

## 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	25/03/2019 14:31
Date Of Accident	24/03/2019 17:50
Exact Location Of Accident	T-JUNCTION KEPPEL WAY (NEAR VIVO CITY)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4773X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADVAN ENGINEERING PTE LTD
Co Reg No	200608883C
Email Address	ENQUIRE@ADVAN.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62605536

### Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6107HE-6.7 D (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078019123-03
Cover Note Number	

### Driver

Name of Driver	BRAR KULWINDER SINGH
Passport No/FIN	G6952815K
Date Of Birth	05/04/1991
Occupation	INDOOR
Date Of Driving Pass	06/10/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87846100
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	C/O1 TAMPINES NORTH DRIVE 1
	#08-66
Postcode	528559
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 - CHANGE/CROSS LANE
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?	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)	46

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER SKETCH PLAN ATTACH.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS9130T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YE PING
NRIC/Passport Number	G0909022W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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:

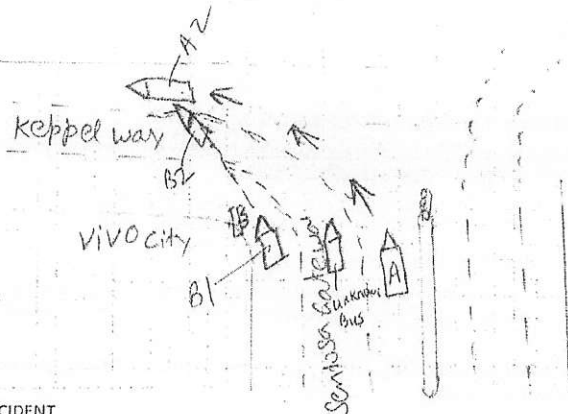
*Kulwz*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25/03/19

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

SKETCH PLAN

A - PC4773X

B - SKS9130T



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Keppel Way on the outer lane.  
 After the Sentosa Gateway, I was still on my lane,  
 suddenly I heard a sound. I check my left  
 wing mirror I notice a black vehicle beside my vehicle.  
 I stop a side and went down and realize that this  
 vehicle (B) had collide onto my vehicle left side  
 portion.

☐ claim OD / TP at Falcon-Air ☒ claim OD / TP Own W/shop ☐ Reporting Only

DECLARATION

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

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.:



**SINGAPORE  
POLICE FORCE**



T/20190422/2167

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/20190422/2167

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/04/2019 21:11		Vide Report No.:		Station Diary No.: 215	
<b>Informant's Particulars</b>					
Name of Informant: BRAR KULWINDER SINGH			Address: APT BLK 21 TEBAN GARDENS ROAD #29-123 TEBAN VISTA SINGAPORE 600021		
ID Type / ID No.: FIN NO / G6952815K			Contact No.: Home/Office: Mobile: 87846100		
Nationality: INDIAN			Email:		
Sex: Male	Age: 28	Date of Birth: 05/04/1991	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 24/03/2019 17:50	Type of Location: Bend
Location: Along Road 1 Traveling Toward Road 2 SENTOSA GATEWAY				
From Sentosa Gateway turning into Keppel Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
PC4773X	Bus/Coach/Mi nibus				Slightly Damaged	45
SKS9130T	Car				Seriously Damaged	2

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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649482  
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Report No. T/20190422/2167

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	BRAR KULWINDER SINGH		ID No. G6952815K
Related Vehicle	PC4773X (Bus/Coach/Minibus)		Contact No. 87846100
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
<b>Driver</b>			
Name	YE PING		ID No. G0909022W
Related Vehicle	SKS9130T (Car)		Contact No. 90084470
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.**

I am lodging this report because I received a letter from Traffic Police addressed to my company(Advan Engineering Pte Ltd, Blk 1 Tampines North Drive 1 #08-66). The letter is dated 09/04/2019, reference number: TP/IP/23641/2019. I was informed to lodge a traffic accident report as there is ongoing investigation in the case.

On 24/03/2019 at about 1750hrs, I was travelling in my company bus PC4773X from Sentosa Gateway turning left into Keppel way on the outer right lane. While on the left bend, I heard a sound and when I check my left wing mirror, I noticed a black vehicle (SKS9130T) right beside my vehicle. I stopped at the side and also notified the other car to stop.

We made a check on both our vehicles and I realized that my bus had a many scratch/dents on the left front tire area and the front door. The other car suffered a dent on the right front driver car door. As there was no injuries on both parties, no traffic police at scene and no government property damaged, we decided not to lodge a police report and proceed with insurance claim. I exchanged particulars with the other driver and took photo of the scene.

I have all the photos and a cctv video recording of the incident. I am lodging this report as part of traffic police investigation purposes. I have a witness on the bus (Jakelin, HP:96626779)



SINGAPORE  
POLICE FORCE



T/20190422/2167

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Report No. T/20190422/2167

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/  
CHONG JUN YI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Authentication Stamp



Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:  
22/04/2019 21:11

Classification Of Case: