

## 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	11/06/2019 10:51
Date Of Accident	10/06/2019 19:10
Exact Location Of Accident	JUNCTION OF YISHUN AVE 1 & YISHUN STREET 41
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC760J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHENG COACH SERVICE
Co Reg No	53143405B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91153058
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	LT134P
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097558663-01
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZAINALABIDIN BIN RASHID
NRIC No	S7042587D
Date Of Birth	05/12/1970
Occupation	OUTDOOR
Date Of Driving Pass	26/05/2005
Driving Experience	14 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92768875
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 367 YISHUN RING ROAD #07-1536
Postcode	760367
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 - HEAD TO REAR
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER 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	SGL3412D
Vehicle Make/Model/Colour	TOYOTA / VIOS / SILVER
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)

2

Passenger 1

NAME: :

GENDER: : FEMALE

#### DETAILS OF INJURED PERSON 1

Name DRIVER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGL3412D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

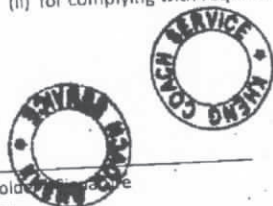
Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SGL3412D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

**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.

Policyholder's Signature  
Date & Time:



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

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

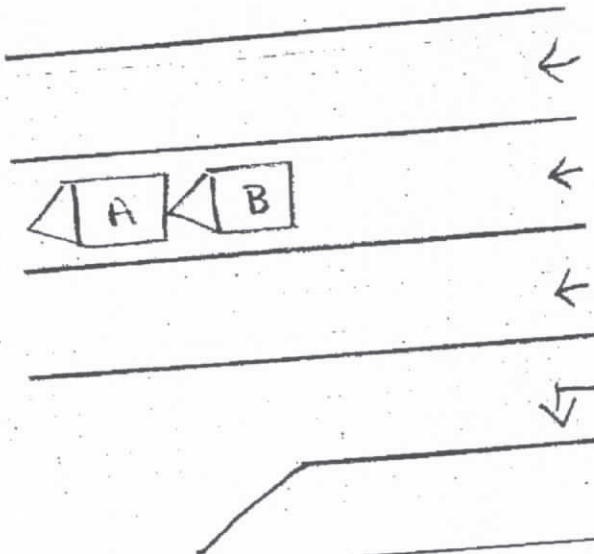


# Accident Sketch Plan Pg. 1

## SKETCH PLAN

A → PC 760 J

B → SGL 3412 D



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Time: 10 June 2019, 1910 hrs

Accident Location: Junction of Vishnu Ave 1 @ Vishnu Street 41

As per police report

☐ Reporting Only ☐ Own Damage ☐ Third Party ☒ Claim at other workshop (OD/TP)

## DECLARATION

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

**IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a FOURTEEN (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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.:

Yvonne Toh



**SINGAPORE  
POLICE FORCE**



T/20190610/2237

1 of 3

Report No. T/20190610/2237

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 10/06/2019 22:25	Vide Report No.: L/20190610/0131	Station Diary No.: 236
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**Informant's Particulars**

Name of Informant: ZAINALABIDIN BIN RASHID			Address: APT BLK 367 YISHUN RING ROAD #07-1536 SINGAPORE 760367	
ID Type / ID No.: NRIC NO / S7042587D			Contact No.: Home/Office:	Mobile: 92768875
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 05/12/1970	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Bus 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: 10/06/2019 19:10	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN AVENUE 1 YISHUN STREET 41 JUNCTION OF YISHUN AVENUE 1 AND YISHUN STREET 41, TOWARDS SELETAR				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC760J	Bus/Coach/Minibus				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20190610/2237

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Report No. T/20190610/2237

**CONTINUATION OF REPORT**

<b>Driver</b>		<b>ID No.</b>		S7042587D	
<b>Name</b>	ZAINALABIDIN BIN RASHID			<b>Contact No.</b>	92768875
<b>Related Vehicle</b>	PC760J (Bus/Coach/Minibus)			<b>Class of Driving Licence &amp; Expiry Date</b>	Class: 3,4 Date of Expiry: NIL
<b>Hospital/Clinic</b>	NIL			<b>Date Treatment</b>	NIL
<b>No. of Days granted Medical Leave</b>	NIL		<b>Date Discharge</b>	NIL	
			<b>Degree of Injury</b>	NIL	

**Brief Details.**

On 10/06/2019 at about 1900hrs, my bus had stopped at the cross junction of Yishun Avenue 1, Yishun Street 41 and Yishun Street 51 as the traffic light was red light. I was at the second lane when there was a silver Toyota Vios, driven by a man in his 60s with a young girl sitting at the front passenger seat, had suddenly collided into the rear of my vehicle. As such, I got down to have a look. Due to the hard impact, my bus was pushed forward from the stop line. The exhaust pipe had bent in, resulting in the leakage of the engine oil. The rear bumper of my bus also had dents and scratches. After which, a Traffic Police Officer arrived and interviewed all of us. My bus was then towed away, whilst the driver of the Toyota Vios was conveyed to hospital. I was then advised to lodge a Police Report vide L/20190610/0131.





**SINGAPORE  
POLICE FORCE**

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999



T/20190610/2237

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Report No. T/20190610/2237

## 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:

L /

Sgt 2 BENJAMIN TAN CHAO FENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALMINDUAN

Contact No.: 65476364

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

10/06/2019 22:25

Classification Of Case:

SN 085