

## 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	23/09/2020 12:02
Date Of Accident	30/03/2020 14:20
Exact Location Of Accident	ANG MO KIO AVE 9 INFRONT OF ANDERSON PRI SCHOOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8210L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HONG YUN BUS SERVICES PTE.LTD.
Co Reg No	2XXXXX457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98315851
Alternative Phone No	OFFICE-84883837

### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6772J18 AUTO
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3072001900
Cover Note Number	

### Driver

Name of Driver	CHENG HUICUN
Passport No/FIN	GXXXX557X
Date Of Birth	16/11/1974
Occupation	OUTDOOR
Date Of Driving Pass	23/08/2008
Driving Experience	11 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98315851
Fax Number	
Contact Number	OTHERS-84883837
Email 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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200402/712

#### 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	SKA5627Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD

Nature Of Damage  
No. Of Passenger (Including Driver)

## 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: Resh  
NRIC/FIN No.:

# Accident Sketch Plan

SKETCH PLAN

A-CBR210L



B-SKA 5627Z

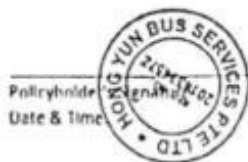
Amf Ave 9 in front of  
Anderson Pri Sch

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report. 1/2020402/2012

## DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder  
Date & Time

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

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200402/7012

1 of 3

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

Report No. T/20200402/7012

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/04/2020 15:44		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: CHENG HUI CUN			Address: 644 ANG MO KIO AVENUE 4 #02-862 ANG MO KIO 61 SINGAPORE 560644		
ID Type / ID No.: FIN NO / G8267557X			Contact No.: Home/Office:		Mobile: 84883837
Nationality: CHINESE			Email: 630553286@qq.com		
Sex: Female	Age: 45	Date of Birth: 16/11/1974	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: bus driver			Driving Licence Information: Class: 4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 30/03/2020 14:20	Type of Location: inside the school
Location: Ang Mo Kio ave 9 infront of Anderson Primary school				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8210L	CB8210L			Blue	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/20200402/7012

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

2 of 3  
Report No. T/20200402/7012

### CONTINUATION OF REPORT

Driver			
Name	CHENG HUI CUN	ID No.	G8267557X
Related Vehicle	CB8210L (CB8210L)	Contact No.	84883837
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 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 30 March 2020 I was parked at the school front waiting area to pick up school children. I then went to have a snack. when I returned i noticed that someone( unknown) had banged my right side of the bus. Damaged to my vehicle : front right side bumper dented and the paint scratched off.

I will produce this report for the school to view the vehicle number

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20200402/7012

3 of 3

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

Report No. T/20200402/7012

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP158

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

Date/Time:  
02/04/2020 15:44

Classification Of Case:



POLICE REPORT



**SINGAPORE  
POLICE FORCE**  
SAFEGUARDING EVERY DAY

Our Ref : T/20200402/7012

Ang Mo Kio Division  
51 Ang Mo Kio Avenue 9  
Singapore 569784  
IB Call Centre: 62181343  
FAX: 62181257

Date: 12/09/2020

Cheng Hui Cun  
Apt B1k 644 Ang Mo Kio Ave 4  
#02-862  
Singapore 560644

Dear Ms Cheng,

**POLICE REPORT - T/20200402/7012**

You reported a case to the Police on 02/04/2020. Investigation revealed that vehicle bearing registration plate no. SKA5627Z had reversed and hit onto your vehicle bearing registration plate no. CB8210L.

2 However, after careful considerations of the facts and circumstances of the case and in consultation with the Attorney-General's Chambers, the Police have decided not to take further action against the accused.

3 All investigations and enquiries into the matter would cease and the case will be closed. We take this opportunity to thank you for your cooperation during the course of the investigation.

Yours sincerely,

Ahmad Abdillah  
Investigation Officer  
Ang Mo Kio Division

Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





