

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	15/06/2020 15:06
Date Of Accident	11/06/2020 16:20
Exact Location Of Accident	OUTSIDE THE COAST CONDOMINIUM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7483M
Insured/Policyholder	
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Co Reg No	2XXXXX323E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91460806
Alternative Phone No	OFFICE-91717263

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (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	DMB1SNA00004592001
Cover Note Number	

Driver

Name of Driver	NGAW SAY ENG
NRIC No	SXXXX222I
Date Of Birth	20/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1980
Driving Experience	39 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91460806
Fax Number	
Contact Number	OTHERS-91717263
EEmail Address	NOEMAIL

Address	BLK 113 POTONG PASIR AVENUE 1 #08-846
Postcode	350113
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	COLLIDED INTO BICYCLIST
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BICYCLIST
Vehicle Category	NA/UNKNOWN
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 UNKNOWN BICYCLIST

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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:

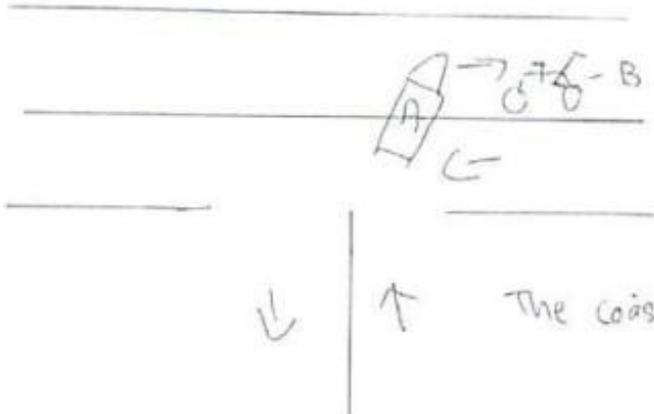


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



A - PC 7493M

B - Bicycle.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

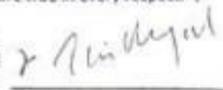
Please refer to the police report.
E/20200612/2027

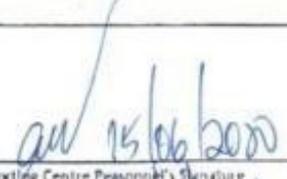
DECLARATION

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/IN No.:

Scanned with CamScanner

POLICE REPORT



SINGAPORE
POLICE FORCE



E/20200612/2027

1 of 2

POLICE REPORT (NP299)

Report No. E/20200612/2027

Police Station Of Origin
Kim Keat NPP
231 Lorong 8 Toa Payoh #01-186
SINGAPORE 310231
Tel No: 1800-2529999

Date/Time Report Made 12/06/2020 14:36		Vide Report No.		Station Diary No. 12	
Name Of Informant NGAW SAY ENG		Address APT BLK 113 POTONG PASIR AVENUE 1 #08-846 SINGAPORE 350113			
ID Type / ID No. NRIC NO / S21872221		Contact No. Home/Office		Mobile 91717263	
Nationality STATELESS		Email Address			
Occupation Bus driver		Sex Male	Age 63	Date of Birth 20/07/1956	Race Chinese
Institution/School Name		Language			
Date/Time Of Incident 11/06/2020 16:20		Location Of Incident 278 OCEAN DRIVE THE COAST AT SENTOSA COVE SINGAPORE 098450 Outside The Coast condominium exit			

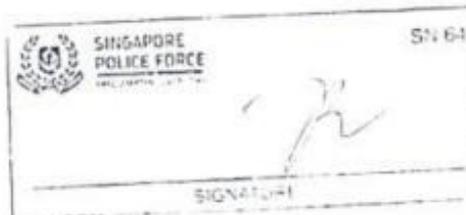
Brief details.

On 11/06/2020 at about 1618hrs, I was driving the company bus namely North Cove Shuttle bus service. Vehicle plate number PC7483M. At the point of time, I was driving the bus exiting from (The Coast condominium) located at Ocean Drive.

While I am about to join the main road of Ocean Drive towards Ocean Front condominium and made a

Signature Of Officer Recording The Report: E / Sgt 2 LEONG TONG BAO		Signature Of Informant: <i>Tim Myint</i>	
Signature Of Interpreter: Not applicable		Date/Time: 12/06/2020 14:36	
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP SIM WEI WEN Contact No.: 63918485		Classification Of Case:	

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



E/20200612/2027

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20200612/2027

right turn, I noticed a Caucasian male subject was riding fast on his bicycle. The male subject also notice my bus and jam break. Subsequently, he fell to the ground due to the jam break.

