





## 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	10/02/2020 17:13
Date Of Accident	07/02/2020 18:30
Exact Location Of Accident	UPP SERANGOON RD TWDS WAN THO AVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6900T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	EHSAN TRANSPORT & TRADING
Co Reg No	5XXXX128E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97527589

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	-
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	THIRD PARTY
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	5094391264-02
Cover Note Number	

### Driver

Name of Driver	MANISAH BINTE ARIFIN
NRIC No	SXXXX508E
Date Of Birth	04/07/1968
Occupation	OUTDOOR
Date Of Driving Pass	11/01/1996
Driving Experience	24 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81985474
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 73 GEYLANG BAHRU #12-3040
Postcode	330073
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 BY FALLEN TREE / OTHER OBJECTS
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?	NO
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KOLAM AYER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2969999 - FAX NO: 62937659
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT T/20200207/2155

#### 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	SLX7768D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 MANISAH BINTE ARIFIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? PA6900T

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

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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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. The 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 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:

8/2/20

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

## A hand-drawn graph on a grid background. The graph consists of a single curve that starts at a low point on the left and rises steadily towards the top right. The curve is labeled with the text "AS PER ATTACHED" written in capital letters, following the upward slope of the curve.

pls refer to the police report: T/20200207/2155

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

holder's Signature

Manu G. - 8/2/20

*[Signature]*



## Google Maps Upper Serangoon Rd

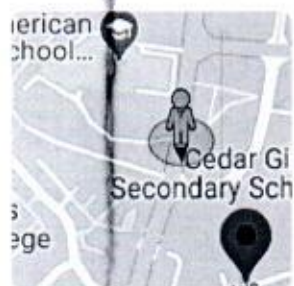


Image capture: May 2019 © 2020 Google

Singapore



Street View



A - PAGROOT  
B - UNKNOWN

## ACCIDENT STATEMENT

ACCIDENT DATE: (07/02/20) (DD/MM/YYYY), TIME: (18:30) (HH:MM)

LOCATION: UPP SERANGOON RD TWINS WAN THO AVE  
B4 BIDARI PARK DRIVE L/P 37

### 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: PA 6900T  
b) INSURANCE COMPANY: NTUC  
c) POLICY NUMBER: 5094391264-02  
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
e) MAKE & MODEL: MITSUBISHI  
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
h) PURPOSE OF USING AT ACCIDENT TIME: WORK  
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) NO  
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

### 2. INSURED / POLICY HOLDER

- A) NAME: EMSAN TRANSPORT & TRADING (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: 97527589  
c) ADDRESS: \_\_\_\_\_

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

### DRIVER

- a) NAME: MANISAH BINTE ARIFIN (MALE / FEMALE)  
b) NRIC/FIN/PASSPORT: 56820508E CONTACT: 81985474  
c) ADDRESS: \_\_\_\_\_

\*d) DATE OF BIRTH: (\_\_\_\_/\_\_\_\_/\_\_\_\_) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 30/03/19/01/1996

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) YES  
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

### 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: UNKNOWN waiting TP VEH NO MODEL: \_\_\_\_\_  
b) DRIVER'S NAME: \_\_\_\_\_  
c) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

SLX 776F

D

### 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
e) DRIVER'S NAME: \_\_\_\_\_  
f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

08/02/20  
waiting for

Email =

fax =

VIDEO =

TP VEH NO





# SINGAPORE POLICE FORCE



T/20200207/2155

1 of 3

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

Report No. T/20200207/2155

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/02/2020 21:56	Vide Report No.: E/20200207/0116	Station Diary No.: 54
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**Informant's Particulars**

Name of Informant: MANISAH BINTE ARIFIN			Address: APT BLK 73 GEYLANG BAHRU #12-3040 SINGAPORE 330073		
ID Type / ID No.: NRIC NO / S6820508E			Contact No.: Home/Office:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/02/2020 18:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 UPPER SERANGOON ROAD WAN THO AVENUE Before Bidadari park Drive Lamp Post Number: 37				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Object Railling Hit Bus			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA6900T	Bus/Coach/Mi nibus				Slightly Damaged	1



**SINGAPORE  
POLICE FORCE**



T/20200207/2155

Police Station Of Origin:  
Koram Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

2 of 3

Report No. T/20200207/2155

**CONTINUATION OF REPORT**

**Brief Details.**

On 07/02/2020 at about 1830hrs, I was driving my bus bearing registration number 'PA6900T' along Upper Serangoon Road toward Wan Tho Ave and before Bidadari Park Drive. I was at 2nd lane on the right. I suddenly saw part of the road railing hit onto my bus windshield and I immediately stop my bus as I was shock by the object. The road railing cause my windshield crack, windshield rear view mirror crack, dent and scratches on the front body of the bus.

Traffic police is at scene and I was issued a case card. At the point, I did not suffer any injury. My bus have front and rear camera and had captured the incident. Few hours later, I felt pain on my left hand and my left shoulder. I will be going to clinic or hospital to check on my injury.

RECEIVED  
SINGAPORE  
POLICE  
FORCE





**SINGAPORE  
POLICE FORCE**



T/20200207/2155

Police Station Of Origin:  
Kolam Ayer NPP  
72 Geylang Bahru #01-3038 SINGAPORE  
330072  
Tel No: 1800-2969999

3 of 3


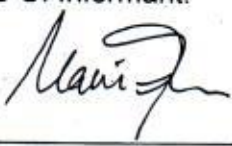


Report No. T/20200207/2155

**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: A / Sgt 2 CAI JINQUAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/02/2020 21:56
Officer In Charge Of Case: TP / GIT / Sgt 3 MARIAH BINTE ZAKARIA Contact No.: 65476433	Classification Of Case:
Authentication Stamp NP168 	

Hello, NAC\_PAYA\_UBI\_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

## Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="07/02/2020 18:30"/>
Vehicle No.(For Motor)	<input type="text" value="PA6900T"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5094391264-02		EHSAN TRANSPORT & TRADING	53171128E	GBS	Third Party, Fire & Theft	PA6900T	PA6900T	29/10/2019	28/10/2020



## Claim Handling

Accident MT/1083733

Policy No.	5094391264-02	Vehicle No.	PA6900T	GST Registration No.	
Certificate No.					
Policyholder Name	EHAN TRANSPORT & TRADING	Cover Type	Third Party, Fire & Theft	Policyholder NRIC	53171128E
Product Code	BUS INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	97527589	Special Remark		Contact No.(Home)	
Email Address		TCA	<input checked="" type="radio"/> No <input type="radio"/> Yes	eCode	No
KFK	<input checked="" type="radio"/> No <input type="radio"/> Yes	NCD Entitlement(%)	15	eCode Reason	
NCD Protection	No			Private Hire	No
<b>Accident Details</b>					
Report Date	10/02/2020 17:25	Accident Report Within 24 hrs	Yes	Accident Type	Others
Date of Accident	07/02/2020	Time of Accident hh:mm	18:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPP SERANGOON RD TWDS WAN THO AVE				
<b>Total Excess Applicable</b>					
Excess Type	Per Accident	Windscreen Excess	0.00		
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered?	Covered
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
<b>Benefits</b>					
<b>GST Registered Information</b>					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	10/02/2020 17:27:34 System changed GST Status Verified from No to Yes				
<b>Policyholder Mailing Address</b>					
Address 1	BLK 109 #01-144	Address 2	WOODLANDS STREET 13	Address 3	SINGAPORE 730109
Address 4		Address Type	Singapore address	Post Code	730109
Unit No.	01-144	Related Policy Number	5094391264-02		
<b>01 Driver Info</b>					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	04/07/1968
Unnamed driver Name	MANISAH BINTE ARIFIN	Driver NRIC	SXXXX508E	Driving Experience	24
Register Date of Driver License	11/01/1996	Driver Age	51	Contact No.(Home)	
Contact No.(Mobile)	81985474	Contact No.(Office)		Address 3	SINGAPORE 330073
Address 1	BLK 73 #12-3040	Address 2	GEYLANG BAHRU	Post Code	330073
Address 4		Address Type	Singapore address		
Unit No.	12-3040	Driver Vehicle No.		Driver Insurer Company	
Does he own a Singapore Registered car?	<input checked="" type="radio"/> Yes <input type="radio"/> No				
<b>Declaration</b>					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input checked="" type="radio"/> Yes <input type="radio"/> No		

Modification History

Claim 001 **New**

Claim Type *	OD-MX	Insured Name	EHAN TRANSPORT & TRADING	Insured NRIC	53171128E	
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)		
Email Address		Vehicle Number	PA6900T	TP Vehicle Number	SLX771	
Claim Description	PA6900T / SLX77680 ON 7 Feb 2020				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Workshop No.		Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered	10/02/2020 17:28	Claim Close Date		Date Received	10/02/2020	
Report Taken By	LIEW SHAN HUI					
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

## Attachment

Accident No.	MT/1083733	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	10/02/2020 17:30
Path *			
Choose File	No file chosen	Clear	Category *
Choose File	No file chosen	Clear	Confidential
Choose File	No file chosen	Clear	Urgency *
Choose File	No file chosen	Clear	Desci
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Choose File	No file chosen	Clear	
Message Read		Clear	

Attachment List

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