

## 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	03/08/2019 16:26
Date Of Accident	25/07/2019 09:20
Exact Location Of Accident	DOWNTOWN EAST OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8350S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TING TRANSPORT PTE LTD
Co Reg No	201915298G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91018406
Alternative Phone No	OFFICE-91018406

### Vehicle Particulars

Manufacturer	mitsubishi
Model	RM117NSRDEB
Exact Purpose for which vehicle was being used at time of accident	WOKING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5110150621-01
Cover Note Number	

### Driver

Name of Driver	TOH CHOON PENG
NRIC No	S1549507C
Date Of Birth	08/03/1962
Occupation	OUTDOOR
Date Of Driving Pass	20/07/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98588197
Fax Number	
Contact Number	OFFICE-98588197
EEmail Address	NOEMAIL

Address	BLK 658 JALAN TENAGA #09-150
Postcode	410658
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 PROPERTY
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	1
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.	NO
Number of Passengers (Including Driver)	26

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4439999 - <b>FAX NO:</b> 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - G/20190802/2057.

#### 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	BARRIER
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

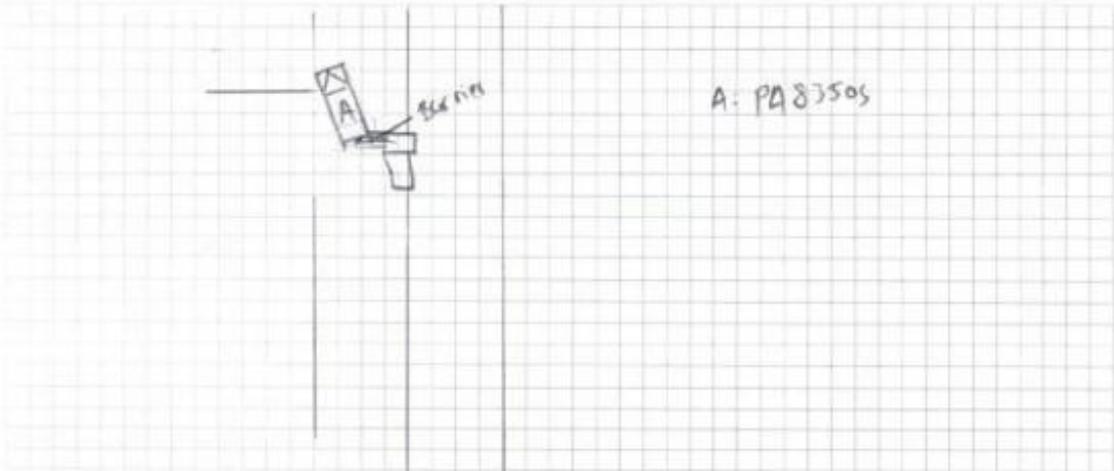
Nature Of Damage

No. Of Passenger (Including Driver)



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 6/2019 08024 2057.

DECLARATION

I/We declare that 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.:

Police Report



**SINGAPORE  
POLICE FORCE**



G/20190802/2057

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**POLICE REPORT (NP299)**

Report No. G/20190802/2057

Police Station Of Origin  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Date/Time Report Made 02/08/2019 13:11		Vide Report No.		Station Diary No. 5	
Name Of Informant TOH CHOON PENG		Address APT BLK 658 JALAN TENAGA #09-150 SINGAPORE 410658			
ID Type / ID No. NRIC NO / S1549507C		Contact No. Home/Office		Mobile 98588197	
Nationality SINGAPORE CITIZEN		Email Address			
Occupation Bus driver		Sex Male	Age 57	Date of Birth 08/03/1962	Race Chinese
Institution/School Name		Language English			
Date/Time Of Incident 25/07/2019 09:20		Location Of Incident 1 PASIR RIS CLOSE DOWNTOWN EAST SINGAPORE 519599			

**Brief details.**

On 25/07/2019 at about 0920hrs, I am driving bus reg no:PA8350S (orange color/45 seater) entering Pasir Ris Downtown East. At that point of time I had school children and teachers from My First Skool (Punggol) as my passenger.

As I enter the Pasir Ris Downtown East carpark gantry and when I turn left, I heard a little sound from my rear side of the bus as such I checked my side mirror, nothing happens.

When I alighted the children and teachers, I made a check on my bus rear side and discovered that my

Signature Of Officer Recording The Report: G / Sr Staff Sgt ZULKANA IEN BIN ENDRA		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 02/08/2019 13:11	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Sr Staff Sgt CHUA ZHI WEN Contact No.: 62447200		Classification Of Case:	

Authentication Stamp

Police Report



SINGAPORE  
POLICE FORCE



G/20190802/2057

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190802/2057

rear right slight scratch as such I called my supervisor, namely Andrew hp: 91018406 and informed him about the bus rear side had some scratches.

It was not raining at that point of time and no one was injured. My supervisor told me if there is anything, somebody will call and notify them. My company is one, Tonwin Bus Services located at Blk 319 Clementi Ave 4 #06-83 Singapore 120319 Tel:67740663/98471111 Fax:67775473.

On 01/08/2019, my supervisor called me informing me that the NTUC insurance company told me to make a police report for insurance claim as the incident happened on 25/07/2019, as my bus had some scratches on the rear right side. My supervisor also told me that maybe my bus that I drove on that day had hit the carpark gantry box (yellow color) at Pasir Ris Downtown East without me realizing. My supervisor also send me a picture of the carpark gantry yellow box.

My bus had a camera, however install on both side to view the rear only.

I had been driving bus for company Tonwin Bus Service for about 2 years. I had been working and driving bus for about 25 years.

Claim number is one: MT/105503-001

As such I was advised and I am lodging this report for insurance claim and for my record purposes.

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Accident Photo



**Accident Photo**



**Accident Photo**



**Accident Photo**



Accident Photo



Accident Photo



Accident Photo