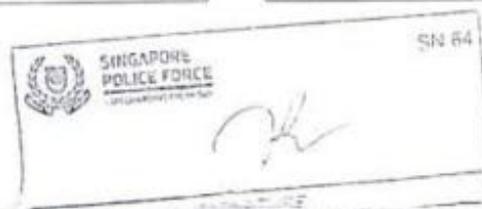
I then stop the bus, made a check on the male subject, and noticed he suffered some brushes. He also affirmed to the Sentosa ranger that he does not require any medical attention. As there are some residence saw the incident, and accused me that I am at fault.

I lodging this report as for record purposes as instructed by my company operation in-charge William HP: 9146 0806.

I wish to state that I am not at fault. There is CCTV around the vicinity. No ambulance or police where activated. No government property were damaged.

Signature Of Officer Recording The Report: E / Sgt 2 LEONG TONG BAO	Signature Of Informant: <i>[Handwritten Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 12/06/2020 14:36
Officer In-Charge Of Case: E / Tanglin Police Divisional Investigation Branch / ASP SIM WEI WEN Contact No.: 63918485	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



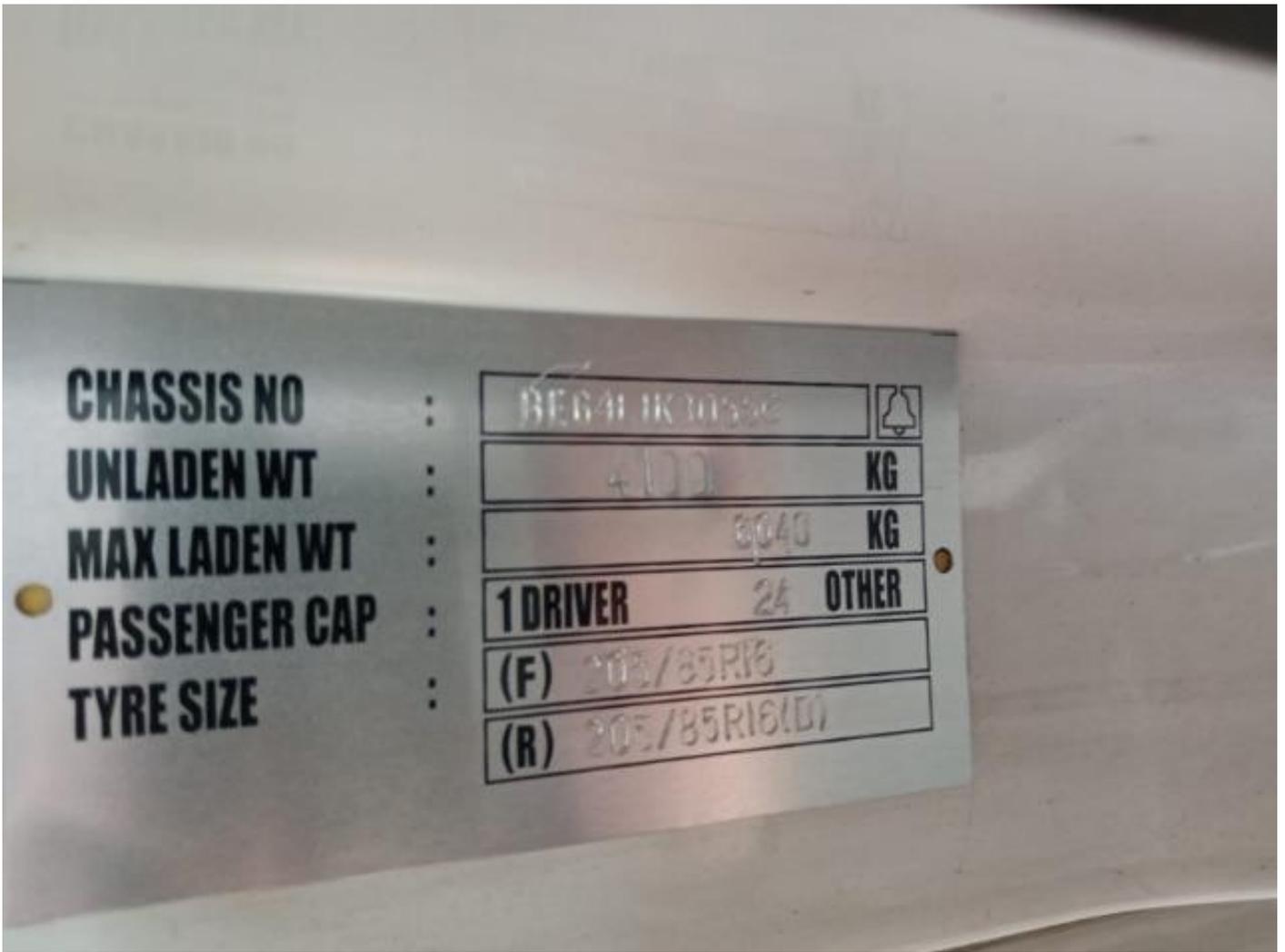
Accident Photo



Accident Photo



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