

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	10/06/2019 11:05
Date Of Accident	04/06/2019 08:00
Exact Location Of Accident	JUNCTION OF TUAS AVENUE 20 AND TUAS AVENUE 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4674Z
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	200509323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460806
Alternative Phone No	OFFICE-97592302

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107HE-6.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	60204026

Driver

Name of Driver	GOH SENG THIM
NRIC No	S0142130A
Date Of Birth	20/06/1950
Occupation	OUTDOOR
Date Of Driving Pass	29/06/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460806
Fax Number	
Contact Number	OTHERS-97592302
Email Address	NOEMAIL

Address	BLK 156 JALAN TECH WHYE #09-53
Postcode	680156
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JRQ8479 (MOTORCYCLE)
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286
Police Station Address	ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190604/2086 (TYPE OF COLLISION IS HEAD TO SIDE)

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	JRQ8479
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

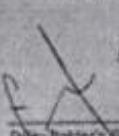
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

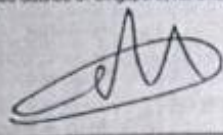
Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

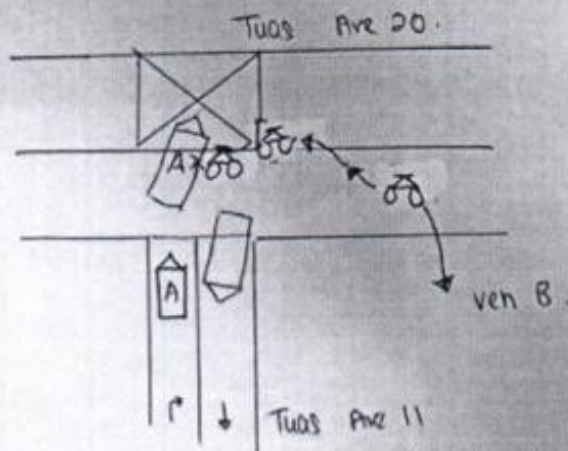
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' 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' 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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan.



A- PC467472
B- JRG 8479

Accident Sketch Plan

Describe Circumstances of the Accident

* PLS ref to police report *

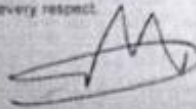
PC 7/20150604/2086

Declaration

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



Witnessed by Reporting Centre Personnel

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190604/2086

1 of 3

Report No. T/20190604/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 12:33	Vide Report No.: J/20190604/0053	Station Diary No.: 67
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Informant's Particulars

Name of Informant: GOH SENG THIM			Address: APT BLK 156 JALAN TECK WHYE #09-53 SINGAPORE 680156	
ID Type / ID No.: NRIC NO / S0142130A			Contact No.: Home/Office: Mobile: 97592302	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 20/06/1950	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident

General Information of Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/06/2019 08:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TUAS AVENUE 20 TUAS AVENUE 11 JUNCTION OF TUAS AVENUE 20 AND TUAS AVENUE 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
JRQ8479	Motorcycle					0
PC4674Z	Bus/Coach/Minibus					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190604/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20190604/2086

CONTINUATION OF REPORT

Driver			
Name	GOH SENG THIM	ID No.	S0142130A
Related Vehicle	NIL	Contact No.	97592302
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/06/2019 at about 0800hrs, I am travelling along Tuas Avenue 11 and wanted to turn right to Tuas Avenue 20. I stopped my bus (PC4674Z) before the stop line. After the traffic is cleared, I proceeded to turn right and while my bus is over white line divider, suddenly, there is one motorcycle (JRB479) overtake me from my right. I saw the motorcyclist was unstable and collided with my bus front right portion. The motorcyclist then fell from his motorcycle. There is passer-by went down to assist the motorcyclist. When the passer-by went to ask the motorcyclist whose fault for this accident and the motorcyclist claims that he don't know whose fault is it. Shortly, the traffic police and ambulance arrived. The ambulance then conveyed the motorcyclist to the hospital.

There is no in-car camera installed on my bus.

TP IO: IO Sharil
Tel: 65476083

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190604/2086

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190604/2086

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/
Sr Supt SGT TOH ZHENG YAN

Signature Of Interpreter:
Not applicable

Singapore Police Force

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Signature Of Informant:

Date/Time:
04/06/2019 12:33

Classification Of Case:

Authentication Stamp
NP155

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0142130A



Name
GOH SENG THIM
吳清森
Race
CHINESE
Date of Birth
20-06-1950
Country of Birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S0142130A
Name
GOH SENG THIM
Birth Date: 20 Jun 1950
Valid Until: 18 Dec 2002



Land Transport Authority


VOCATIONAL LICENCE
Licence No : S0142130A
Name : GOH SENG THIM
Issue Date : 12/10/2010
Please visit www.lta.gov.sg to check the status of this vocational licence




HP : 9759 2302.

Driving License

S484120





SPIC No. S0142130A

Date of issue
20-02-2004

RESIDENCE
APT BLK 155 JALAN TECK WHYE
#09-03
SINGAPORE 690155

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


Class	DESCRIPTION	PASS DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 250 CC	25 Jan 1975
Class 2A	MOTORCYCLES BETWEEN 251 CC AND 400 CC	25 Jan 1975
Class 3	MOTORCYCLES EXCEEDING 400 CC	25 Jan 1975
Class 7	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH DOES NOT EXCEED 2000 KILOGRAMS	25 Jan 1975
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH EXCEEDS 2000 KILOGRAMS	25 Jan 1975

SPIC No.

S / No. 9000220741

NP 423A

License No: S0142130A



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.