

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	19/03/2019 13:12
Date Of Accident	14/01/2019 13:45
Exact Location Of Accident	CLEMENTI AVE 3 INSIDE CLEMENTI PRI SCHOOL COMPOUND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA5859L
Insured/Policyholder	
Name Of Registered Owner	ANN TRANSPORT SERVICE
Co Reg No	53266881B
Email Address	ANNAGARY97@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98188008
Alternative Phone No	OFFICE-92319576

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	THIRD PARTY
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	5103762728
Cover Note Number	

Driver

Name of Driver	TEY AI MIN
NRIC No	S2610303G
Date Of Birth	04/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2011
Driving Experience	7 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98188008
Fax Number	
Contact Number	OTHERS-92319576
EEmail Address	ANNAGARY97@YAHOO.COM.SG

Address	BLK 176 BISHAN STREET 13 #05-135
Postcode	570176
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?	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)	9

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 POLICE REPORT T/20190117/2173 (TYPE OF COLLISION T/P REVERSE AND HIT INSURED)

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	PC8891L
Vehicle Make/Model/Colour	ISUZU LT134P
Details Of Properties	
Vehicle Category	BUS
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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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.



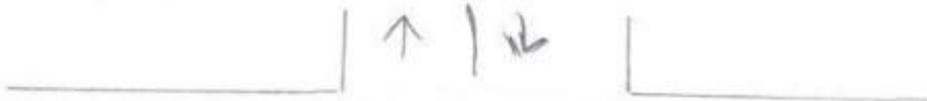
Policyholder's Signature
Date & Time:

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

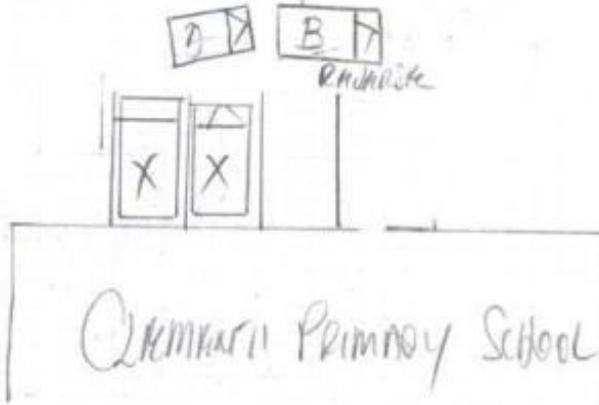
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



A) PA5859L
 B) PC8891L



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS REPORT TO POLICE REPORT.
7/20/19 01/7/2/73

DECLARATION

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



Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (if driver is not the policyholder)

Date & Time: *19.3.19*

[Signature] *19/03/2019*
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: *[Signature]*

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190117/2173

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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Report No. T/20190117/2173

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PA5859L	NTUC Income Insurance Co-Operative Limited			

Brief Details.

I am working as a school bus driver for Clementi Primary School. On the 14/01/2019 at about 1345hrs, I was driving the school bus fetching students from the school to their home. Myself and the other bus drivers are all lined up inside the school to wait for our turn to leave. My main contractor employed a female employer to work as supervisor for us. I was lined up behind the bus bearing plate number PC8891L. We were lined quite close to each other. The supervisor was there to help direct us. Suddenly, the bus in front of me moved a little and started to reverse. I could see the supervisor signaling from my right mirror, however the bus continued to reverse and hit on the front side of my bus. At that point of time, I did not press the horn as I was in shock and could not react. I crouched down to brace myself for the impact, which made me press the horn due to my actions, but it was too late as the front of my bus had already been hit. The other party's driver came down to take a look, but did not apologized to me or talk to me before getting back on his bus and drove off. I only managed to get his particulars from my main contractor. No one was injured however the front right bumper of my bus was damaged, right headlight cracked and bonnet is damaged.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190117/2173

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

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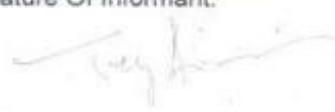
Report No. T/20190117/2173

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: D / Sgt 2 SIM WENG HONG 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 17/01/2019 20:35
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN BIN MOHAMAD SAID Contact No.: 65476145	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



