

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	25/11/2019 18:06
Date Of Accident	23/11/2019 16:00
Exact Location Of Accident	566 WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8417Z
Insured/Policyholder	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	201424387C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-89135366
Alternative Phone No	OFFICE-89135366

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6119H-3.0 D (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1928671900
Cover Note Number	

Driver

Name of Driver	LI ZHIYOU
NRIC No	G2606441X
Date Of Birth	12/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-89135366
Fax Number	
Contact Number	OFFICE-89135366
EEmail Address	NOEMAIL

Address	-
Postcode	
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	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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT G/20191125/2040

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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:

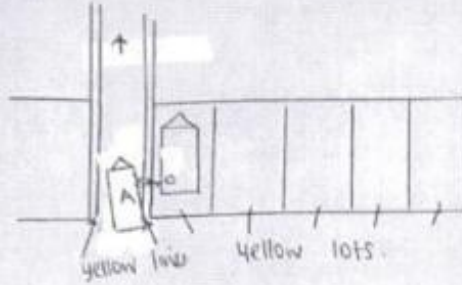


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



A=PC8417Z.

566 Woodlands Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P19 ref to police report * 6/2019/1125/2042

DECLARATION

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

Policyholder's Signature
Date & Time:



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

26/6/2019
Reporting Centre Representative's Signature
Name:
NRIC/PRN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20191125/2042

1 of 2

POLICE REPORT (NP299)

Report No: G/20191125/2042

Police Station Of Origin
Tampines N.P.C.
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Date/Time Report Made 25/11/2019 13:02	Vide Report No. G/20191124/2028	Station Diary No. 69
Name Of Informant LI ZHIYOU	Address C/O LONGLIM PTE LTD SINGAPORE	
ID Type / ID No. FIN NO / G2606441X	Contact No. Home/Office	Mobile 89135366
Nationality CHINESE	Email Address	
Occupation BUS DRIVER	Sex Male	Age 35
Institution/School Name	Date of Birth 12/10/1984	Race Chinese
Date/Time Of Incident 23/11/2019 16:00	Location Of Incident 566 WOODLANDS ROAD UNNAMED SINGAPORE 728697	

Brief details.

On 23/11/19 at around 1600 hours I brought my company bus to the workshop for servicing. When I was reversing the vehicle into the correct position, I followed the line on the box, moving into the space, and suddenly I heard someone shouted. I stopped immediately and I realized that I had run over the feet of one of the servicing crew, whose legs were sticking out from the bottom of the bus that was in the box next to mine.

I am making this report for my company to claim insurance.

Signature Of Officer Recording The Report:

G / Sr Staff Sgt NURUL HUDA BINTE HASHIM

Signature Of Informant:

Li zhi you

Signature Of Interpreter:

Not applicable

Chan zhen nai benedict, 80224139D

Date/Time:

25/11/2019 13:02

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NEO JIN MING, EDWIN
Contact No: 62447200

Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



G/20191125/2042

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191125/2042

Signature Of Officer Recording The Report:

G / Sr Staff Sgt NURUL HUDA BINTE HASHIM

Signature Of Interpreter:
Not applicable

Chen Zhen Wai Benedict 89241390

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
Sr Staff Sgt NEO JIN MING, EDWIN
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Li Zhi Yu

Date/Time:
25/11/2019 13:02

Classification Of Case:



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665300200 / GST Reg. No.: M400017733

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 : MUA419155751 Vehicle Registration No: PC 84172
Name (as shown in NRIC) : LI ZHIYU NRIC/FIN/Passport No : G2606441X
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 89135366
Email Address : _____
Date of Accident : 23/11/2019 Time of Accident : 16:00
Place of Accident : 566 Woodlands Road
Insurance Company : CITICORP INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

ALREADY APPROACH OFFEREDS RECLAIMS CLAIMS

Policyholder / Driver's Signature
Date:

26/11/2019
Reporting Centre Personnel's Signature
Name: ROSE L. LESTER
NRIC/FIN No.:
Date: