

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 Submission 19/08/2020 15:29 (SGT)
Date of Accident 07/08/2020 07:20 (SGT)
Exact Location of Accident EAST COAST PARKWAY
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PD108M

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner M/S AVIVA COACH SERVICES

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE
Variant -
Vehicle Category Bus
Transmission -
CC -

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SN3069361900
Cover Note Number -

DRIVER

Name of Driver RAVI S/O PALAYSAMY
NRIC No SXXXXX055A
Address BLK 138 TAMPINES ST 11 #03-146
Address complement -
Postcode 521138
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane
Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? Yes
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 5

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20200815/7012

ATTACHMENT(S)

Are accident photos available for attachment? Yes
Was there any video captured by Car Camera? -
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA9704Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver -
Insurance Company Name -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN
Injured person in which vehicle? -

INJURED 2

Name of injured person UNKNOWN
Injured person in which vehicle? -

INJURED 3

Name of injured person UNKNOWN
Injured person in which vehicle? -

INJURED 4

Name of injured person UNKNOWN
Injured person in which vehicle? -

SKETCH PLAN**IMPORTANT NOTICE**

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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.

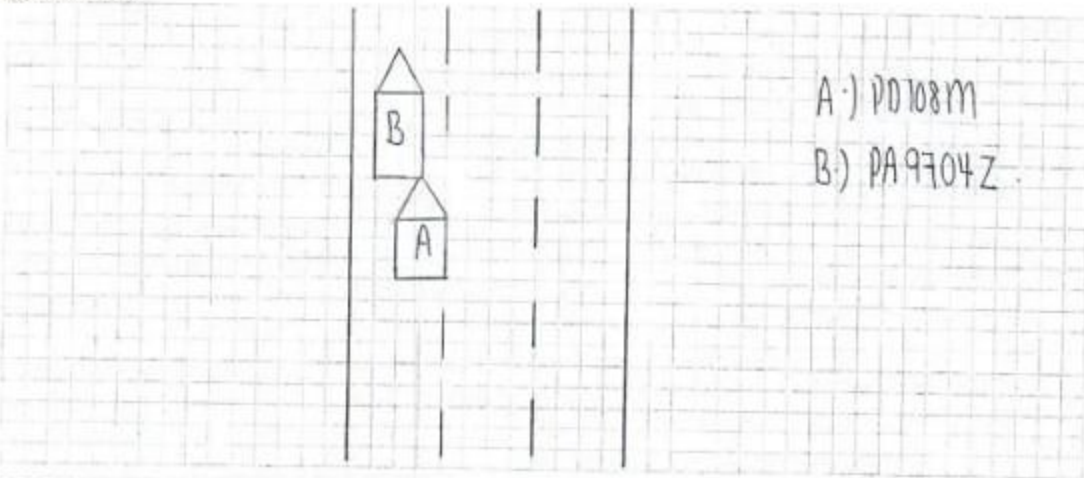


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attached Police Report No : T/20200815/7012.

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.:




















**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200815/7012

1 of 4

Report No. T/20200815/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/08/2020 12:31		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: RAVI S/O PALAYSAMY		Address: APT BLK 138 TAMPINES STREET 11 #03-146 SINGAPORE 521138	
ID Type / ID No.: NRIC NO / S7003055A		Contact No.: Home/Office: Mobile: 85118304	
Nationality: SINGAPORE CITIZEN		Email: ravi.70@hotmail.com	
Sex: Male	Age: 50	Date of Birth: 03/02/1970	Type of Informant: Driver
Race: Indian		Language: English	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: 07/08/2020 07:20	Type of Location: Straight Road
Location: EAST COAST PARKWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PD108M	Van		Toyota Hiace	White		4
	Bus/Coach/Mi nibus (School Children)					0



**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200815/7012

2 of 4

Report No. T/20200815/7012

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	RAVI S/O PALAYSAMY	ID No.	S7003055A
Related Vehicle	PD108M (Van)	Contact No.	85118304
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Passenger			
Name	4 NURSES FROM RAFFLES MEDICAL, I DON'T HAVE THE NAMES	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

Ref-No: TP/IP/33509/2020

I was driving my van along East Coast Parkway with 4 nurse passengers. The road had 3 lanes and I drove in the centre lane with a speed of about 60km/h.

In the lane left to me, a bus was in front of me. I wanted to change the lane and took a turn to the left. Unfortunately, I misjudged the speed of the bus to the left. The bus was slower than I estimated. As I turned into the left lane, the distance between my van and the bus was too short. I still tried to brake but and I still hit the bus from behind with the left corner of my van. Both vehicles stopped shortly after. 4 of my passengers got injured as the impact of the crash made them hit the front seat with their head and/ or body. The injuries did not seem life-threatening but the injured passenger did have bloody injuries in their face. I believe they did not wear seat-belts. I tried to help and attend to the injured to the best of my abilities.

My van and the bus had substantial damage.

The TP arrived shortly and investigated the accident. I was taken to the police station for questioning.

I have attached pictures from the accident for further evidence.



**SINGAPORE
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200815/7012

3 of 4

Report No. T/20200815/7012

CONTINUATION OF REPORT

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20200815/7012

4 of 4

Report No. T/20200815/7012

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Authentication Stamp
NP188

Signature Of Informant:

The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/08/2020 12:31

Classification Of Case: