

## 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	21/07/2020 14:54
Date Of Accident	21/07/2020 06:40
Exact Location Of Accident	WOODLANDS IND PARK D ST 2 TWRDS BAXTER HEALTHCARE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6951U
<b>Insured/Policyholder</b>	
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
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	DMB1SNW00004472005
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 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327095
Fax Number	
Contact Number	OTHERS-87322811
EEmail Address	NOEMAIL

Address	-
Postcode	
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	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)	50

#### 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	<b>ROAD:</b> 1 WOODLANDS STREET 12 , <b>POSTCODE:</b> 738622 , <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

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20200729/2008

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD7268H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

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#### B. 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.

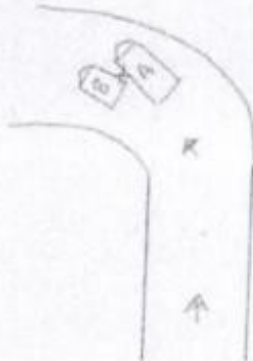
  
Policyholder's Signature  
Date & Time

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

  
Reporting Centre Person's Signature  
Name: 21/07/2020  
NRIC/TIN No. 6884 444444

# Sketch Plan #2

## SKETCH PLAN



A= CB6951W

B= SHD 7268H

Woodlands Ind. Park D St 2 turns Baxter Healthcare (SA)

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21/07/2020 @ 06:40hrs, I was driving my bus CB6951W along Woodlands Ind. Park D St 2 turns Baxter Healthcare (SA) & at the left hand, a taxi SHD 7268H stopped & the taxi was at my blindspot & my bus crashed onto the taxi, BCU was damaged also.

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200729/2028

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/20200729/2028

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/07/2020 10:59		Vide Report No.:		Station Diary No.: 149	
<b>Informant's Particulars</b>					
Name of Informant: ZHOU JUN			Address: APT BLK 10 MARSILING DRIVE #07-12 MARSILING GARDENS SINGAPORE 730010		
ID Type / ID No.: FIN NO / G8152231L			Contact No.: Home/Office: Mobile: 87322811		
Nationality: CHINESE			Email:		
Sex: Male	Age: 52	Date of Birth: 14/03/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE BUS DRIVER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 21/07/2020 06:45	Type of Location: Bend
Location: Along Road 1 WOODLANDS INDUSTRIAL PARK D STREET 2				
Bend outside baxter Healthcare				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6951U	Bus/Coach/Mi nibus	ISUZU	LT134P		Slightly Damaged	49
SHD7268H	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Blue	Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200729/2028

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/20200729/2028

## CONTINUATION OF REPORT

<b>Driver</b>			
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: 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	Rahmat Bin Suratman	ID No.	S1692365F
Related Vehicle	SHD7268H (Car)	Contact No.	NIL
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

### Brief Details.

I received a TP letter to lodge this accident report ref TP/IP/31043/2020.

On 21 July 2020 at about 0645hrs, I was travelling along the said road and while I was making a left turn along the one way bend there was another vehicle SHD7268H was parked along the road at the blind spot of my vehicle, therefore from my vehicle I could not see him and my vehicle side swiped right rear of his vehicle.

No one was injured and both of our vehicle suffer slight damage. I had already report to my employer and the vehicle insurance company.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200729/2028

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/20200729/2028

## 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 /

Sgt 2 TEO WEI SHIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/07/2020 10:59

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168





# POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Traffic Police  
Singapore Police Force  
10, Ubi Avenue 3  
Singapore 408865  
Tel : 6547 0000  
Fax : 6547 6259

Date : 24 Jul 2020

Your Ref :  
Our Ref : TP/IP/31043/2020

ZHOU JUN  
APT BLK 10 MARSILING DRIVE  
#07-12  
MARSILING GARDENS  
SINGAPORE 730010

000009



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT INVOLVING CB6951U ALONG WOODLANDS INDUSTRIAL PARK D  
STREET 2 ON 21 JUL 2020 @ 6.45 AM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer MOHAMAD ZULFAZDLI BIN ABDULLAH at his / her office number: 65476204 or the supervisor YIP YEW SENG NELSON at 65476182 if you have any further queries.

5 Thank you.

Yours faithfully,

PUTEH BTE SHARIFF (SUPT)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

Accident Photo



Accident Photo



Accident Photo



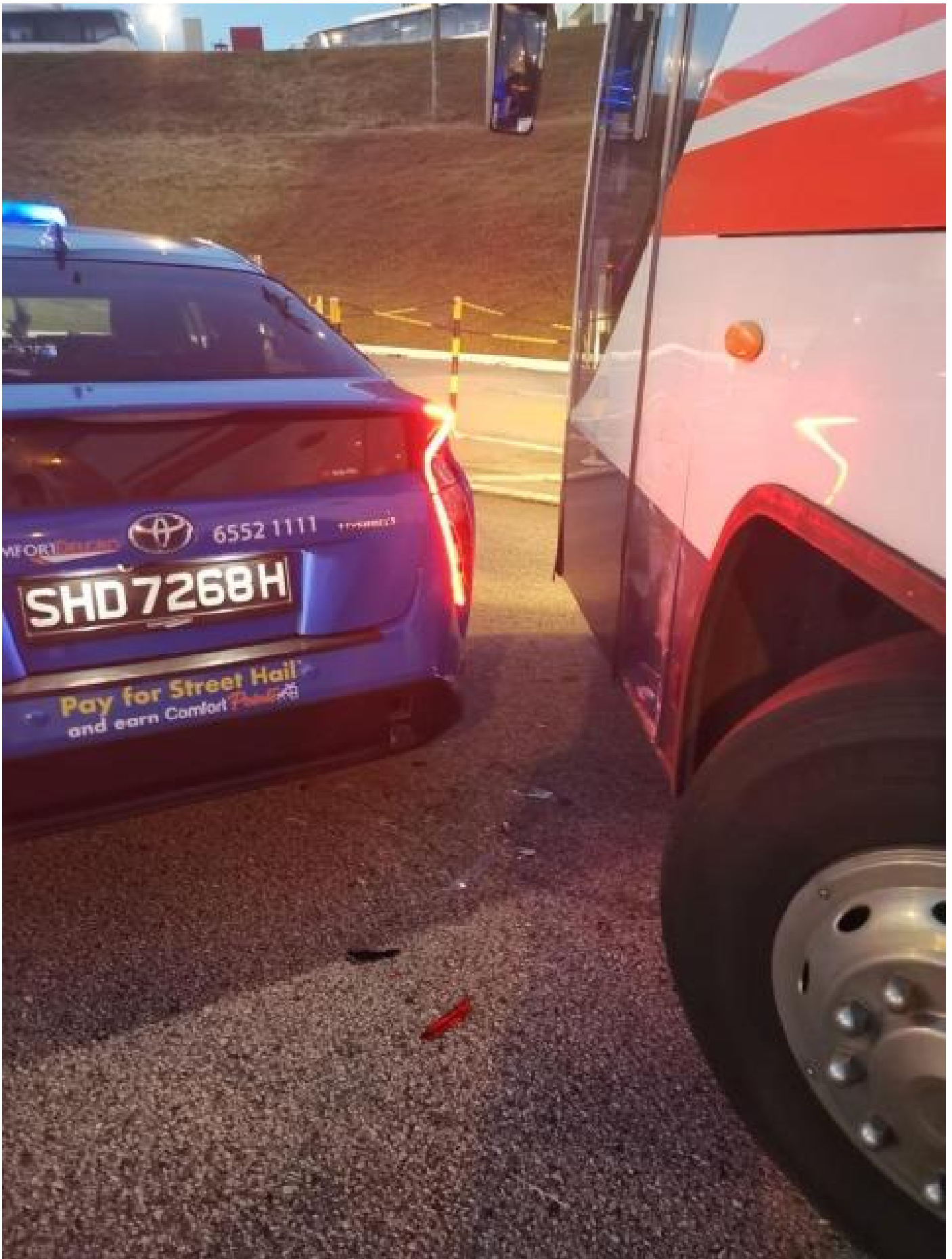


Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





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Accident Photo



Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6724 0010 Fax (65) 6724 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S665500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA4200 61504 Vehicle Registration No: CB 6951U  
Name (as shown in NRIC): Zhou Jun NRIC/FIN/Passport No: -  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: - Singapore ( )  
Contact (Tel): - Mobile No.: -  
Email Address: -  
Date of Accident: 10/2/2020 Time of Accident: -  
Place of Accident: PIE  
Insurance Company: China Taping Insurance (Singapore) Pte Ltd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attach Police report and TP vehicle number SHD 7268H  
11/02/2020

Policyholder / Driver's Signature  
Date:

30/07/2020  
Reporting Centre Personnel's Signature  
Name: Carl Lim  
NRIC/FIN No.:  
Date: