

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	05/03/2020 15:51
Date Of Accident	10/02/2020 18:10
Exact Location Of Accident	ALONG PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6951U
Insured/Policyholder	
Name Of Registered Owner	AIK SHEN BUS SERVICE
Co Reg No	2XXXX400K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96327095
Alternative Phone No	OFFICE-87322811

Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 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	DMB1SN1521141904
Cover Note Number	

Driver

Name of Driver	ZHOU JUN
Passport No/FIN	GXXXX231L
Date Of Birth	14/03/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327095
Fax Number	
Contact Number	OTHERS-87322811
Email Address	NOEMAIL

Address	BLK 27 MARSILING DRIVE #02-241 BUKIT REGENCY
Postcode	760027
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	UNKNOWN
Road Surface	UNKNOWN

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)	12

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS WEST N.P.C
Police Station Address	ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200305/2037

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.:



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CamScanner

Accident Sketch Plan

SKETCH PLAN



PIE

A - CB69514.

B - un known.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report. T/20200305/2037

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.:

05/03/2020
Robb Normo



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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200305/2037

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

1 of 3

Report No. T/20200305/2037

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2020 11:55	Vide Report No.:	Station Diary No.: 88
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Informant's Particulars

Name of Informant: ZHOU JUN	Address: APT BLK 27 MARSILING DRIVE #02-241 BUKIT REGENCY SINGAPORE 730027		
ID Type / ID No.: FIN NO / G8152231L	Contact No.: Home/Office: Mobile: 87322811		
Nationality: CHINESE	Email:		
Sex: Male	Age: 51	Date of Birth: 14/03/1968	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 3,4,5 Date of Expiry: 13/01/2024		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2020 18:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: UNKNOWN		Road Surface: UNKNOWN		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: UNKNOWN				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6951U	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB6951U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DNB1SN15211419 04	11/06/2019	10/06/2020

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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200305/2037

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

2 of 3

Report No. T/20200305/2037

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHOU JUN	ID No.	G8152231L
Related Vehicle	CB6951U (Bus/Coach/Minibus)	Contact No.	87322811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: 13/01/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/03/20, I was informed by my boss that he had received a letter from Traffic Police vide TP/IP/11025/2020 stating that I need to lodge a traffic accident report for an accident happened on 10/02/2020 at 1810hrs.

However, I did not recall any accident that happened on that day and did not travel along PIE at that point of time. I also did witness any kind of road traffic accident. My supervisor then checked the GPS and it showed that on that day and time, I did not travel along PIE at all.

The bus in-camera footage had already overwritten as well.



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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200305/2037

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

3 of 3

Report No. T/20200305/2037

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:
L /
Staff Sgt NUR HAZIMAH BINTE ZAINUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
05/03/2020 11:55

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Classification Of Case:

Authentication Stamp

Singapore Police Force

GPS RECORD

Singtel 4G

3:18 PM

62%

< GPS Trips

Trip Detail

Plat CB6951 2020-02-10 17:11 ~ 18:23

e: U

Fro 7 WOODLANDS LINK

m:

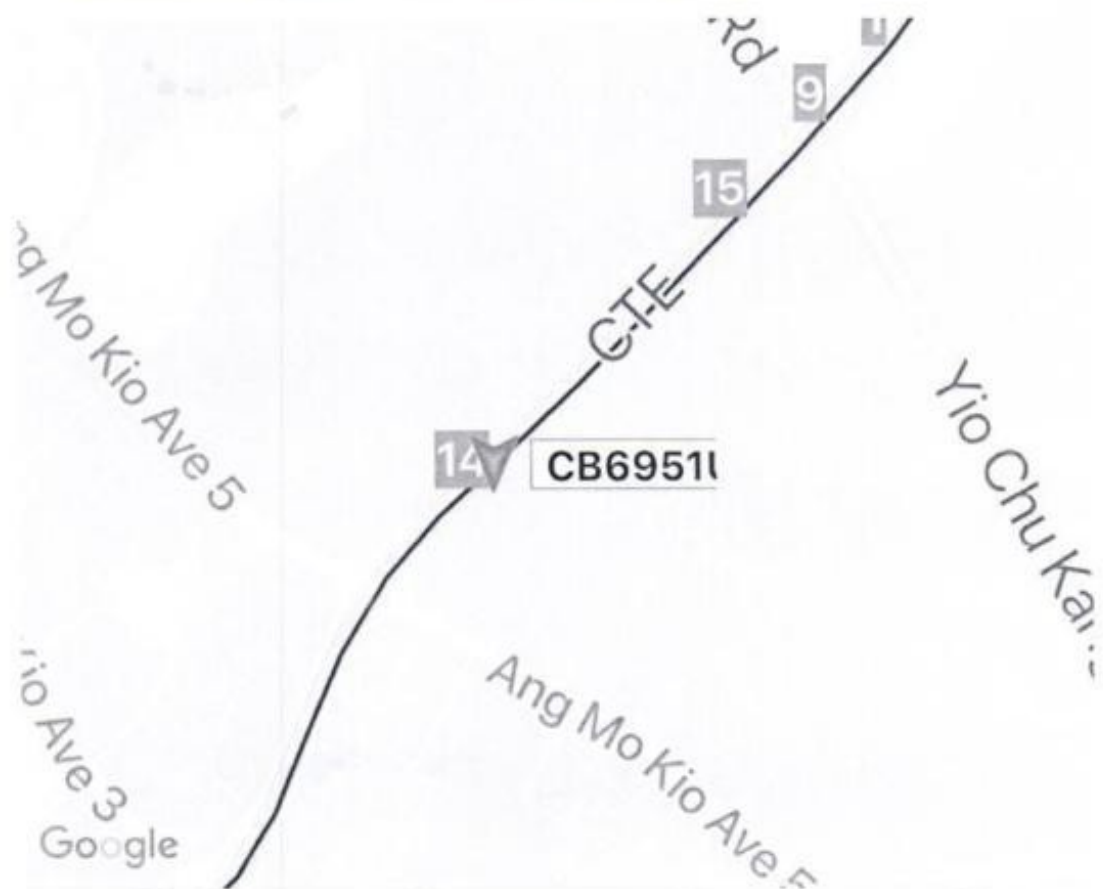
To: RUBY INDUSTRIAL COMPLEX, 35
TANNERY ROAD



Speed:

Progress:

Current: 2020-02-10 18:10:56



Monitor



Jobs



Notify



Messages

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

