

## 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	22/06/2020 14:57
Date Of Accident	18/06/2020 09:00
Exact Location Of Accident	CCK AVE 3 TWDS SUNSHINE PLACE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP395H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ELITE RENT & LEASING PTE. LTD.
Co Reg No	2XXXXX519Z
Email Address	ELITECARTRADING@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-96970290

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	OTW BACK HOME
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	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113288284
Cover Note Number	

### Driver

Name of Driver	AZMAN BIN MISAJIB
NRIC No	SXXXX148J
Date Of Birth	03/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	08/12/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224756
Fax Number	
Contact Number	
Email Address	AZMANMISAJIB@GMAIL.COM

Address	BLK 473 CHOA CHU KANG AVE 3 #02-165
Postcode	680473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20200618/2025

#### 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	SG5960J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEONG JIAN SHENG
NRIC/Passport Number	GXXXX350U
Contact Number	91045065
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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:

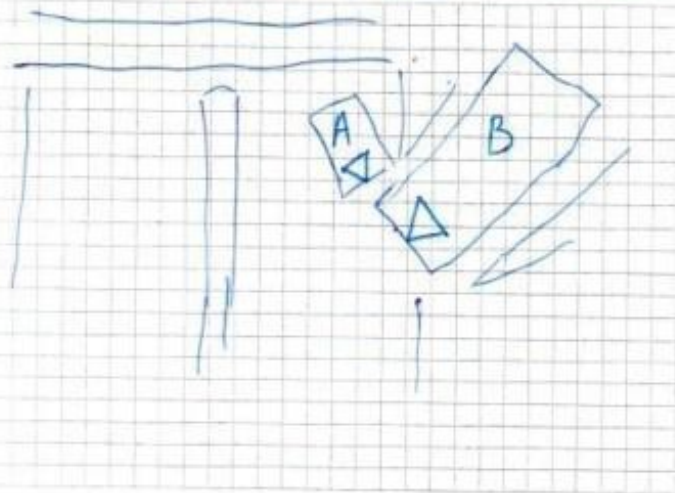
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

CCK AVE 3 TWDS SUNSHINE PLACE

A - SJP395H  
B - SGS5960J



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20200618/2025

## 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.:

GUARANTY Insurance Form\_V3



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20200618/2025

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

Report No. T/20200618/2025

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LEONG JIAN SHENG		ID No. G2640350U
Related Vehicle	SG5960J (Bus/Coach/Minibus)		Contact No. 91045065
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	AZMAN BIN MISAJIB		ID No. S8832148J
Related Vehicle	SJP395H (Car)		Contact No. 96224756
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3.4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 18/06/2020 at about 0900hrs, I am driving my car(SJP395H) along Choa Chu Kang Avenue 3 towards Sunshine place going home. While I was making a U-turn going towards sunshine place, i had the right of way and made the U-turn. As I completed my U-turn, this bus(SG5960J) was at the filter lane and the bus(SG5960J) suddenly inch out. My car(SJP395H) front left side then side swipe with the bus(SG5960J) front right side. After the accident, both parties ensure that nobody was injured and took photo of the scene. The bus driver called to inform his supervisor and both of us then exchange particulars and left the scene. Nobody was injured, no police nor ambulance were at scene. I am lodging this report for insurance claim purposes.

