

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	15/02/2019 16:13
Date Of Accident	14/02/2019 18:10
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7674D
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	199607256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97808793

Vehicle Particulars

Manufacturer	VOLVO
Model	B8R
Exact Purpose for which vehicle was being used at time of accident	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	
Cover Note Number	101117

Driver

Name of Driver	WONG CHEE SENG
NRIC No	S0746924A
Date Of Birth	08/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	14/02/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97808793
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 148 YISHUN ST 11 #10-113
Postcode	760148
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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

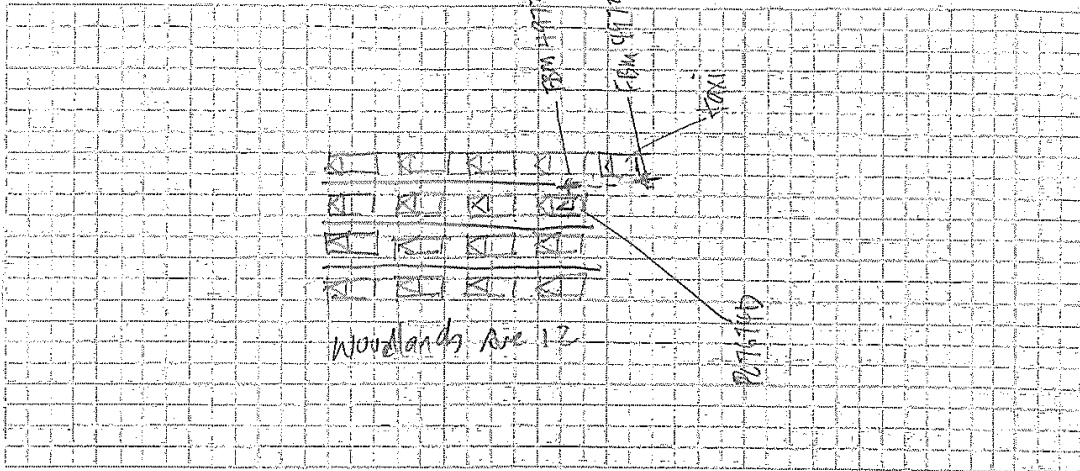
Vehicle Registration Number	FBM4972B
Vehicle Make/Model/Colour	HONDA MOTORBIKE
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	ONG YI JUN
NRIC/Passport Number	S9134639G
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ONG YI JUN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM4972B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report attached

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.:

15/2/19

SKETCH PLAN

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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. 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.
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.:

Handwritten signature and date 15/2/19



**SINGAPORE
POLICE FORCE**



T/20190214/2167

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20190214/2167

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/02/2019 21:24		Vide Report No.:		Station Diary No.: 117
Informant's Particulars				
Name of Informant: WONG CHEE SENG		Address: APT BLK 148 YISHUN STREET 11 #10-113 SINGAPORE 760148		
ID Type / ID No.: NRIC NO / S0746924A		Contact No.: Home/Office: Mobile: 97808793		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 64	Date of Birth: 08/04/1954	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,2,3,4A,4,5 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/02/2019 18:05	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12				
Towards SLE/CTE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4972B	Motorcycle				No Damage	0
PC7674D	Bus/Coach/Minibus				Slightly Damaged	0

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

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20190214/2167

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32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20190214/2167

CONTINUATION OF REPORT

Rider			
Name	Ong Yi Jun	ID No.	S9134639G
Related Vehicle	FBM4972B (Motorcycle)	Contact No.	81413676
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	WONG CHEE SENG	ID No.	S0746924A
Related Vehicle	PC7674D (Bus/Coach/Minibus)	Contact No.	97808793
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/12/2019 at about 1808hrs, While I was travelling along Woodlands Ave 12 heading towards SLE/CTE, as the traffic was heavy and the traffic was slow, Suddenly I heard sound coming from the rear, I made a check via my rear mirror and discover that there is one motorcycle fell on the road, After which I alighted from my company bus (PC7674D) to make check and discover that there is some scratches, dent and crack around my right rear wheels area. After which I made a check on the rider of FB4972B namely Ong Yi Jun H/P:81413676 S9134639G if he is alright and if he require any ambulance, as I observed that there is some abrasions on his hand he mentioned no, after which we exchange particulars and left the vicinity.

When the accident happen there is dash cam on board which is working however unsure if its able to capture the accident.

I am lodging this report for insurance claims and for comfort delgro actions.



**SINGAPORE
POLICE FORCE**



T/20190214/2167

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20190214/2167

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:

L /
Sgt 2 LUM JUN KAI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/02/2019 21:24

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

SW 085

Classification Of Case:

Authentication Stamp

NP168

INDIA INTERNATIONAL INSURANCE PTE LTD
(INCORPORATED IN SINGAPORE) CO. REG. NO.: 198703792K
64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711
TEL: 6347 6100 FAX: 6224 4174 • 6225 7743
POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

This cover note is valid for
Singapore Registered Vehicles only.

Cover Note No. 101117

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

Cover note not valid if issued on or after 30/04/2019 Date: 30/10/2018

Comfort Del Gro Bus Pte Ltd

..... having proposed for
respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED
the terms of the Company's usual form of Comprehensive
Policy applicable thereto for the period 0.0 a.m./p.m. 1/11/2018
to midnight on 31/10/2018 unless the cover be terminated by the Company by notice
in writing in which case the insurance shall cease and a proportionate part of the
annual premium otherwise payable for such insurance will be charged for the time the Company
has been on risk and provided that an insurance covering the aforesaid liability has not been
effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	Petrol/Diesel Eng.
Veivo BBR	2018	6.61 ton	Market value	Private Car	
				Commercial Vehicle	Registration No.
	Engine No: as per attached	Motor Cycle	TBA		
	Chassis No: as per attached				
Use registration of new vehicle	Authorised Driver as per policy			Excess as per attached	

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Hire Purchase:



Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

[Signature]

Authorised Signatory

IMPORTANT NOTE:
Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0746924A



Name
WONG CHEE SENG
@LYE THIAN SAN
王志成
Race
CHINESE
Date of Birth 08-04-1954 Sex M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0746924A
Name
WONG CHEE SENG
Birth Date 08 Apr 1954
Issue Date 12 Apr 2004

001191138F

Land Transport Authority

VOCATIONAL LICENCE

Licence No : S0746924A
Name : WONG CHEE SENG
Issue Date : 7/6/2011
Please visit www.lta.gov.sg to check the status of this vocational licence

2325521

NRIC No S0746924A

Blood Group A+ Date of issue 29-08-1994

Address
APT BLK 148 YISHUN STREET 11
#10-113
SINGAPORE 2776

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 May 1979
Class 2A	Motorcycles between 201 cc and 400 cc	11 May 1979
Class 2	Motorcycles exceeding 400 cc	11 May 1979
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	15 Apr 1985
Class 4A	Om nibuses	17 Jun 1992
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	14 Feb 1994
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 7250 kilograms	12 Apr 1994

NP 428A



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

Type	Description	Issue Date
03	BUS VL	05/07/1994



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO: YV3T7U52XJA192079
U.W.: 12.380 KG
M.L.M: 19.000 KG
TYRE SIZE: F.295/80 R22.5(G)
R.295/80 R22.5(D)
PASS. CAP: 1 DRIVER ONLY
49 PASSENGERS

Accident Photo

