

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	12/04/2019 11:11
Date Of Accident	08/04/2019 06:55
Exact Location Of Accident	JUNCTION OF LOYANG WAY & LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4148B
Insured/Policyholder	
Name Of Registered Owner	ATLANTIC TRAVEL PTE. LTD.
Co Reg No	201407049C
Email Address	ATLANTICTRAVEL14@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-93381882

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT
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	NO
Policy Number	D18MFL0002658
Cover Note Number	

Driver

Name of Driver	YAN MING
Passport No/FIN	G8231459N
Date Of Birth	21/11/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86546555
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	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)	31

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER POLICE REPORT

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	CB8151Z
Vehicle Make/Model/Colour	
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)

SKETCH PLAN

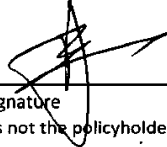
IMPORTANT NOTICE

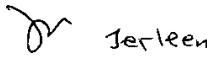
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.


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.:



**SINGAPORE
POLICE FORCE**



T/20190408/2107

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

1 of 3

Report No. T/20190408/2107

CB 81512

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/04/2019 14:26	Vide Report No.:	Station Diary No.: 90
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Informant's Particulars

Name of Informant: YAN MING			Address: 553 SERANGOON NORTH AVENUE 3 #02-71 KH PLAZA @ ALJUNIED SINGAPORE 550553	
ID Type / ID No.: FIN NO / G8231459N			Contact No.: Home/Office: Mobile: 86546555	
Nationality: CHINESE			Email:	
Sex: Male	Age: 49	Date of Birth: 21/11/1969	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/04/2019 06:55	Type of Location: T-Junction
Location: Along Road 1 LOYANG AVENUE Junction of Loyang Ave towards Nicoll Drive.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC4148B	Bus/Coach/Mi nibus				Slightly Damaged	30

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190408/2107

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Report No. T/20190408/2107

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

CONTINUATION OF REPORT

Driver			
Name	YAN MING		ID No. G8231459N
Related Vehicle	PC4148B (Bus/Coach/Minibus)		Contact No. 86546555
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 8.4.19 at 0659hrs, I was travelling along Loyang Ave towards Nicoll Drive on the first lane. While at the Junction, going straight, there was a bus (on the second lane) which swerved slightly to the right and eat into my lane. The said bus side swipe and hit my bus left mirror. The said bus did not stop and I also did not manage to take note of the full bus registration plate number. I only know its CB8515 (with a missing ending letter).

No one was injured. There is an in built camera in my vehicle which captures the act.

15/04/2019

20/04/2019

21/04/2019

22/04/2019

23/04/2019

24/04/2019

25/04/2019

26/04/2019

27/04/2019

28/04/2019

29/04/2019

30/04/2019

01/05/2019

02/05/2019

03/05/2019

04/05/2019

05/05/2019

06/05/2019

07/05/2019

08/05/2019

**SINGAPORE
POLICE FORCE**

T/20190408/2107

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190408/2107

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:

E /

Sgt 3 LIYANA BINTE MOHD RAZALI

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

08/04/2019 14:26

Officer In Charge Of Case:

TP / HRT /

SI ABDUL KAREEM BIN ABDUL HAGUE

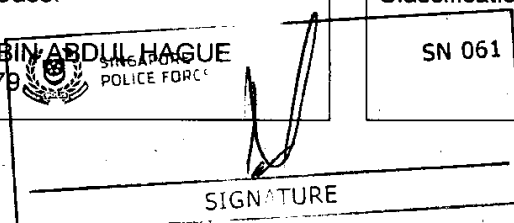
Contact No.: 65476079

Classification Of Case:

SN 061

Authentication Stamp

NP168





T/20190412/2018

1 of 3

Report No. T/20190412/2018

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No 0

Report Number T/20190412/2018

Vide Report Number T/20190408/2107

Date/Time of Report Made 12/04/2019 09:50

Place Report Lodged Traffic Police

Type of Informant Driver

Name of Informant Yan Ming

ID Type / ID No. FIN NO / G8231459N

Home/Office

Mobile 86546555

Email

Type of Accident Non-Injury / Hit and Run

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 08/04/2019 06:55

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8151Z	Bus/Coach/Mi nibus					0
PC4148B	Bus/Coach/Mi nibus				Slightly Damaged	30

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



T/20190412/2018

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Report No. T/20190412/2018

Continuation of CSF For NP168

Driver			
Name	Yan Ming	ID No.	G8231459N
Related Vehicle	PC4148B (Bus/Coach/Minibus)	Contact No.	86546555
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	NIL

Brief Facts.

I have an in built camera in my vehicle so I went to the CCTV company to assist me to get the footage and they managed to get the registration plate number for me. I wish to include that the registration number of the bus which collided with my vehicle is CB8151Z.



T/20190412/2018

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Report No. T/20190412/2018

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / HRT / ABDUL KAREEM BIN ABDUL HAGUE
Classification of Case	1) NON-INJURY / HIT AND RUN

BISHAN NPC
20 BISHAN STREET 23
SINGAPORE 579757
TEL: 1800-5529999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

