B - Center divide
, ,	IA I	J comer airia
lane.	27 14	or the round
	1 IAI 1	
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	1
		2 - 2014
		Depor
7	09	Tick 34
	1/2 40	2/30
	1 44	208/
:	0 10	1
	1 lev - 0/1	
	100	
2/12	1	
(1)	7	
ana Body		
DECLARATION (8)		
	iculars are true in every respect.	1 1 2.0
A BO ENB	K P R	12/2/2019
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:
	80	





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 3 Report No. T/20190208/2034

# CONTINUATION OF REPORT

Any Pedestrian I	no laisea de NUI					
No. of Pedestrians Injured: NIL Driver		Use of Pedestrian Crossing: NA				
Name	1000 1000 1000 1000 1000 1000 1000 100	AND SHIP	PERSONAL PROPERTY.	No. of London	-Theres	
Name	MIXAAIL UW		ID No	).	G5164002R	
Related Vehicle	CB7711P (Bus/Coach/Minibus)		Conta	act No.	83306505	
Hospital/Clinic	NIL		Class Drivin Licen	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		D-4- D:			
	ed Medical Leave	NIL	Date Disc Degree of		NIL	

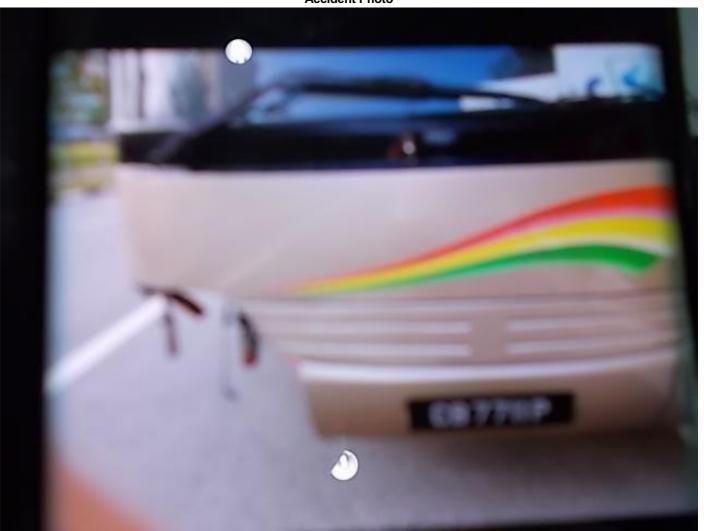
#### Brief Details.

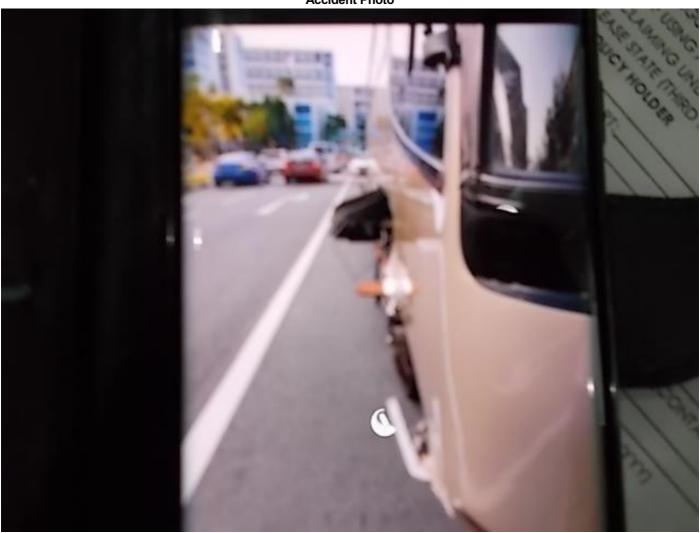
On 08/02/2019 at about 0615Hrs, I was driving a school bus CB7711P with 3 primary school students along Bedok Reservoir Road towards Eunos Link on the right lane. While I was steering the vehicle, I accidentally collided into the center divider of the road.

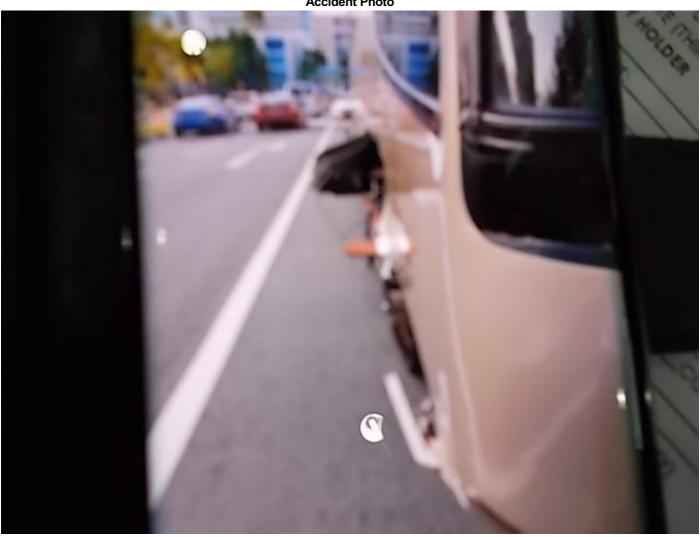
I parked the vehicle on the side road along Jalan Damai to ease the traffic flow and make a check. I then discovered about 3 divider was damaged and uprooted. There are dents and scratch marks on the front right corner of the vehicle. There are no injuries found on the students. I contacted the school and also arranged another vehicle to sent the students to Maha Bodhi Primary School.

At about 0700Hrs, Traffic police arrived and I was told to lodge a report regarding the matter. There are in carrier camera installed in the vehicle and also recorded the whole incident.

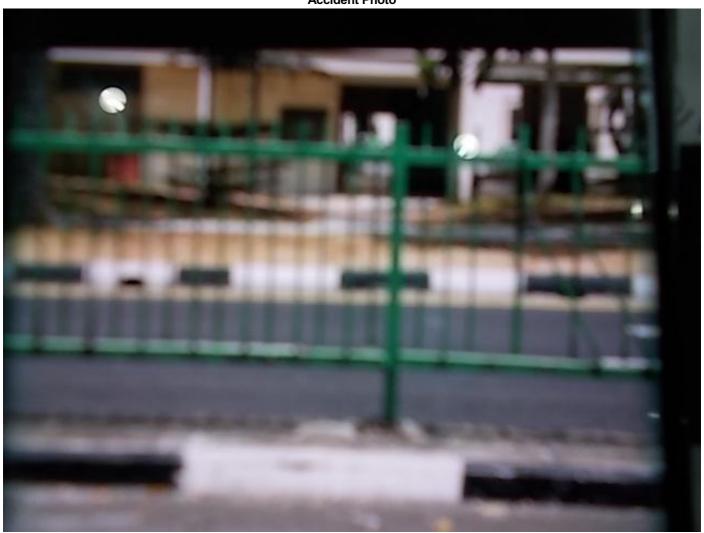
















Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

1 of 3 Report No. T/20190208/2034

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/02/2019 11:48		Made:	Vide Report No.: G/20190208/0077	Station Diary No.: 13	
Informa	nt's Partic	ulars	THE REPORT OF THE PARTY	The second secon	
Name of WU JIAN	f Informant: NXIN		Address: APT BLK 18 LORONG KEMBANGAN #01-01 KIMNAN PA SINGAPORE 417336		
ID Type / ID No.: FIN NO / G5164002R			Contact No.: Home/Office:	Mobile: 83306505	
National CHINES		W	Email:	,	
Sex: Male	Age:	Date of Birth: 17/12/1970	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information Class:	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/02/2019 06:15	Type of Location Straight Road
EUNOS LINK ALONG BED	ERVOIR ROAD OK RESERVOIR ROAD TO	OWARDS EUNO	S LINK ON THE RIGHT I	ANE NEAR TO THE
DIVIDER. Weather:		Road Surface: Dry	TALK TO	oad Speed Limit:
Clear	Traffic Flow: Traf			Km/h
		Traffic Control: Not Controlled	Tr. Lig	affic Volume:

Details of Vehicle Involved						
Vehicle No.	Туре	Make.	Model	Color	Condition	No of Passenger
CB7711P	Bus/Coach/Mi nibus	MITSUBISHI	RM117NSR DEB	Multi-Colored	Seriously Damaged	

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7711P	NTUC Income Insurance Co-Operative Limited	5102667144		

#### **Police Report**





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999

2 of 3 Report No. T/20190208/2034

## CONTINUATION OF REPORT

Use of Pedestrian Crossing: NA  ID No. G5164002R
ID No.   CE164000D
15 140. G5164002R
Contact No. 83306505
Class of Driving Licence & Expiry Date
Date Discharge NIL

#### Brief Details.

On 08/02/2019 at about 0615Hrs, I was driving a school bus CB7711P with 3 primary school students along Bedok Reservoir Road towards Eunos Link on the right lane. While I was steering the vehicle, I accidentally collided into the center divider of the road.

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At about 0700Hrs, Traffic police arrived and I was told to lodge a report regarding the matter. There are in carried in the vehicle and also recorded the whole incident.

#### **Police Report**





Police Station Of Origin: Bedok South N.P.C 20 Chai Chee Drive SINGAPORE 469045 Tel No: 1800-2448999 3 of 3 Report No. T/20190208/2034

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: G / Sgt 1 CHENG YI SHENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/02/2019 11:48
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case: