SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

EMail Address

Fax Number
Contact Number

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	23/07/2019 13:07
Date Of Accident	18/07/2019 11:10
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6395A
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-93854206
Alternative Phone No	OFFICE-83774697
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
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	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	DMB1SN1745231802
Cover Note Number	
Driver	
Name of Driver	SIM SOON HUAT
NRIC No	S0209899G
Date Of Birth	03/04/1954
Occupation	OUTDOOR
Date Of Driving Pass	18/10/1977
Driving Experience	41 YEARS AND 9 MONTHS
Gender	MALE

(LOCAL) +65-93854206

OTHERS-83774697

BC@LONGLIM.COM

Address BLK 22 BOON KENG ROAD

#03-27

Postcode 330022

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 (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

2

NO

NO

8

ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 ,

Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190720/2142 & T/20190731/2101

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 SLZ5732J

Vehicle Make/Model/Colour PEUGEOT

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)

Accident Sketch Plan

SKETCH PLAN

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 Oriver
- extension provided must be as truthled and accurate as possible. Any wiful nucropresentation or attributing of material facts may allow insurance companies to repudiate policy liability.
- 4. The later and acceptance of this Point by insurance elements in not an admission of golley the day on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for Investigation.
- The report will be forwarded by the leavers 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.
- By the tridgment 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 mode available aforesaid.
- 8. Convent under the Personal Data Protection Act (PDPA)

I understand, scknowledge, 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 sat 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 (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)) who have insured vehicle(s) involved in this accident (all insurer(s)).
 - 10 processing, handling and/or dealing with my claims including the settlement of the claims and any necessary exestigations relating to the claims.
 - (ii) investigating the accident and/or my claims;
 - (A) carrying out and/or dealing with my instructions or responding to any enquiries by me-
 - [w] 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 incurer(s) who have insured vehicle(s) involved in this accident and the insurers' lewyers/law farms, 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/cen be disclosed by any of the Insurers and/or GIA to their third party service providers of agents Circluding their twoyers/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.
- (iii) 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 hand, 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 Outs & Time:

Driver's Signature of driver is not the policybolated Cone & Time: 23/07/2019 RORI, WONTERS

Accident Sketch Plan

A CHILDEN
Wandstands Centre Road R - 5165752 J
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
Refer to Police Report No T/2019 07 20/2142
DECLARATION 1/400 declar/std Congress are true in every respect 1/400 declar/std Co





Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Report No. T/20190720/2142

Tel No: 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

	ne Report 1 119 17:02	Made:	Vide Report No.: L/20190718/0193	Station Diary No.: 50		
Informa	nt's Partic	ulars				
	Informant. ON HUAT		Address: APT BLK 22 BOON KENG R 330022	OAD #03-27 SINGAPORE		
ID Type I	ID No.: 0 / S02098	99G	Contact No.: Home/Office: Mobile: 83774697			
Nationali SINGAPI	ty: ORE CITIZ	EN	Email:	77777		
Sex: Male	Age: 65	Date of Birth: 03/04/1954	Type of Informant: Driver			
Race: Chinese			Language: English	Institution / School Name:		
Occupati BUS DRI			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 11:10	Type of Location Straight Road
Location: Along Road 1 WOODLAND: Weather	S CENTRE ROAD	Road Surface:		Road Speed Limit
		Day		The state of the s
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:

	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CB6395A	Bus/Coach/Mi nibus	TOYOTA		White	The second second	8
SLG5732J	Car	PEUGEOT		Orange	Slightly Damaged	1

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



T/20190720/2142

Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

2 of 3 Report No. T/20190720/2142

Tel No: 1800-2969999 CONTINUATION OF REPORT

Driver		DESIGNATION OF THE PARTY OF THE	PROFESSION OF	100	033550	
Name	SIM SOON HUAT			ID No		S0209899G
Related Vehicle	CB6395A (Bus/Coach/Minibus)			Conta	ict No.	83774697
Hospital/Clinic	NIL			Class Drivin Licens Expire	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	and the real of the feature of	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree o	-	NIL	

Brief Details.

On 18/07/2019 at about 1110hrs, I was driving along Woodlands Centre Road near the Woodlands Train Station Taxi Stand. I was driving in the middle lane. A car from my right side change lane without signaling into my lane. I horn him however he continue and as such his car collided with my minibus. The damages to his car is on scratches on the left rear bumper. The damages to my minibus is that my right signal light cover is broken. That is all. There were passengers inside both vehicles however no one was injured. Police attended to the scene. That is all.



Police Station Of Origin: Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072 Tel No: 1800-2969999 T/20190720/2142

3 of 3 Report No. T/20190720/2142

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:	Signature Of Informant:
Sgl 2 MUHAMMAD RUSYDI BIN MOHD YUSOFF	Jes workey
Signature Of Interpreter: Not applicable	Date/Time: 20/07/2019 17:02
Officer in Charge Of Case: TP / GIT / Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN Contact No.: 65476206	Classification Of Case:
Authentication Stamp	

694





Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207 Report No. T/20190731/2101

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

	me Report I 019 15:12	Made:	Vide Report No.: T/20190720/2142	Station Diary No.: 20	
Informa	int's Partic	ulars			
	f Informant: ON HUAT		Address: APT BLK 22 BOON KENG 330022	ROAD #03-27 SINGAPORE	
	/ ID No.: 0 / S02098	99G	Contact No.: Home/Office: Mobile: 83774697		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 65	Date of Birth: 03/04/1954	Type of Informant: Driver		
Race: Chinese			Language: Chinese	Institution / School Name:	
Occupat BUS DR	NA COLUMN		Driving Licence Information Class: 2B,2A,2,3	Date of Expiry:	

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/07/2019 11:10	Type of Location Straight Road
Location: Along Road 1 WOODLAND: Weather:	S CENTRE ROAD	Road Surface:		Road Speed Limit:
Clear		Dry		
AND DESCRIPTION OF THE PARTY OF		Traffic Control: Not Controlled		Traffic Volume: Heavy

Details of V	ehicle Involved		TEN PROPERTY	THE PARTY OF		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CB6395A	Bus/Coach/Mi nibus (School Children)		HIACE	White	Slightly Damaged	8
SLZ5732J	Car	HONDA	SHUTTLE HYBRID 1.5 AUTO	Silver	Slightly Damaged	1



T/20190731/2101

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT
Tel No: 1800-2549999

2 of 3 Report No. T/20190731/2101

Any Pedestrian I		STATE OF THE PARTY.	NAME OF STREET			THE REAL PROPERTY.
No. of Pedestrian			Use of F	Pedestria	n Cross	ing: NA
Driver		17 STIES		PERMIT	Her Su	
Name	SIM SOON HUAT			ID No).	S0209899G
Related Vehicle	CB6395A (Bus/Coach/Minibus (School Children))			Conta	act No.	83774697
Hospital/Clinic	NIL				of g ce & y Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL		Date Dis		NIL	
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL	

Brief Details.

I am lodging this report reference to the previous traffic accident report I lodged, T/20190720/2142, as the other party's vehicle registration no. is keyed wrongly. The registration no. for his vehicle should be SLZ5732J

On 18/07/19 at about 1110hrs, I was driving along Woodlands Centre Road near the Woodlands Train Station Taxi Stand. I was driving in the middle lane. A car from my right side change lane without signaling into my lane. I hom him however he continue and as such his car collided with my minibus. The damages to his car is on scratches on the left rear bumper. The damages to my minibus is that my right signal light cover is broken. That is all. There were passengers inside both vehicles however no one was injured. Police attended to the scene. That is all.





0190731/2101

3 of 3

Police Station Of Origin:
Boon Teck NPP
207 Tea Payoh North #01-1231 SINGAPORE
310207 CONTINUATION OF REPORT
Tel No: 1800-2549999

Report No. T/20190731/2101

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 Informant:

Sgt 2 MARCUS TEO

Signature Of Interpreter:
Not applicable

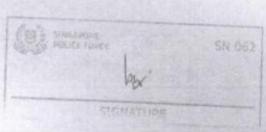
Officer In Charge Of Case:

Signature Of Officer Recording The Report

TP / GIT /
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEN
Contact No. 65476206

Authentication Stamp

Date/Time: 31/07/2019 15:12 Classification Of Case:

















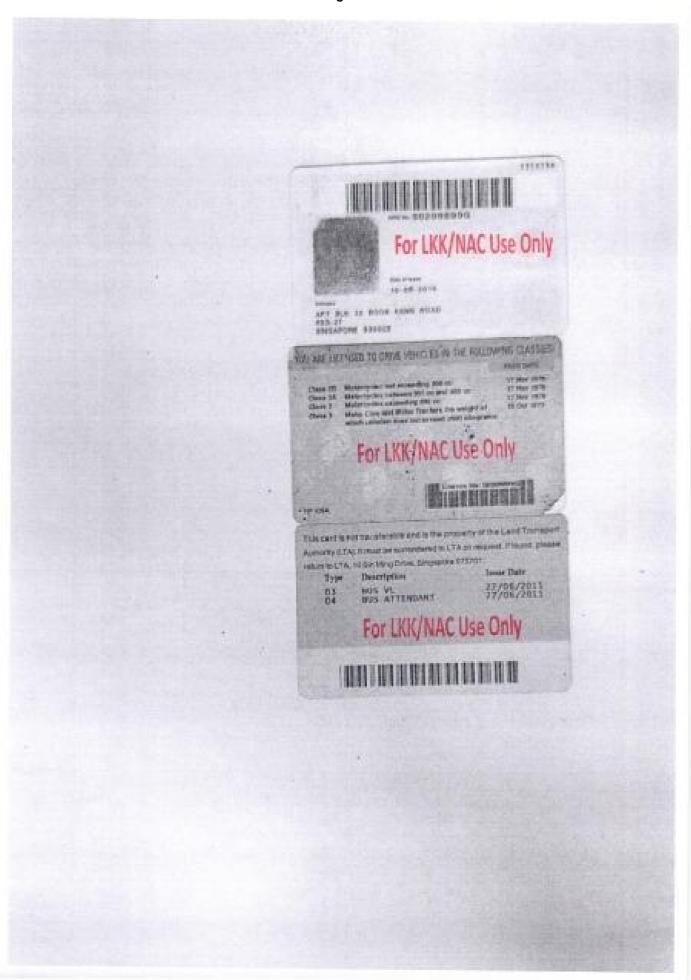




Identification Card



Driving License



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapo Tel (65) 6224 0010 Fax (65) 6224 0090

Operating Hours : Monday to Friday, 09:00 - 17:00 UCN: \$846500300 / GST Reg. No.: M400017785 IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA 449 0 96 223 . Vehicle Registration No: CB6395 A Namerashownin NRICE: LONGTON PAC LOC NRIC/FIN/Passport No : (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address _Singapore(Contact (Tel) _Mobile No .: 9033 0917. Email Address Date of Accident : 18 07 30 19 Time of Accident : 11' (Ohro. Place of Accident : NOOdlands (entre Road. Insurance Company: China Taiping Ins (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

			120/2142	picte 1
			5425732	J
	Man Wall			

Policyholder / Driver's Signature

NRIC/FIN No.:

Date: