

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
Insured/Policyholder	
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	

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:

Handwritten signature of the driver and the date 8/2/20.

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

Accident Sketch Plan

SKETCH PLAN

AS PER ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200207/2135

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: _____

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

Accident Sketch Plan

2/8/2020

Upper Serangoon Rd - Google Maps

Google Maps Upper Serangoon Rd

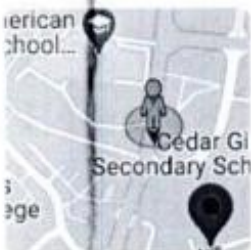


Image capture: May 2019 © 2020 Google

Singapore

Google

Street View



A - PAGROOT
B - UNKNOWN

POLICE REPORT



**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	
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: Mobile: 81985474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 51	Date of Birth: 04/07/1968	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: Date of Expiry:		

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 Railing Hit Bus				Anyone conveyed by ambulance: No

Details of Vehicle Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200207/2155

Police Station Of Origin:
Kalam 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.

4 KE
10/2/2020

3 2020 02 07 15 55
10/2/2020

POLICE REPORT



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 Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /
Sgt 3 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Signature Of Informant:

Date/Time:

07/02/2020 21:56

Classification Of Case:

Authentication Stamp

NP188



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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