

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	04/11/2019 09:44
Date Of Accident	24/10/2019 21:00
Exact Location Of Accident	JUNC BOON LAY PLACE & BOON LAY AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1000M
Insured/Policyholder	
Name Of Registered Owner	TRAVEL GSH PTE LTD
Co Reg No	199205400K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86133011
Alternative Phone No	OFFICE-86133011

Vehicle Particulars

Manufacturer	ZHONG TONG
Model	LCK6118H
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5112415009
Cover Note Number	

Driver

Name of Driver	BAI JIANFENG
Passport No/FIN	G2059251L
Date Of Birth	24/08/1972
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2014
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90382986
Fax Number	
Contact Number	OFFICE-90382986
Email Address	NOEMAIL

Address	BLK 36 KIM TIAN ROAD #29-02 REGENCY SUITES
Postcode	169279
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	NO COLLISION
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?	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)	31

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - J/20191025/2115.

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 INJURED PERSON 1

Name	BAI JIANFENG
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC1000M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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:

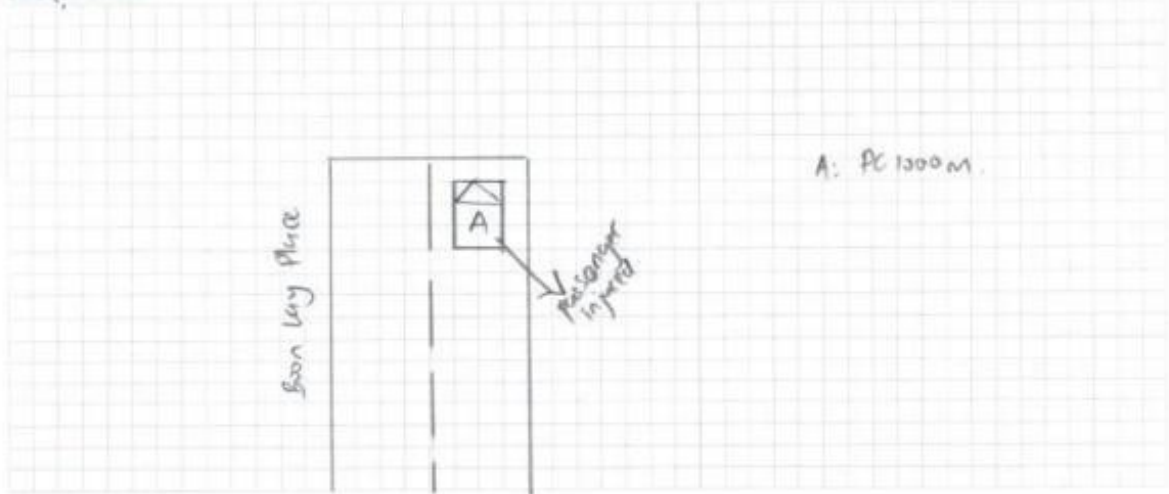
白建峰

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

Handwritten signature of Reporting Centre Personnel.

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - J/20141225/2115.

DECLARATION

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

Policyholder's Signature
Date & Time:



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

白建峰

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

7/11/15

Police Report



**SINGAPORE
POLICE FORCE**



J/20191025/2115

1 of 2

POLICE REPORT (NP299)

Report No. J/20191025/2115

Police Station Of Origin
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Date/Time Report Made 25/10/2019 22:24		Vide Report No.		Station Diary No. 563	
Name Of Informant BAI JIANFENG		Address APT BLK 36 KIM TIAN ROAD #29-02 REGENCY SUITES SINGAPORE 169279			
ID Type / ID No. FIN NO / G2059251L		Contact No. Home/Office Mobile 90382986			
Nationality CHINESE		Email Address			
Occupation Bus driver		Sex Male	Age 47	Date of Birth 24/08/1972	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 24/10/2019 21:00		Location Of Incident BOON LAY PLACE SINGAPORE Traffic junction near Boon Lay Shopping Centre			

Brief details.

On 24/10/2019, at about 2100hrs, I was driving my private bus bearing registration number PC1000M along Boon Lay Place. Before that, I had picked up 30-over passengers at Boon Lay Shopping Centre. The passengers had booked the bus service through my company, Travel GSH Pte Ltd. While travelling along Boon Lay Place, the traffic light at the traffic junction turned red. Thus, I jammed my brakes and as a result, a Malay passenger, who was standing up, then lost his balance and hit his head against the front windscreen of my bus. The front windscreen of my bus suffered a crack as a result. However, the Malay

Signature Of Officer Recording The Report: J / Sgt 2 CHONG JIA WEI	Signature Of Informant: 白建峰
Signature Of Interpreter: Not applicable	Date/Time: 25/10/2019 22:24
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 GOH MING LI Contact No.: 63167666	Classification Of Case:

Authentication Stamp

 SIGNATURE

Police Report



SINGAPORE
POLICE FORCE



J/20191025/2115

2 of 2

POLICE REPORT (NP259)

CONTINUATION OF REPORT

Report No. J/20191025/2115

passenger was not bleeding from his head.

I called for ambulance after seeking advice from my company. Ambulance made a check on the Malay passenger and subsequently conveyed him to hospital. Police was not call in for the incident.

I am lodging this report for record purpose under my company instruction.

Signature Of Officer Recording The Report:

J / Sgt 2 CHONG JIA WEI

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 GOH MING LI
Contact No. : 63167666

Signature Of Informant:

Date/Time:
25/10/2019 22:24

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

