

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	26/06/2019 12:18
Date Of Accident	27/04/2019 04:35
Exact Location Of Accident	T1 DEPARTURE CRESCENT
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-98430003

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107H-6.7 D (M)
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	REPORTING ONLY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	CB1/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	23/05/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85884864
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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 - CROSS JUNCTION
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?	
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	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT

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	SLT1957K
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

SKETCH PLAN

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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.

POO SEE YEOW BUS SERVICES PTE LTD

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.:

Benedict Chan
Connect3

Sketch Plan #2

SKETCH PLAN

A= PC1557Z
B= SLT1957K.

T1 Departure Crescent



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* PIS ref to police report *

DECLARATION

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

POO SEE YEOW BUS SERVICES PTE LTD

YADANIAN

Benedict Chan
Connect3

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190511/2027

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20190511/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/05/2019 09:07	Vide Report No.:	Station Diary No.: 17
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Informant's Particulars

Name of Informant: XIA DANIAN			Address: APT BLK 108 HOUGANG AVENUE 1 #01-1287 NORTHOKS SINGAPORE 530108	
ID Type / ID No.: FIN NO / G8045827X			Contact No.:	Mobile: 85884864
Nationality: CHINESE			Home/Office:	
			Email:	
Sex: Male	Age: 46	Date of Birth: 20/05/1972	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2019 04:35	Type of Location: Straight Road
Location: Along Road 1 T1 DEPARTURE CRESCENT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
PC1557Z	Bus/Coach/Mi nibus				Slightly Damaged	0
SLT1957K	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190511/2027

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20190511/2027

CONTINUATION OF REPORT

Driver			
Name	XIA DANIAN	ID No.	G8045827X
Related Vehicle	PC1557Z (Bus/Coach/Minibus)	Contact No.	85884864
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 Details.

On 27/04/2019 at about 0422hrs I was driving my vehicle, PC1557Z along Changi Airport Terminal 1 departure crescent. The road is a one lane road. While I was driving suddenly vehicle SLT1957K came from the carpark on the right hand side and hit into my front right wheel causing damage to the right wheel. I immediately stopped my bus and checked on the damages. The driver of the vehicle SLT1957K stopped his vehicle also. I took photo of the accident but did not exchange particulars with the driver.

I wish to state that no government property was damaged. There was no witness during the accident. I do have an in-car camera in my bus.

I was asked by Traffic Police IO via letter to lodge a traffic report, because the owner of vehicle SLT1957K had said that I was involved in a hit and run which is not true. I did stop and take a photo with the driver with me when the accident occurred but just did not exchange particulars with the driver.

TP IO SYED ZAYID MUHAMMAD, HP: 97210621
REF: TP/IP/27191/019



**SINGAPORE
POLICE FORCE**



T/20190511/2027

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20190511/2027

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:

J /

Sgt 2 AMRITPAL SINGH SANDHU

Signature Of Informant:

HA DA NIAN

Signature Of Interpreter:

Not applicable

Date/Time:

11/05/2019 09:07

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

SN 127

Authentication Stamp
NP168



Signature :

Singapore Police Force



redefining / standards

Section II: The Policyholder Acknowledgement Form

To: Owner of Vehicle Number: PC 15572

The following has been advised to you via your workshop, Connect 3
by their staff, Benedict Chan.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There may be delay to your vehicle repair due to the unavailability of spare parts locally and the parts may have to be sourced from overseas.
- ☐ There will be **no cancellation/withdrawal** of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to claim including the costs of procured spare parts, towing charges and other benefits and incidental paid under the policy.
- ☐ The estimated waiting time for the spare parts to arrive is approximately _____ days/months. The estimated waiting time does not include the repair period.
- ☐ You have been advised by the mechanic/workshop personnel that the vehicle is **not** road worthy and should **not** be removed from the workshop. Any further damage/losses arising from the use of the vehicle thereafter will be excluded from the insurance claim.
- ☐ For vehicles below Three (3) years old, AXA Insurance Pte Ltd (hereon referred to as AXA) will use only original parts to repair your vehicle.
- For vehicles above Three (3) years old, AXA will be carrying out repairs using Original Equipment Manufacturer (hereon referred to as OEM) parts or **any combination** of original parts and/or OEM parts.
- ☐ You had been advised by the workshop on the Twelve (12) months warranty for Own Damage claim related to the accident.
- ☐ Others _____

POO SEE YEOW BUS SERVICES PTE LTD



redefining / standards

COMMERCIAL MOTOR CLAIMS FORM (CMCF)

This form is meant to be signed between the claimant and the workshop. It contains 3 sections broken down as:

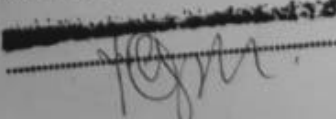
- 1) The Authorization Form: Meant for the Policyholder/Employer/Hirer/any equivalent authorized person to attest that the driver/employee at the time of the accident was authorized to drive the damaged vehicle and has the right to make the accident reporting.
- 2) The Policyholder Acknowledgement Form: This section covers all mandatory information that workshop must share with the claimant with regards to the claim process.
- 3) The Lump Sum Repair Form: Meant to acknowledge that the workshop has duly advised the claimant on the lump sum repair and that claimant is accepting the conditions.

The authorized signatory **must** mark and complete all Sections he/she acknowledges and must sign the relevant Sections, where applicable. **If Section 3 is acknowledged subsequently, the signatory must state the date at the dedicated field and counter sign thereat.**

Section I: Authorization from Policyholder/Employer/Hirer

I PK LTD
POO SEE YEOW BUS SERVICES, hereby confirm that Mr/Ms Xia Dorian
 NRIC No./FIN No./Passport No. G8045827X, is an employee of
POO SEE YEOW BUS SERVICES PK LTD and he/she was authorized to drive the insured vehicle
 bearing registration no. PC15572 during the time of the accident on
27/04/19. (Date).

I hereby further confirm that he/she is authorized to make the accident report on behalf of the Company.

POO SEE YEOW BUS SERVICES PTE LTD




Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

