

## 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	02/11/2020 10:55
Date Of Accident	30/10/2020 14:20
Exact Location Of Accident	SENJA RD NEAR BLK 628
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8190B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DIAMOND LIMO SERVICES
Co Reg No	5XXXX094K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-87685660

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMB1SNA00008512001
Cover Note Number	

### Driver

Name of Driver	ALBERT ANTHONY
NRIC No	SXXXX059G
Date Of Birth	07/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2015
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87685660
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 367 YISHUN RING RD #10-1522
Postcode	760367
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 - MAJOR/MINOR RD
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)	2

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	<b>ROAD:</b> TAMPINES N.P.C , <b>POSTCODE:</b> 529682 , <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

REFER TO POLICE REPORT T/20201031/2048

#### 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	GBD9007C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	ALBERT ANTHONY
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC8190B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

#### DETAILS OF INJURED PERSON 2

Name	JAYA LETCHMI D/O NADARAJAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	PC8190B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

### SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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)**

(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:

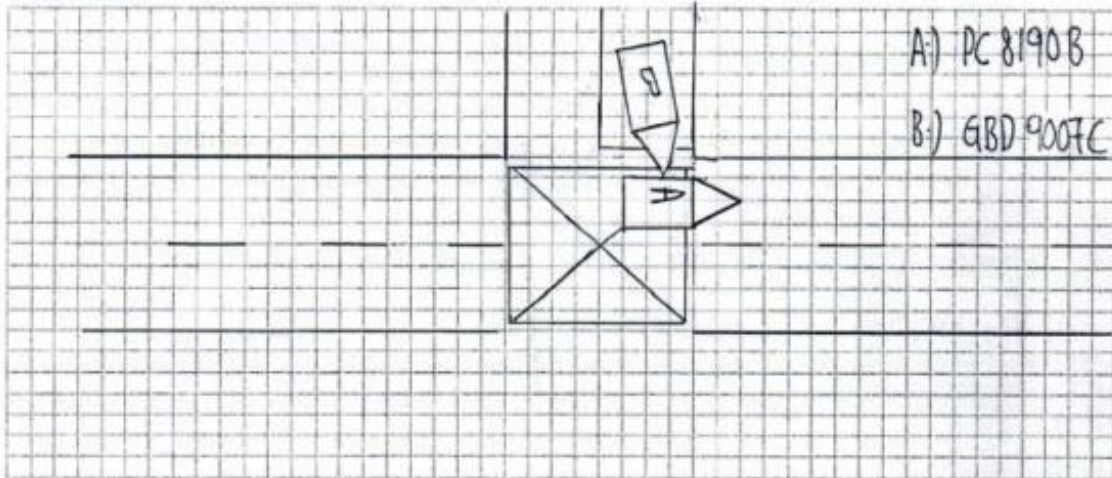
- (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.



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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* Refer the attached Police Report : T/20201031/2048

## 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:

*[Handwritten Signature]*

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

*[Handwritten Signature]*



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201031/2048

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20201031/2048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2020 12:29		Vide Report No.:		Station Diary No.: 46
<b>Informant's Particulars</b>				
Name of Informant: ALBERT ANTHONY		Address: APT BLK 367 YISHUN RING ROAD #10-1522 SINGAPORE 760367		
ID Type / ID No.: NRIC NO / S9131059G		Contact No.: Home/Office: Mobile: 87685660		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 29	Date of Birth: 07/08/1991	Type of Informant: Driver	
Race: Indian		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/10/2020 14:20	Type of Location: T-Junction
Location:  SENJA ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD9007C	Lorry	TOYOTA	DYNA 3.0 DIESEL TURBO M/T 2WD LORRY	Blue		0
PC8190B	Bus/Coach/Minibus	TOYOTA	HIACE COMMUTER GL 2.8 A	White	Slightly Damaged	1



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201031/2048

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Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Report No. T/20201031/2048

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KA PING	ID No.	403513229
Related Vehicle	GBD9007C (Lorry)	Contact No.	92719298
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
Driver			
Name	ALBERT ANTHONY	ID No.	S9131059G
Related Vehicle	PC8190B (Bus/Coach/Minibus)	Contact No.	87685660
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	31/10/2020	Date Discharge	31/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	JAYA LETCHMI D/O NADARAJAN	ID No.	S9215882I
Related Vehicle	PC8190B (Bus/Coach/Minibus)	Contact No.	87180640
Hospital/Clinic	OUR FAMILY PHYSICIAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/10/2020	Date Discharge	31/10/2020
No. of Days granted Medical Leave	02	Degree of Injury	Slight

**Brief Details.**

On the 30/10/2020 at about 1420 hrs I was driving vehicle plate PC8190B at Senja Road near blk 628. I was on the 2nd lane as I was about to go straight a vehicle plate GBD9007C was on the left side which was coming out of the carpark came out suddenly at the moment I tried to moving to the 3rd lane but the vehicle GBD9007C hit my side vehicle which caused scratches and dent. Later we both stopped our vehicle and both of us exchanged our particulars. I wish to state that I had a passenger with me. Nobody was injured at the scene and nobody was conveyed by ambulance.

On the 31/10/2020, my passenger and I went to see a doctor and my passenger named Jaya Letchmi

POLICE REPORT



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POLICE FORCE**



T/20201031/2048

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Report No. T/20201031/2048

CONTINUATION OF REPORT

D/O Nadarajan was given 2 days of Medical leave due to pain on the left side of the shoulder and neck. And I was given 3 days for medical leave to due to the pain on my right shoulder.

I am lodging this report to claim insurance.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201031/2048

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Report No. T/20201031/2048

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:

G /

Sgt 1 HARIDAS S/O MANOGERAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/10/2020 12:29

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