Accident Photo



Accident Photo





Accident Photo



Accident Photo

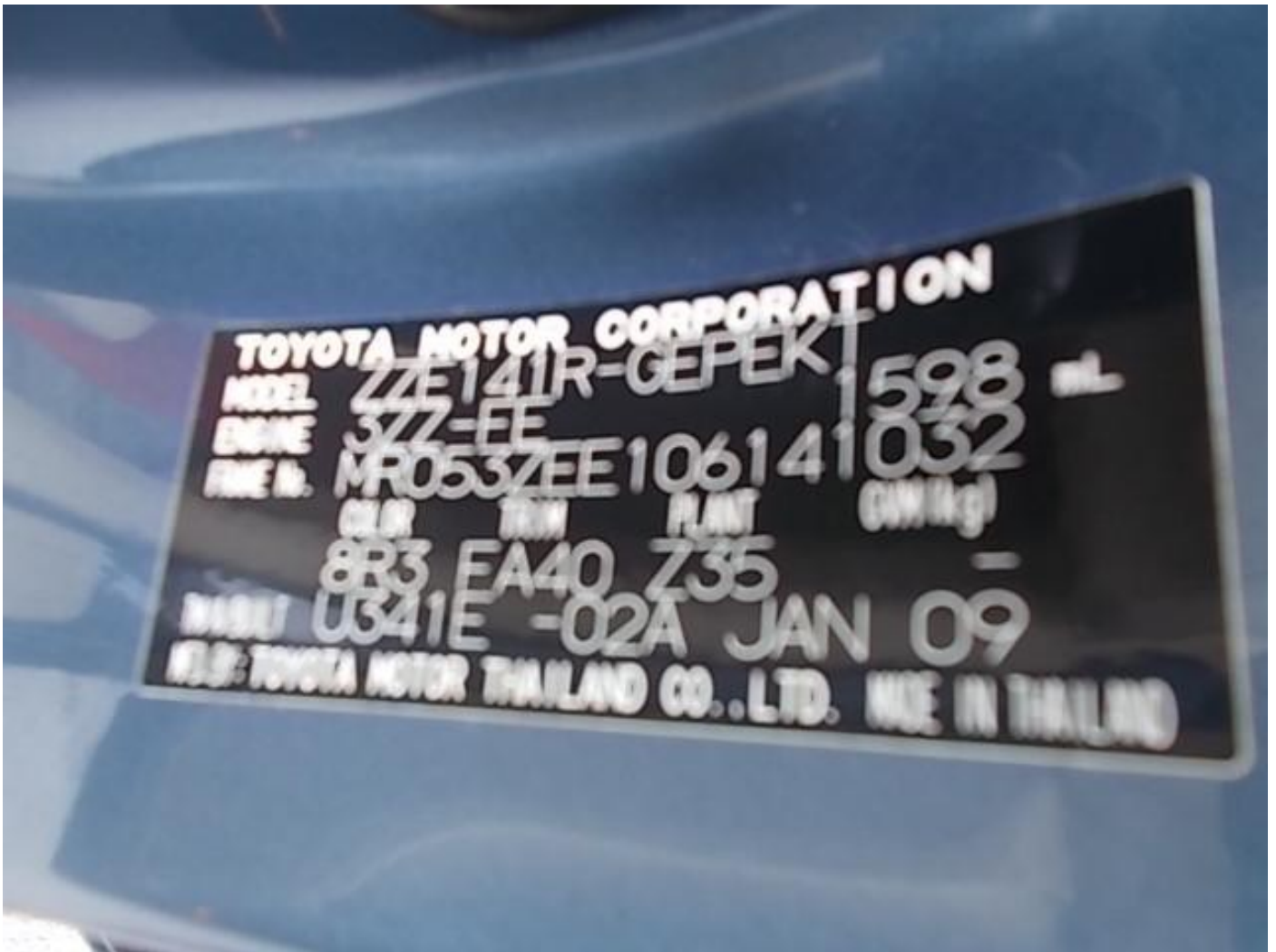


Accident Photo





Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200618/2025

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

1 of 3

Report No: T/20200618/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/06/2020 10:26		Vide Report No.:		Station Diary No.: 33	
<b>Informant's Particulars</b>					
Name of Informant: AZMAN BIN MISAJIB			Address: APT BLK 473 CHOA CHU KANG AVENUE 3 #02-165 SINGAPORE 680473		
ID Type / ID No.: NRIC NO / S8832148J			Contact No.: Home/Office: Mobile: 96224756		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 03/09/1988	Type of Informant: Driver		
Race: Boyanes			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 18/06/2020 09:00	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 3 Along Choa Chu Kang Avenue 3 towards Sunshine place				
Weather: Clear		Road Surface:		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SG5960J	Bus/Coach/Minibus				Slightly Damaged	4
SJP395H	Car				Slightly Damaged	0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20200618/2025

2 of 3

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689208  
Tel No: 1800-7659999

Report No. T/20200618/2025

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LEONG JIAN SHENG	ID No.	G2540350U
Related Vehicle	SG5960J (Bus/Coach/Minibus)	Contact No.	91045085
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	AZMAN BIN MISAJIB	ID No.	S8832148J
Related Vehicle	SJP395H (Car)	Contact No.	96224756
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 18/06/2020 at about 0903hrs, I am driving my car(SJP395H) along Choa Chu Kang Avenue 3 towards Sunshine place going home. While I was making a U-turn going towards sunshine place, I had the right of way and made the U-turn. As I completed my U-turn, this bus(SG5960J) was at the filter lane and the bus(SG5960J) suddenly inch out. My car(SJP395H) front left side then side swipe with the bus(SG5960J) front right side. After the accident, both parties ensure that nobody was injured and took photo of the scene. The bus driver called to inform his supervisor and both of us then exchange particulars and left the scene. Nobody was injured, no police nor ambulance were at scene. I am lodging this report for insurance claim purposes.

Police Report



SINGAPORE  
POLICE FORCE



T/20200618/2025

Police Station Of Origin:  
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SINGAPORE 689286  
Tel No: 1800-7658899

3 of 3

Report No. T/20200618/2025

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 85474895 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Sgt 2 SOO AU EN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65478151

Authentication Stamp

NP153

Signature Of Informant:

Date/Time:

18/06/2020 10:26

Classification Of Case: