

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 | 06/02/2020 11:40 |
| Date Of Accident | 02/02/2020 06:55 |
| Exact Location Of Accident | 70 TUAS SOUTH AVE 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------------|
| Vehicle Registration Number | PC6995J |
| Insured/Policyholder | |
| Name Of Registered Owner | ISLAND BUS EXPRESS PTE LTD |
| Co Reg No | 2XXXXX213D |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91281115 |
| Alternative Phone No | OFFICE-91281115 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | ZHONG TONG |
| Model | LCK6107H AUTO |
| 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 | THIRD PARTY |
| Vehicle Category | BUS |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | YES |
| Policy Number | 5113288926 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LIU LINSHUAI |
| Passport No/FIN | GXXXX405L |
| Date Of Birth | 24/09/1995 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/05/2019 |
| Driving Experience | 0 YEAR AND 8 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97235334 |
| Fax Number | |
| Contact Number | OFFICE-97235334 |
| Email Address | NOEMAIL |

| | |
|---|-------------------------------------|
| Address | BLK 705 HOUGANG AVENUE 2 #12-259 |
| Postcode | 530705 |
| 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 | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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? | 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) | 7 |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2448999 - FAX NO: 62446558 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - G/20200203/2021.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|--------------------|
| Vehicle Registration Number | YP2185G |
| 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)

Accident Sketch Plan

SKETCH PLAN

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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.
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 insurers 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



Van A -> PC 6995 J
Van B -> YP 2185 G

Accident Sketch Plan

Describe Circumstances of the Accident

Refer to police report

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

Witnessed by Reporting Centre Personnel

Police Report



**SINGAPORE
POLICE FORCE**



G/20200203/2021

1 of 2

POLICE REPORT (NP299)

Report No. G/20200203/2021

Police Station Of Origin
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

| | | | | | |
|---|--|---|-----------|-----------------------------|-----------------|
| Date/Time Report Made 03/02/2020 10:53 | | Vide Report No. | | Station Diary No. 13 | |
| Name Of Informant LIU LINSHUAI | | Address APT BLK 705 HOUGANG AVENUE 2 #12-259 SINGAPORE 530705 | | | |
| ID Type / ID No. FIN NO / G8567405L | | Contact No. Home/Office Mobile 97235334 | | | |
| Nationality CHINESE | | Email Address | | | |
| Occupation Bus Driver | | Sex Male | Age 24 | Date of Birth 24/09/1995 | Race Chinese |
| Institution/School Name | | Language Chinese | | | |
| Date/Time Of Incident 02/02/2020 06:55 | | Location Of Incident 70 TUAS SOUTH AVENUE 1 TUAS VIEW DORMITORY SINGAPORE 637285 Carpark | | | |

Brief details.

I am the above mentioned person. I am currently working as a driver for Island Bus Express Pte Ltd. I am driving bus PC6995J.

On 2/2/2020 at about 0655hrs, I have parked my bus within the carpark compound of No. 70 Tuas South Ave 1, Tuas View Dormitory. After parking my bus at the allocated parking lot, I went to the toilet while my

| | |
|---|--------------------------------|
| Signature Of Officer Recording The Report: G / SI TAN ZHI QIN, BENJAMIN | Signature Of Informant: 21 |
| Signature Of Interpreter: Not applicable | Date/Time: 03/02/2020 10:53 |
| Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / Insp TENG YUAN YIIN Contact No.: 18002440000 | Classification Of Case: |

Authentication Stamp

SINGAPORE
POLICE FORCE

SIGNATURE

Police Report



**SINGAPORE
POLICE FORCE**



G/20200203/2021

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200203/2021

passengers were boarding the bus. When I returned to my bus and drove out of the dormitory, I saw from my side mirror and discovered that a small piece of the advertisement stickers on my bus was torn. I immediately stopped my vehicle and made a check on my right side of my bus and found that there was a scratch on the right side of the bus. I informed my supervisor.

My supervisor retrieved the CCTV installed on my bus and it captured a lorry YP2185G reversing into the right side of my vehicle. The CCTV captured that the co-driver alighted the vehicle and made a check after the collision. Another person believed to be the driver also came and made a check. However, none of the driver or co-driver informed me about the accident and they drove away before I returned to my vehicle.

There were people in the bus but no one was injured. That is all.

Signature Of Officer Recording The Report:

G / SI TAN ZHI QIN, BENJAMIN

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

G / Bedok Police Divisional Investigation Branch /

Insp TENG YUAN YIIN

Contact No.: 18002440000

Signature Of Informant:

Date/Time:

03/02/2020 10:53

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

