

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	03/01/2020 17:12
Date Of Accident	03/01/2020 06:30
Exact Location Of Accident	JUNC OF JLN SENANG & JLN KRIAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6338R
Insured/Policyholder	
Name Of Registered Owner	BRISKEN TRANSPORT SERVICE
Co Reg No	5XXXX100M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67474825

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	NO
Policy Number	5107553707
Cover Note Number	

Driver

Name of Driver	XUE DEFA
NRIC No	GXXXX144N
Date Of Birth	21/01/1976
Occupation	OUTDOOR
Date Of Driving Pass	25/11/2014
Driving Experience	5 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96138892
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 3004 UBI AVE 3 #03-96
Postcode	408860
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 - MAJOR/MINOR RD
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?	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)	9

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200103/2039

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBB790T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHILDREN 1

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name CHILDREN 2

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CHILDREN 3

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHILDREN 4

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

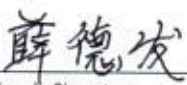
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.:

SKETCH PLAN

Jln Krian

Jln Serang

A = CB 6338 R

B = GBB 790 T

$$B = 688.790 T$$

Refer to Police Report T/20200103 12039

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



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

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



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2020 12:00	Vide Report No.: G/20200103/0055	Station Diary No.:
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Informant's Particulars

Name of Informant: XUE DEFA			Address: APT BLK 3004 UBI AVENUE 3 #03-96 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408860		
ID Type / ID No.: FIN NO / G2510144N			Contact No.: Home/Office: Mobile: 96138892		
Nationality: CHINESE			Email:		
Sex: Male	Age: 43	Date of Birth: 21/01/1976	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/01/2020 06:30	Type of Location: X-Junction
Location: Along Road 1 JALAN SENANG JLN SENANG X JLN KRIAN				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6338R	Bus/Coach/Minibus (School Children)		HIACE 3.0DX A		Seriously Damaged	0
GBB790T	Lorry		DYNA 150 MANUAL			0



**SINGAPORE
POLICE FORCE**



T/20200103/2039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20200103/2039

CONTINUATION OF REPORT

Brief Details.

At the above mention date time and location,

I was driving my vehicle to Ngee Ann Primary School. I was at the junction of Jalan Senang when I wanted to straight and suddenly a lorry came from my left and collided with my vehicle. After the accident the lorry driver stopped and we exchange particulars. There was eight children in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20200103/2039

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20200103/2039

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:
TP /
SM NAYKIB SYAWAL BIN NAZMUL HASSAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Authentication Stamp
NP168

Signature Of Informant:

薛德发

Date/Time:
03/01/2020 12:00

Classification Of Case:

SINGAPORE
POLICE FORCE

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107553707

Cover : Third Party, Fire & Theft

- | | |
|--|-----------------------------|
| 1. Index mark and Registration Number of Vehicle | : CB6338R |
| Chassis Number | : KDH2010012046 |
| 2. Name of Policyholder | : BRISKEN TRANSPORT SERVICE |
| 3. Effective Date of Insurance | : 03 Mar 2019 |
| 4. Expiry Date of Insurance | : 02 Mar 2020 |
| 5. Persons or Classes of Persons entitled to drive* | |
| (a) The Policyholder. | |
| (b) Any other person who is driving on the Policyholder's order or with his/her permission.
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle. | |
| 6. Limitations as to Use* | |
| (a) Use for the carriage of passengers in connection with the Policyholder's business. | |
| (b) Limited to carry 11 passengers | |

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing.
- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

GEOGRAPHICAL LIMIT	: WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: N/A
EXCESS (SECTION II)	: S\$1,500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: CHUAN HUA CO (PTE) LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : SSTA INSURANCE AGENCY PTE. LTD. (00000572949)
Date of Issue : 25 Feb 2019 16:42 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive

Claim Handling

Accident MT/1078440

Policy No.	5107553707	Vehicle No.	CB6338R	GST Registration No.	
Certificate No.					
Policyholder Name	BRISKEN TRANSPORT SERVICE	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53168100M
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	67474825	Special Remark		Contact No.(Home)	
Email Address		TCA	No Yes	eCode	No
KFK	No Yes	NCD Entitlement(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No
Accident Details					
Report Date	03/01/2020 18:14	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major/Minor Road
Date of Accident	03/01/2020	Time of Accident hh:mm	06:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	JUNC OF JLN SENANG & JLN KRJAN				
Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
QD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED QD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total QD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
Benefits					
GST Registered Information					
GST Registered	Yes	GST Registration Date	17/10/2013		
GST Registration No.	M90368731N	GST Status Verified	Yes		
Modification History	03/01/2020 18:16:04 System changed GST Registered from No to Yes 03/01/2020 18:16:04 System changed GST Registration No. from null to M90368731N 03/01/2020 18:16:04 System changed GST Registration Date from null to 17/10/2013				
Policyholder Mailing Address					
Address 1	BLK 3004 #03-96	Address 2	UBI AVENUE 3	Address 3	SINGAPORE 408860
Address 4		Address Type	Singapore address	Post Code	408860
Unit No.		Related Policy Number	5108907665		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	21/01/1976
Unnamed driver Name	XUE DEFA	Driver NRIC	GXXXX144N	Driving Experience	5
Register Date of Driver License	25/11/2014	Driver Age	43	Contact No.(Home)	
Contact No.(Mobile)	96138892	Contact No.(Office)		Address 3	KAMPONG UBI INDUSTRIAL
Address 1	BLK 3004 #03-96	Address 2	UBI AVENUE 3	Address 3	
Address 4	SINGAPORE 408860	Address Type	Singapore address	Post Code	408860
Unit No.	03-96				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	No Yes		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	BRISKEN TRANSPORT SERVICE	Insured NRIC	53168100M	
Contact No.(Mobile)	97365432	Contact No.(Home)		Contact No.(Office)	6747771	
Email Address	stbus@singnet.com.sg	Q1	CB6338R	TP	GBB79	
Claim Description	CB6338R / GBB790T ON 3 Jan 2020				Name of Preferred Workshop	0
Preferred Workshop	0	Insured Liability	Partially at Fault			
Contact No. Finalisation	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	03/01/2020 18:15	Claim Close Date		Date Received	03/01/	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AX letter						

Save Submit

Attachment

Accident No.	MT/1078440	Claim No.	001
Last Doc. Received	Yes No	Upload Date	03/01/2020 18:18
Path *			
Choose File	No file chosen	Category *	Confidential
Choose File	No file chosen	Urgency *	Normal
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Choose File	No file chosen		
Message Read			
Attachment List			

Attachment	Uploaded By/Date	Category	?	Urgency	Description	M
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:18	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:18	SAS		Normal	SAS 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:18	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:18	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 03 Jan 2020 18:17	Photos		Normal	Photos 2020-1-3	

Video List

Uploaded By/Date	Folder Date	File Name	?	Source
		Display in New Window	Scan and uploading	