

## 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             | 11/04/2019 11:07         |
| Date Of Accident           | 09/04/2019 19:25         |
| Exact Location Of Accident | THOMSON FLYOVER TWDS PIE |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | PC1557Z |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                   |
|--------------------------|-----------------------------------|
| Name Of Registered Owner | POO SEE YEOW BUS SERVICES PTE LTD |
| Co Reg No                | 201530592E                        |
| Email Address            | NOEMAIL                           |
| Mobile Phone No          |                                   |
| Alternative Phone No     | OFFICE-NOPHONE                    |

#### Vehicle Particulars

|  |                   |
|--|-------------------|
| Manufacturer   | YUTONG            |
| Model  | ZK6107H-6.7 D (M) |
| Exact Purpose for which vehicle was being used at time of accident           | WORK PURPOSE      |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage          | COMPREHENSIVE         |
| Fleet Policy              | NO                    |
| Policy Number             | GA448533              |
| Cover Note Number         |                       |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | XIA DANIAN           |
| Passport No/FIN      | G8045827X            |
| Date Of Birth        | 20/05/1972           |
| Occupation           | OUTDOOR              |
| Date Of Driving Pass | 27/12/2017           |
| Driving Experience   | 1 YEAR AND 3 MONTHS  |
| Gender               | MALE                 |
| Mobile Number        | (LOCAL) +65-98430003 |
| Fax Number           |                      |
| Contact Number       |                      |
| EEmail Address       | NOEMAIL              |

|   |     |
|---|-----|
| Address   | NIL |
| Postcode  |     |
| 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 - CHANGE/CROSS LANE |
| Weather Conditions | RAINING                       |
| Road Surface       | WET                           |

#### 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)   | 19  |

#### 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

ON 09/04/2019 @ 1923HRS, I WAS DRIVING MY BUS PC1557Z ALONG THOMSON FLYOVER TWDS PIE WHEN A CAR SKK3156B WHO WAS ON THE LEFT TURNING LANE CUT THROUGH THE CHEVRON INTO MY LANE & HIT ONTO MY FRONT LHS.

#### 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         | SKK3156B    |
| 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                    |             |
| No. Of Passenger (Including Driver) |             |

**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.

POO SEE YEOW BUS SERVICES PTE LTD.

No. 25A Hillview Ave

#05-12 Glendale Park

Singapore 669617

Tel: Fax: 6310 1879 HP: 9043 0003

Reg. 201530592E

Driver's Signature

(If driver is not the policyholder)

Date & Time:

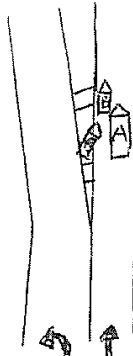
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

Thomson Fly over  
towards PIE



A- PC1557Z  
B- SKK 315 6B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 09/04/2019 @ 19:23 hrs, I was driving my bus PC1557Z along Thomson flyover toward PIE when a car SKK3156B who was on the left lane turning left cut through the chervon into my lane and hit onto my front LHS.

|   |           |
|---|-----------|
| <input type="checkbox"/> Claim own policy                           |           |
| <input type="checkbox"/> Claim third party                          |           |
| <input checked="" type="checkbox"/> Claim CD (TP) at other workshop | Concort 3 |
| <input type="checkbox"/> For record purpose only                    |           |
| Policy No   | GA48533   |
| Insurer   | PAAR (C)  |
| Veh No.   |           |

DECLARATION

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

POO SEE YEOW BUS SERVICES PTE. LTD.

No. 25A Hillview Ave  
#05-12 Glendale Park

Singapore 660617  
Tel & Fax: 6340 1979 HP: 9843 0003  
Reg. 201530592E

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

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

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**POO SEE YEOW BUS SERVICES PTE. LTD.**

Sector: **SERVICE**

Name  
**XIA DANIAN**  
Occupation  
**BUS DRIVER**

S Pass No.  
**0 57844834**

Date of Application  
**16-10-2017**

Date of Issue  
**05-12-2017**

Date of Expiry  
**05-12-2019**

**L8487517**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

**002709949J**

**00048827X**

**XIA DANIAN**

Birth Date: **20 May 1972**

Valid Date: **03 Aug 2017**

Valid Till: **22-06-2022**

**Land Transport Authority**

**VOCATIONAL LICENCE**

Licence No: **00048827X**

Name: **XIA DANIAN**


Card Issue Date: **27/12/2017**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

H/P: 8588 4864

**VISIT PASS**  
Immigration Regulations

Name  
XIA DANIAN




Date of Birth    Sex    Nationality  
20-05-1972    M    CHINESE

FIN    Date of Issue    Date of Expiry  
G6045827X    05-12-2017    05-12-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



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

|         |   | EFFECTIVE DATE |
|---------|---|----------------|
| Class 3 | Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg  | 23 Aug 2007    |
| Class 4 | Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg<br>Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq$ 7250kg | 23 May 2011    |

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      | 27/12/2017 |




## LETTER OF AUTHORIZATION

Dear Sir/Madam,

I/We, POO SEE YEOW BUS SERVICES PTE LTD (policyholder),  
201530592E (NRIC/UEN) of PC1557Z (vehicle no.)  
hereby authorize XIA DANIAN (driver),  
G8045827X (NRIC/FIN) to submit a motor insurance report occurred  
along Thomson Flyover towards PIE (location) on \_\_\_\_\_ (date),  
19:25 (am/pm) involving SKK 3156B (vehicle no/s)

Thank you.

Sincerely,

  
POO SEE YEOW BUS SERVICES PTE LTD  
No. 25A Hillview Ave  
X #05-12 Glendale Park  
Singapore 669617  
Tel & Fax: 6310 1979 HP: 9843 0003  
Signature (if applicable) 201530592E

Name: Rachel Poo

Tel: 9843 0003

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 : LZYTBTD60C1028021  
UNLADEN WT : 11140 KG  
MAX LADEN WT : 16500 KG  
PASSENGER CAP : 1 DRIVER 47 OTHERS  
TYRE SIZE : (F) 11R 22.5  
(R) 11R 22.5



Accident Photo





Accident Photo



Accident Photo





Accident Photo

