

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 | 08/10/2020 17:58 |
| Date Of Accident | 07/10/2020 17:05 |
| Exact Location Of Accident | PIE TWDS CHANGI AIRPORT AFT PAYA LEBAR EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | PD85U |
| Insured/Policyholder | |
| Name Of Registered Owner | TAMPINES TRAVEL PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-97666350 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | SCANIA |
| Model | - |
| Exact Purpose for which vehicle was being used at time of accident | WORKING |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D20MCV0003557 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MUHAMMAD HELMY BIN AHMAD |
| NRIC No | SXXXX623F |
| Date Of Birth | 05/06/1987 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/08/2014 |
| Driving Experience | 6 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-84855821 |
| Fax Number | |
| Contact Number | |
| EEmail Address | AMYBAIK87@GMAIL.COM |

| | |
|---|---|
| Address | BLK 807B CHOA CHU KANG AVE 1 #02-530 |
| Postcode | 682807 |
| 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 | COLLISION - HEAD TO REAR |
| 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) | 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 | ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20201008/2051

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 | GBH1829D |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NEO KOK WEI |
| NRIC/Passport Number | SXXXX447H |
| Contact Number | 97869344 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|--------------------------|
| Name | MUHAMMAD HELMY BIN AHMAD |
| Approximate Age | |
| Injuries Sustain | SLIGHT |
| Injured person in which vehicle? | PD85U |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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. 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.



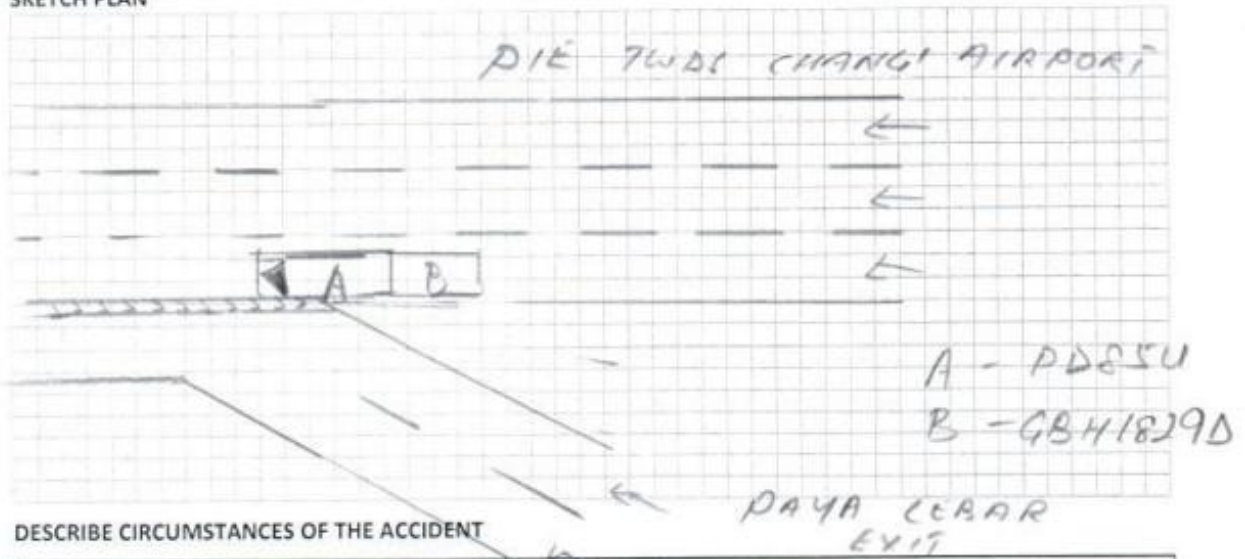
Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: T/20201008/2051

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.:

DEAFAC-SketchPlanForm_v3

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20201008/2051

2 of 3

Report No. T/20201008/2051

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

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|---|
| Driver | | | |
| Name | MUHAMMAD HELMY BIN AHMAD | ID No. | S8716623F |
| Related Vehicle | PD85U (Bus/Coach/Minibus) | Contact No. | 84855821 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 07/10/2020 | Date Discharge | 08/10/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | Neo Kok Wei | ID No. | S8824447H |
| Related Vehicle | NIL | Contact No. | 97869344 |
| 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.

On 07/10/2020 at about 1705hrs, I was driving bus number PB85U along PIE, towards the direction of Changi Airport on Paya Lebar Flyover. I wish to state that I was driving on the most extreme left lane where I tap on the brake pedal to slow down my bus as I was driving on down slope.

A lorry number GBH1829D then drove towards my vehicle and his front right collided against the right rear side of my bus PB85U. We then exchanged particulars and took some photos of the collusion and left the area.

I wish to state that I went to see a doctor at Ng Teng Fong Hospital and I was given a total number of 5 days MC. I am lodging this report as I want to do insurance claims on the lorry number GBH1829D.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20201005/2051

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7858999

1 of 3

Report No. T/20201005/2051

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|------------------------------|---|---------------------------|----------------------------|
| Date/Time Report Made: 08/10/2020 13:13 | | Vide Report No. | | Station/ Diary No.: 85 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD HELMY BIN AHMAD | | | Address: APT BLK 807B CHOA CHU KANG AVENUE 1 #02-530 SINGAPORE 682807 | | |
| ID Type / ID No.: NRIC NO / S8716623F | | | Contact No.: Home/Office: Mobile: 84855821 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 33 | Date of Birth: 05/06/1987 | Type of Informant: Driver | | |
| Race: Boyanese | | | Language: | | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 2B,2A,2,3,4 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------|-----------------------|--|-------------------------------------|
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 07/10/2020 17:05 | Type of Location: High way |
| Location: PAYA LEBAR ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: | | 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 |
|-------------|-----------------------|--------|-------------------------------|---------------|----------------------|-----------------|
| GBH1829D | Lorry | SCANIA | DYNA 150 5MT | Silver | Slightly Damaged | 0 |
| PD85U | Bus/Coach/Mi nibus | TOYOTA | K1B4X2 MANUAL TURBO ABS | Multi-Colored | Seriously 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/20201008/2051

2 of 3

Report No. T/20201008/2051

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

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------------|--|---|
| Driver | | | |
| Name | MUHAMMAD HELMY BIN AHMAD | ID No. | S8716623F |
| Related Vehicle | PD85U (Bus/Coach/Minibus) | Contact No. | 84855821 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3,4 Date of Expiry: NIL |
| Date Treatment | 07/10/2020 | Date Discharge | 08/10/2020 |
| No. of Days granted Medical Leave | 05 | Degree of Injury | Slight |
| Driver | | | |
| Name | Neo Kok Wei | ID No. | S8824447H |
| Related Vehicle | NIL | Contact No. | 97869344 |
| 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.

On 07/10/2020 at about 1705hrs, I was driving bus number PB85U along PIE, towards the direction of Changi Airport on Paya Lebar Flyover. I wish to state that I was driving on the most extreme left lane where I tap on the brake pedal to slow down my bus as I was driving on down slope.

A lorry number GBH1828D then drove towards my vehicle and his front right collided against the right rear side of my bus PB85U. We then exchanged particulars and took some photos of the collusion and left the area.

I wish to state that I went to see a doctor at Ng Teng Fong Hospital and I was given a total number of 5 days MC. I am lodging this report as I want to do insurance claims on the lorry number GBH1828D.

Police Report



**SINGAPORE
POLICE FORCE**



T/20201008/2051

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689288
Tel No: 1800-7659999

3 of 3

Report No. T/20201008/2051

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:

J /

Sgt 2 CHAN JUN WEI, KENNETH

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/10/2020 13:13

Officer In Charge Of Case:

TP UNIT SINGAPORE
SI AGENCY KENNETH STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP 68

SIGNATURE