

## 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	29/10/2020 15:39
Date Of Accident	29/10/2020 07:55
Exact Location Of Accident	BLK 472 SEGAR ROAD CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5988L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	2XXXXX387C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-84688579

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT-7.8 D (M)
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	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	DMB1SNA00004622001
Cover Note Number	

### Driver

Name of Driver	QIAO ZIKUI
Passport No/FIN	GXXXX849N
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2015
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-84688579
Email Address	NOEMAIL

Address	8 EATON PLACE #10-125 HOUGANG VIEW
Postcode	549664
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)	9

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 JURONG WEST AVENUE 5 , <b>POSTCODE:</b> 649482 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7929999 - <b>FAX NO:</b> 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20201029/2016

#### 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	SMH1932H
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Nature Of Damage  
No. Of Passenger (Including Driver)

## Accident Sketch Plan

### SKETCH PLAN

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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 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.
8. Content 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 Maritime 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 claim and any necessary investigation 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 material 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/are 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 used 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 (b) above may be shared / disclosed:
  - (i) to all insurer and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, 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

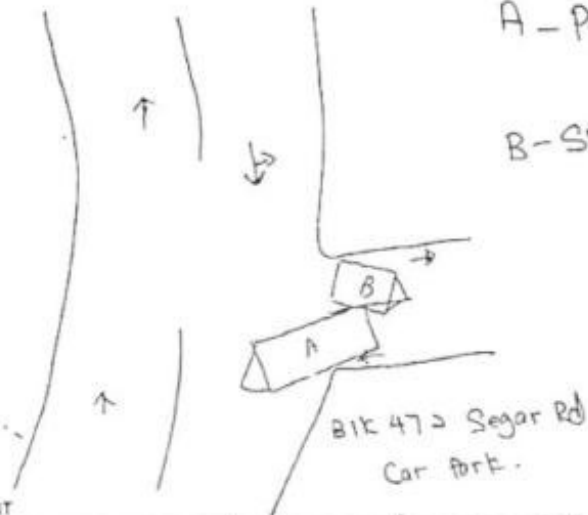
Qiao Zi Kui

Reporting Centre Personnel's Signature  
No. of  
NRIC/FIN No.

29/10/2020  
Rold Lim

# Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report. 1/20201029/2016

## DECLARATION

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

Policyholder's Signature  
Date & Time



Y Qiao Zi Kui  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time

Responsible Control Person's Signature  
Name  
NRIC / ID No.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201029/2016

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482

Tel No: 1800-7929999

1 of 3

Report No: T/20201029/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/10/2020 10:41	Vide Report No.:	Station Diary No.: 21
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<b>Informant's Particulars</b>			
Name of Informant: QIAO ZIKUI		Address: 8 EATON PLACE #10-125 HOUGANG VIEW SINGAPORE 549664	
ID Type / ID No.: FIN NO / G2391849N		Contact No.: Home/Office: Mobile: 84688579	
Nationality: CHINESE		Email:	
Sex: Male	Age: 34	Date of Birth: 01/04/1986	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/10/2020 07:55	Type of Location: Car Park
Location:  SEGAR ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC5988L	Bus/Coach/Minibus	ISUZU		Red	Slightly Damaged	9
SMH1932H	Car	KIA		Blue	Slightly Damaged	0

## Details of Person Involved

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

# POLICE REPORT



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649482  
Tel No: 1800-7929999



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Report No. T/20201029/2016

## CONTINUATION OF REPORT

Driver		ID No.		G2391849N
Name	QIAO ZIKUI		Contact No.	84688579
Related Vehicle	PC5088L (Bus/Coach/Minibus)		Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
No. of Days granted Medical Leave		NIL	Date Discharge	NIL
		Degree of Injury	NIL	
Name		ID No.		NIL
Unknown		Contact No.	NIL	
Related Vehicle	SMH1932H (Car)		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		Date Treatment	NIL
No. of Days granted Medical Leave		NIL	Date Discharge	NIL
		Degree of Injury	NIL	

### Brief Details.

On 29/10/2020 at about 0758hrs, I was driving my red ISUZU private bus bearing the number plate PC5988L exiting Blk 472 Segar Road cluster carpark and wanted to make a left turn when the accident occurred. While I was exiting the carpark, I saw a blue KIA car bearing the number plate SMH1932H on my right trying to enter the carpark. As the space was very tight, I signaled the driver in the car to reverse first before entering as we were very close to each other. However, he did not see my signal. I wish to state that I already stopped my bus and it was not moving. The driver reversed a bit and continued driving forward, causing the right rear bumper area of my bus to be swiped against the car's right side. I wish to state that after our vehicles swiped each other, I parked at the nearest bus stop and went to look for the driver of the car but to no avail.

There are CCTV on my bus which have captured the incident and I have the footages. I wish to state that I did not notice any CCTV around the area. None of the passengers on my bus or me suffered from any injuries from this accident. I wish to state that the rear right bumper area of my bus has slightly been scraped.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999



T/20201029/2016

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Report No. T/20201029/2016

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/  
SC2 TAN RUI BIN

Signature Of Informant:

*Qian Zi KUI*

Signature Of Interpreter:  
Not applicable

Date/Time:  
29/10/2020 10:41

Officer In Charge Of Case:  
TP / HRT /

SI KALESWARI PALANI  
Contact No.: 65476902

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

