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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	26/03/2019 15:06
Date Of Accident	23/03/2019 16:15
Exact Location Of Accident	GARDENS BY THE BAY BUS AND COACH PICK UP POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC7272E
Insured/Policyholder	
Name Of Registered Owner	A&A TRANSIT EXPRESS
Co Reg No	53231349J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-83689699
Vehicle Particulars	
Manufacturer	SCANIA
Model	in december.
Exact Purpose for which vehicle was being used time of accident	at WORKING
Are you claiming under your own insurance polic for repair to your vehicle?	y 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	5096120003-01
Cover Note Number	2
Driver	
Name of Driver	ONG BENG HUI
NRIC No	S8517489D
Date Of Birth	01/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	23/06/2010
Driving Experience	8 YEARS AND 9 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-83689699
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 673C EDGEFIELD PLAINS #16-621

Postcode 823673

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

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)

25

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX Police Station Address

BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2369999 - FAX NO: 62268438

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

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

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLF9591C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

Name ONG BENG HUI Approximate Age Injuries Sustain BODY Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
 - (ii) for complying with requirements under any regulations, laws or court orders.

AVB E

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.:



DESCRIBE	CIRCUMSTANCES OF THE ACCIDENT
DESCRIBE	CIRCUIVISTAINCES OF THE ACCIDENT

Please	Refer	+0	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:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:





Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762

1 of 3 Report No. T/20190325/2236

Tel No: 1800-2369999

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 5/03/2019 21:56		Vide Report No.:	Station Diary No.: 182	
Informa	nt's Partic	ulars		THE RESERVE OF THE SECOND SECOND	
	f Informant: NG HUI	in	Address: APT BLK 673C EDGEFIELD 823673	PLAINS #16-621 SINGAPORE	
ID Type / ID No.: NRIC NO / S8517489D			Contact No.: Home/Office: Mobile: 83689699		
National SINGAP	ity: ORE CITIZ	ΈN	Email:		
Sex: Male	Age:	Date of Birth: 01/06/1985	Type of Informant:		
Race: Chinese	114 (14)		Language:	Institution / School Name:	
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5	Date of Expiry:	

General Infor	mation of the Acci	dent	3466			
Type of Accident:	Injury Others	Drink Drive No		Date/Time of Accident: 23/03/2019 16:15	Type of Location: Car Park	
	RDENS DRIVE	ch pick up point Road Surface Dry	ə ;	F	Road Speed Limit:	
Traffic Flow: One Way	Traffic Flow: Traffic Control:			100	Traffic Volume:	
Type of Collis Between Mov	ion: ing Vehicles - Head	I To Rear		A	Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PC7272E	Bus/Coach/Mi nibus				Slightly	0
SLF9591C	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3 Report No. T/20190325/2236

Police Station Of Origin: Bukit Merah East N.P.C A 391 New Bridge Road Police Cantonment Complex SINGAPORE 088762

Tel No: 1800-2369999

CONTINUATION OF REPORT

Driver	The state of the s		THE RESERVE	S STATE		
Name	ONG BENG HUI			ID No.		S8517489D
Related Vehicle	PC7272E (Bus/Coach	/Minibus)		Contact No.		83689699
Hospital/Clinic	ACCESS MEDICAL (EAST COAST)					Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	23/03/2019	01.76	Date Disc			3/2019
No. of Days gran	ted Medical Leave	03	Degree of			
Name	Unknown			ID No		NIL
Related Vehicle	SLF9591C (Car)	SLF9591C (Car)			ct No.	NIL
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	

Brief Details.

On 23/03/2019 at about 1615hrs, I was driving my bus (PC7272E) at Gardens by the bay bus and coach pick up point. I picked up about 25 tourist who were heading back to their hotel.

After picking up the passengers, I drove the bus towards the exit. While making a right turn about 5 meters away from the pick up point, I felt am impact from the right side of the vehicle.

I stopped the vehicle and made a check and discovered that a car (SLF9591C) had knock onto my bus which caused some scratches on the right side of the bus.

At that point in time, nobody was injured. The driver and I did not exchange particulars as it was a minor accident and I was rushing to drop off my passengers.

About 15 minutes after the accident, I felt some discomfort with my right shoulder. Hence after I dropped off my passengers, I proceeded to consult a doctor at a clinic.

I was given 3 days of MC from 23/03/2019 to 25/03/2019.





Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

3 of 3 Report No. T/20190325/2236

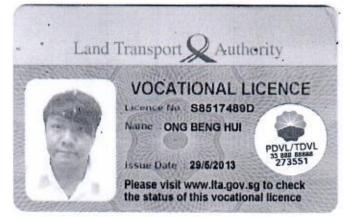
CONTINUATION OF REPORT

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: A / Sgt 2 CHOONG YAO FENG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/03/2019 21:56
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt MOHAMAD ZULFAZDLI BIN	Classification Of Case:
ABDULLAH Contact No.: 65476204 Authentication Stamp	





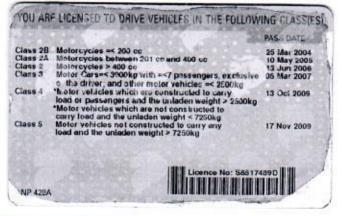


This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type Description
03 BUS VL
04 BUS ATTENDANT

Issue Date 23/06/2010 23/06/2010









Certificate of Insurance

	Certifica	te of insurance
MOTOR VEHICLES (THIRD PARTY I	RISKS AND COMPENSATION	ION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY)		
ROAD TRANSPORT ACT, 1987 (MA	ALAYSIA)	
MOTOR VEHICLES (THIRD PARTY)	RISKS) RULES, 1959 (MAL	LAYSIA)
Certificate Number : 50961200	03-01	Cover : Third Party, Fire & Theft
1. Index mark and Registration	Number of Vehicle	: PC7272E
Chassis Number		: YS4K4X20001838118
Name of Policyholder		: A&A TRANSIT EXPRESS
Effective Date of Insurance		: 22 Jan 2019
 Expiry Date of Insurance 		: 21 Jan 2020
Persons or Classes of Persons	s entitled to drive*	
(a) The Policyholder.		
		lder's order or with his/her permission.
the Motor Vehicle or ha		accordance with the licensing or other laws or regulations to driv is not disqualified by order of a Court of Law or by reason of any ing the Motor Vehicle.
6. Limitations as to Use*		
(a) Use for the carriage of p	assengers in connection	with the Policyholder's business.
(b) Limited to carry 45 passi	engers	
This Policy does not cover		
(a) Use for racing, pace-mal		
(b) Use whilst drawing a tra vehicle.	iler except the towing (O	Other than for reward) of any one disabled mechanically propelled
vernete.		
* Limitations rendered inc	perative by Section 8 of	the Motor Vehicle (Third Party Risks and Compensation)
		ansport Act, 1987 (Malaysia), are not to be included under these
headings.		
GEOGRAPHICAL LIMIT	: WITHIN THE REP	PUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A	
EXCESS (SECTION II)	: S\$3,000	
INSURE WITH COE	: YES	
HIRE PURCHASE COMPANY	: YONG KHIONG C	THE STATE OF A STATE OF THE PROPERTY OF THE STATE OF THE
SUM INSURED	: MARKET VALUE	OF INSURED VEHICLE AT TIME OF LOSS
Tarren and the second	or personalization	Will March 1999 Bit Will Control Open To
		te relates is issued in accordance with the provisions of the Motor
venices (Third Party Risks and Co	mpensation) Act (Chapte	er 189) and Part IV of the Road Transport Act, 1987 (Malaysia)
Agency : S'PORE	SCH&PTE HIRE BUS OWN	NE ACC (ODDDDCD17.47)
1927	2019 11:38 hrs	NS ASS (00000B01247)
Date of issue . 21 Jan .	2019 11.36 1113	
		For NTUC INCOME INSURANCE CO-OPERATIVE LIMIT
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Country ign ad Par	U	
Countersigned By:		
	Authorised Officer	Chief Executive

Claim Handling							
The premium on this policy has a Accident MT/1037317	not been collected.						
Policy No.	5096120003-01	Vehicle No.	PC7272E		GST Reg	istration No.	
Certificate No.					65		
Policyholder Name	A&A TRANSIT EXPRESS				Policyhol	der NRIC	532
Product Code	BUS INSURANCE	Cover Type	Third Party, Fire &	Theft	Loading		0
Contact No.(Mobile)	NA	Contact No.(Office)			Contact I	No.(Home)	
Email Address		Special Remark			eCode		No
KFK	* No (Yes	TCA	No Yes		eCode Re	eason	
NCD Protection	No	NCD Entitlement(%)	10		Private H	fire	No
▼ Accident Details							
Report Date	25/03/2019 16:16	Accident Report Within 24 hrs	Yes		Accident	Type	Colli
Date of Accident	23/03/2019	Time of Accident hh:mm	16:10		Country	of Accident	Sing
Reporting Centre Accident Location		Orange Force			ICM No:		
▼ Excess	GARDEN BY THE BAY TWDS ROUNDABOUT EXIT						
Own damage Excess	0.00	Additional Excess			WC2000	0.0- <u>2.000.000</u>	mores
Unnamed Driver Excess	0.00	Outside Singapore OD Excess			Windscre	en Excess	0.00
Third Party Excess	3,000.00	Outside Singapore TP Excess					
		2017-0-1-0-00#980-/TORN-000988					
♥ GST Registered Informa	tion						
GST Registered	No .		GST Regist	tration Date			
GST Registration No.			GST Status			Yes	
Modification History	25/03/2019 16:17:59 System of	hanged GST Status Verified from No	to Yes				
Policyholder Mailing Add	iress						
Address 1	BLK 673C #16-621	Address 2	EDCESSES OF THE				
Address 4		Address Type	EDGEFIELD PLAINS Singapore address		Address :		SINC
Unit No.	07-607	Related Policy Number	5096120003-01		Post Code		8236
OI Driver Info		The state of the s	3090120003-01				
Driver Name		Driver Type					
Unnamed driver Name		Driver NRIC			Driver DO	OB .	
Register Date of Driver License		Driver Age				xperience	
Contact No.(Mobile)		Contact No.(Office)				vo.(Home)	
Address 1		Address 2			Address 3		
Address 4		Address Type	Foreign address		Post Code		
Unit No.							
Does he own a Singapore Registered car?	Yes * No	Driver Vehicle No.			Driver Ins	surer Company	
Modification History							
Claim 002 New							
Claim Type *				OD-MX	▼ Insured Name	ASA TRANSET EXPR	Fee
Contact No.(Mobile)					Name Contact	The state of the s	
Contact No.(Pioplie)				91945505	No. (Home)		
Email Address					01		
					Vehicle Number	PC7272E	
Claim Description				PC7272E / SLF9591C ON	23 Mar 2019		
Preferred	Towns of Linkship			eschound oceanin	Part of the last		
Workshop 0 Bonuer No. Yes	Preferered Preferred Workshop, Name	GIA Bunkel		ii.			
Finalisation Fes Date Registered	Option Preferred Workshop, Name	unknown v report Received	•	-	Claim		
5-20 A == 20000000				26/03/2019 17:21	Close		
Report Taken By				LIEW SHAN HUI			
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			Save Submit				
Attachment							
9							
Accident No.	MT/1037317	Claim No.	n	02			
last Doc. Received	● Yes □ No	Upload Date		6/03/2019 17:22			
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	FORMACIO,			Category *	Con	fidential Urger	ICV *

Category *

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Attachment List

Attachment	Upload	nd By/Date	Category	8	Urgency	Description	
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V, A	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Mar 2019 17:22		Photos Normal		Normal	Photos 2019-3-26	
V	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Mar 2019 17:22		Photos Normal		Normal	Photos 2019-3-26	
1	NAC_PAYA_UBI_800601(NATIONA 26 Mar.;	L ASSESSMENT CENTRE SERVICES) o 019 17:22	Photos		Normal	Photos 2019-3-26	
	NAC_PAYA_UBI_800601(NATIONA 26 Mar 2	L ASSESSMENT CENTRE SERVICES) ø 019 17:22	Photos		Normal	Photos 2019-3-26	
-	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Mar 2019 17:21		Photos		Normal	Photos 2019-3-26	
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C	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 26 Mar 2019 17:21		Photos Normal		Photos 2019-3-26		
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