

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 ability.
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	11/04/2018 10:55
Date Of Accident	10/04/2018 06:45
Exact Location Of Accident	BISHAN ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6045B
Insured/Policyholder	
Name Of Registered Owner	BUS-PLUS SERVICES PTE LTD
Co Reg No	199403524H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641GRMDEB (A)

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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-IIO27593MFBP
Cover Note Number	

Driver

Name of Driver	YUEN KINN FAYE @ YUEN KENG WAI
NRIC No	S1407591G
Date Of Birth	01/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	06/04/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email 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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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 [OTHER]	WOODLANDS EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20180410/2064 BC DRIVING ALONG BISHAN ROAD TOWARDS CTE, WHEN APPROACHING JUNCTION OF BISHAN ROAD AND BISHAN STREET 21, WHEN THE BUS CROSSED THE STOPPED LINE AND TRAFFIC LIGHT SUDDENLY TURNED AMBER & THIRD PARTY CAR ALSO SUDDENLY MAKE A RIGHT TURN FROM THE OPPOSITE DIRECTION, THUS COLLIDED INTO OUR BUS'S LEFT FRONT. ON PAX IN THE THIRD PARTY'S VEHICLE INJURED/ UNCONSCIOUS AND AMBULANCE ACTIVATE AND PAX WAS SEND TO HOSPITAL UNCONSCIOUS.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD1130M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	CHEE KOK LEONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN PAX

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

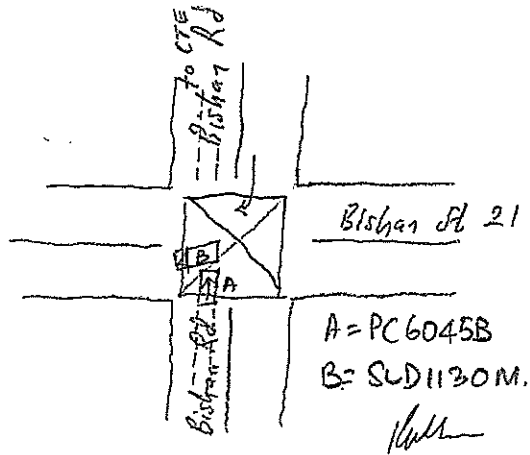
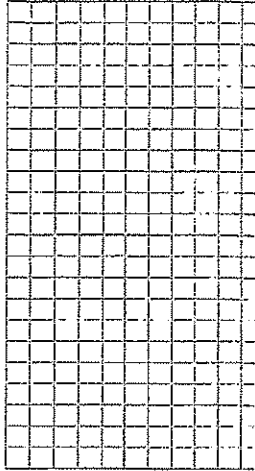
Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES

[illegible]

DECLARATION

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



Policyholder's Signature

Date & Time: 10 APR 2018

GLAMC SketchPlatform_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10 APR 2018

Reporting Centre Personnel's Signature

Name: Ashlene Lee

NRIC/FIN No.: 10 APR 2018

Sketch Plan Pg. 2

SKETCH PLAN

IMPORTANT NOTICE

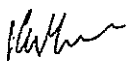
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8. **Consent under the Personal Data Protection Act (PDPA)**

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: 10 APR 2018


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10 APR 2018


Reporting Centre Personnel's Signature
Name: Ashlene Lee
NRIC/FIN No.: 10 APR 2018



**SINGAPORE
POLICE FORCE**



T/20180410/2064

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20180410/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 13:25		Vide Report No.: E/20180410/0044		Station Diary No.: 69	
Informant's Particulars					
Name of Informant: YUEN KINN FAYE			Address: APT BLK 225 PENDING ROAD #07-161 SINGAPORE 670225		
ID Type / ID No.: NRIC NO / S1407591G			Contact No.: Home/Office: Mobile: 83154780		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 57	Date of Birth: 01/01/1961	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: SMRT PLUS DRIVER			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/04/2018 06:45	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 BISHAN ROAD BISHAN STREET 21 Traffic Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6045B	Bus/Coach/Minibus	MITSUBISHI	ROSA	White	Seriously Damaged	0
SLD1130M	Car	HONDA	VEZEL	Maroon	Seriously Damaged	1

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



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T/20180410/2064

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3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20180410/2064

CONTINUATION OF REPORT

Driver			
Name	YUEN KINN FAYE		ID No. S1407591G
Related Vehicle	PC6045B (Bus/Coach/Minibus)		Contact No. 83154780
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
Driver			
Name	CHEE KOK LEONG		ID No. S2010421Z
Related Vehicle	SLD1130M (Car)		Contact No. 96153595
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. 10/04/2018

On 09/04/2018, at about 0645hrs, I was driving my company vehicle, SMRT Bus Plus bearing registration number: PC6045B along Bishan Road towards CTE. At that time, there was no one else in my vehicle. I was approaching the traffic junction of Bishan Road and Bishan Street 21, the traffic light was turned amber when my vehicle front has already crossed the stopping line and I decided to continue going straight.

Suddenly, another vehicle bearing registration number: SLD1130M which was from the opposite direction, turned to its right. As I could not stop in time, I collided onto the said vehicle's left rear door. After the collision, I stopped my vehicle and alighted to make a check. The other vehicle, the passenger was unconscious and his head was bleeding. The driver suffered some bruises on his left arm.

I am not injured. There were damages on my vehicle front side and damages on the other vehicle's left rear side door. Police and ambulance attended to our accident. That is all.



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T/20180410/2064

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3 of 3

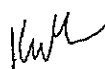


Report No. T/20180410/2064

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 / Staff Sgt JULIEHANA BINTE MOHD NIZAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/04/2018 13:25
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394	Classification Of Case: SN 130
Authentication Stamp NP168 	 Singapore Police Force