

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 willful 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	19/02/2019 10:33
Date Of Accident	17/02/2019 02:30
Exact Location Of Accident	PENANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3049K
Insured/Policyholder	
Name Of Registered Owner	RADIANT CITY SERVICES
Co Reg No	53250180B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE HIGH ROOF COMMUTER TURBO AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	5094428766-01
Cover Note Number	

Driver

Name of Driver	ABU BAKAR S/O MUSTAFA
NRIC No	S1313603C
Date Of Birth	22/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1982
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87493347
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 16 GHIM MOH ROAD #05-43
Postcode	270016
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	SIDE SWIPE
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)	10

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ORCHARD NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 KILLINEY ROAD , POSTCODE: 239572 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7359999 - FAX NO: 67331934
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.E/20190217/2010;

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	SHD6713X
Vehicle Make/Model/Colour	MERCEDES BENZ E220 BLUETEC
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG WEE HENG
NRIC/Passport Number	S7241650C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

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.



[Handwritten signature]

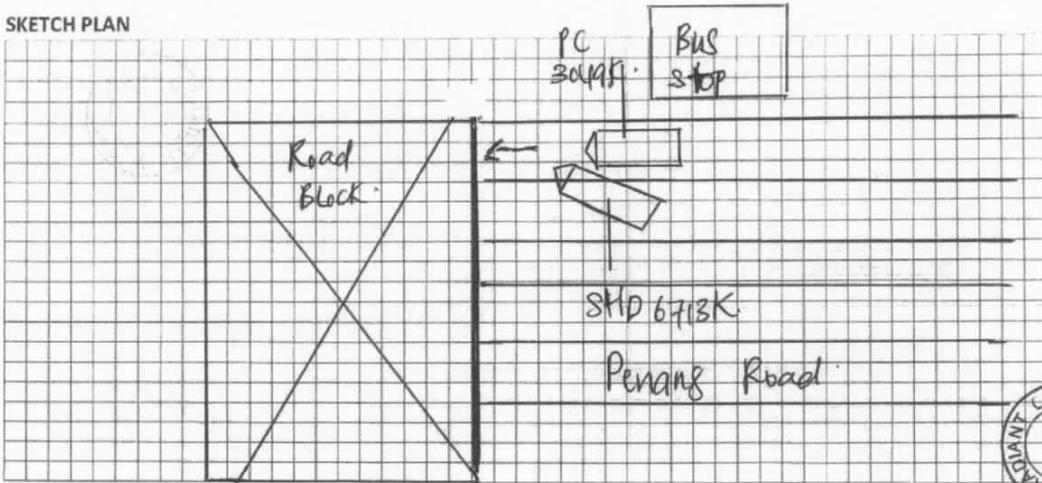
Policyholder's Signature
 Date & Time:
[Handwritten signature and date]

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4
 Reporting Centre
 Name: **Singapore 415933**
 NRIC/Ten: **67416697** Fax: **67492305**
 Email: **vackb@singnet.com.sg**

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Name: Tel: 67416697 Fax: 67492305

NRIC/FIN NO: Email: vackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



E/20190217/2010

1 of 2

POLICE REPORT (NP299)

Report No. E/20190217/2010

Police Station Of Origin
Orchard N.P.C
51 Killiney Road SINGAPORE 239572
Tel No: 1800-7359999

Date/Time Report Made 17/02/2019 03:50		Vide Report No.		Station Diary No. 15	
Name Of Informant ABU BAKAR S/O MUSTAFA		Address APT BLK 16 GHIM MOH ROAD #05-43 SINGAPORE 270016			
ID Type / ID No. NRIC NO / S1313603C		Contact No. Home/Office		Mobile 87493347	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Bus driver		Sex Male	Age 60	Date of Birth 22/05/1958	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 17/02/2019 02:30		Location Of Incident PENANG ROAD SINGAPORE near to bus stop of Dhoby Ghaut MRT station			

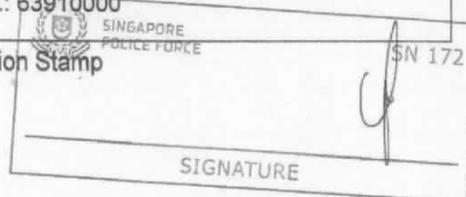
Brief details.

On 17/2/2019, at about 0230hrs my vehicle PC3049K was queuing up along Penang Road (near to the bus stop of Dhoby Ghaut MRT station) for a Traffic Police roadblock. At that point of time, my vehicle had 9 passengers in it. When I was nearing the roadblock point, a taxi (SHD671X) suddenly cut into my lane without signalling as such our vehicles collided.

I wish to state that none of my passengers were injured however, my left front passenger door was

Signature Of Officer Recording The Report: E / Sgt 2 CHIA YI LING		Signature Of Informant:	
Signature Of Interpreter: Not applicable		Date/Time: 17/02/2019 03:50	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / Sr Staff Sgt CHUA WEI LOON Contact No.: 63910000		Classification Of Case:	

Authentication Stamp





**SINGAPORE
POLICE FORCE**



E/20190217/2010

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20190217/2010

scratched by the taxi. I noticed that the taxi's right side mirror was broken and the right driver's door was slightly dented as a result of the minor accident. No one was conveyed to hospital and there was no government property damaged.

We did not inform the Traffic Police officers at the roadblock as they were all busy. I am lodging this report for record purposes and will inform IDAC about this.

Subjects Involved			
Others			
Person Name	Wong Wee Heng		
ID Type	NRIC NO	ID No	S7241650C
Gender	Male	Nationality	SINGAPORE CITIZEN
Race	Chinese		

Signature Of Officer Recording The Report:

E / Sgt 2 CHIA YI LING

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
17/02/2019 03:50

Officer In-Charge Of Case:
E / Tanglin Police Divisional Investigation Branch /
Sr Staff Sgt CHUA WEI LOON
Contact No.: 63910000

Classification Of Case:

Authentication



SN 172

SIGNATURE



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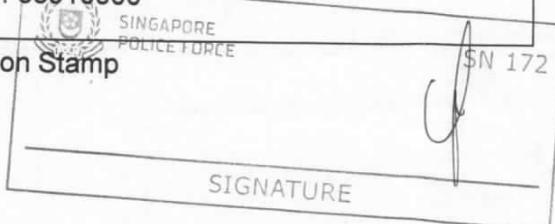
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SIGNATURE