

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	25/06/2019 16:21
Date Of Accident	21/06/2019 03:35
Exact Location Of Accident	ALONG LENTOR AVENUE NEAR TO EXIT TO TPE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7915U
Insured/Policyholder	
Name Of Registered Owner	POO SEE YEOW BUS SERVICES PTE LTD
Co Reg No	201530592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94830003
Alternative Phone No	OFFICE-93751126

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3067091800
Cover Note Number	

Driver

Name of Driver	KHAMARUDIN BIN ABDUL RAHMAN
NRIC No	S6929749H
Date Of Birth	11/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/01/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94830003
Fax Number	
Contact Number	OTHERS-93751126
Email Address	NOEMAIL

Address	BLK 289A COMPASSVALE CRESCENT #02-319
Postcode	541289
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	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	RAINING
Road Surface	WET

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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6

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/20190621/2112

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 INJURED PERSON 1

Name	KHAMARUDIN BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR ASYURAH BINTE AMIR
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 3

Name	DAID PARAI BIN ALI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	PA7915U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident 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.

No. 25A Hillview Ave

#05-12 Glendale Park

Singapore 669617

Tel: 6310 1279 HP: 9843 0003

Reg. 291530592E

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

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

Accident Sketch Plan

SKETCH PLAN

A=PA79154

Lentor Ave



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P13 ref to police report * T/20190621/2112

DECLARATION

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

POO SEE YEOW BUS SERVICES PTE LTD
No. 25A Hillview Ave
#05-12 Glendale Park
Singapore 660612
Tel: 8778 0340 HP: 9843 0003
Reg. 201530592E

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

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/2112

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/20190621/2112

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/06/2019 17:14	Vide Report No.:	Station Diary No.: 84
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Informant's Particulars

Name of Informant: KHAMARUDIN BIN ABDUL RAHMAN			Address: APT BLK 289A COMPASSVALE CRESCENT #02-319 SINGAPORE 541289		
ID Type / ID No.: NRIC NO / S6929749H			Contact No.: Home/Office: Mobile: 93751126		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 11/09/1969	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: Van driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/06/2019 03:35	Type of Location: Flyover
Location: Along Road 1 LENTOR AVENUE				
Near to Exit to TPE (Changi)				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume. No Traffic
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA7915U	Van				Slightly Damaged	5

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/2112

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/20190621/2112

CONTINUATION OF REPORT

Passenger			
Name	NUR ASYURAH BINTE AMIR	ID No.	S9349737F
Related Vehicle	PA7915U (Van)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	KHAMARUDIN BIN ABDUL RAHMAN	ID No.	S6929749H
Related Vehicle	PA7915U (Van)	Contact No.	93751126
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	SAID PARAI BIN ALI	ID No.	S7211627E
Related Vehicle	PA7915U (Van)	Contact No.	NIL
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/06/2019	Date Discharge	21/06/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along the Lentor Avenue Flyover. Suddenly I heard an explosion which I suspect that my tyre was burst. I then felt that my steering wheel was stiff and I could not brake properly. I then lost control my van and I hit the road side wall. I was conveyed to the Sengkang general hospital and was given 3 days MC due to injury sustained on my right ankle.

I wish to state that I have in-car camera.

POLICE REPORT



**SINGAPORE
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T/20190621/2112

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/20190621/2112

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190621/2112

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

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Report No. T/20190621/2112

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 CHUA KEE LENG

Signature Of Interpreter:

~~Not applicable~~

Officer In Charge Of Case:

TP / GHT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN

SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

21/06/2019 17:14

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



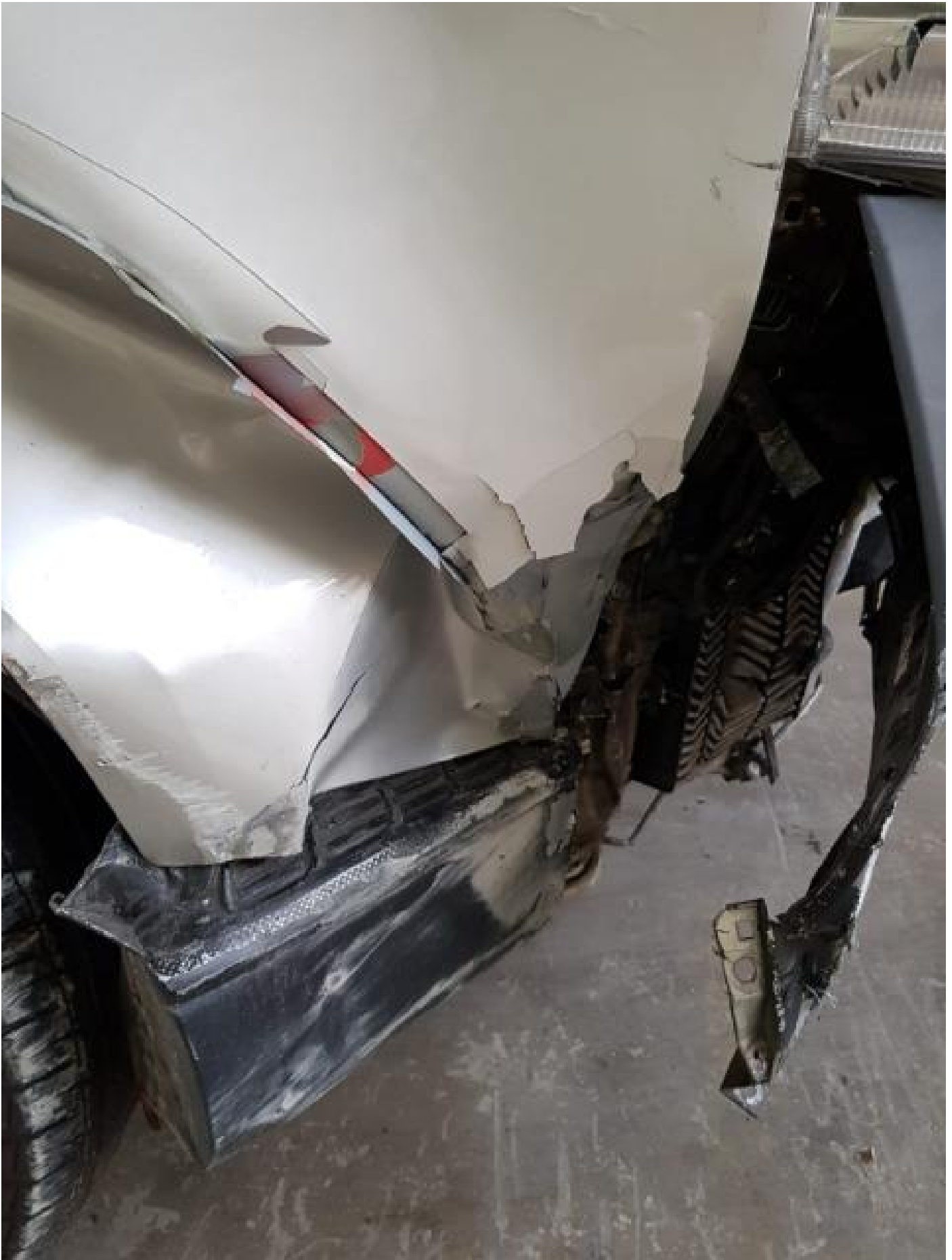
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Accident Photo



Accident Photo



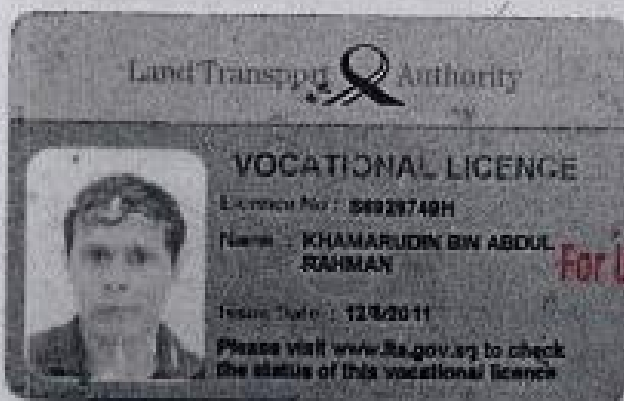
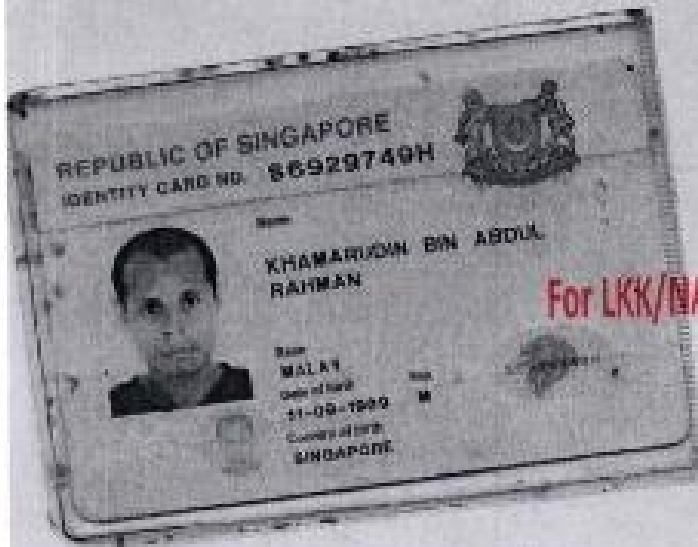
Accident Photo



Accident Photo



Identification Card



HY 9375 1126

Driving License

