

## 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	18/11/2020 12:10
Date Of Accident	17/11/2020 17:40
Exact Location Of Accident	ALONG YISHUN RING ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC6185E
Insured/Policyholder	
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-97346973
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6772J18 AUTO
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	REPORTING ONLY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SNW00005232003
Cover Note Number	
Driver	
Name of Driver	ANG TECK LAI
NRIC No	SXXXX533G
Date Of Birth	04/08/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/08/1981
Driving Experience	39 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98315851
Fax Number	
Contact Number	OTHERS-97346973
EEmail Address	NOEMAIL

Address	BLK 302B ANCHORVALE LINK #06-172
Postcode	542302
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?	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)	7

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 321 ANG MO KIO STREET 31 , <b>POSTCODE:</b> 560321 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4599999 - <b>FAX NO:</b> 64574478
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20201127/2034

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL1600G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

## 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 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.



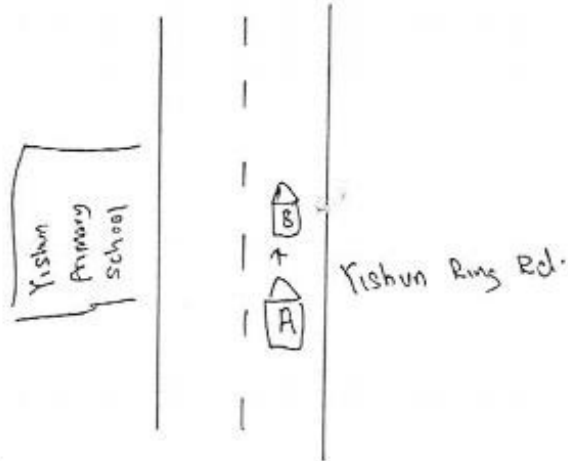
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

## SKETCH PLAN



A - PC 6185E

B - SLL 1600G

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/11/2020 around 17:40hrs I was driving my bus PC 6185E along Yishun Ring Road. Veh B SLL 1600G suddenly Jam brake when traffic light turn Amber. I quickly Jam brake as the result my Bus still move forward hit onto Veh B.

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20201127/2034

1 of 3

Report No. T/20201127/2034

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
500321  
Tel No: 1800-4599999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
27/11/2020 12:15

Vide Report No.:

Station Diary No.:  
9

### Informant's Particulars

Name of Informant:  
ANG TECK LAI

Address:  
APT BLK 302B ANCHORVALE LINK #06-172 SINGAPORE  
542302

Contact No.:  
Home/Office

Mobile: 97346973

Email:

ID Type / ID No.:  
NRIC NO / S1397533G

Nationality:  
SINGAPORE CITIZEN

Sex:

Age:

Date of Birth:  
04/08/1959

Type of Informant:

Driver

Institution / School Name:

Race:

Chinese

Language:

Chinese

Occupation:

Bus driver

Driving Licence Information:  
Class: 2B,2A,2,3,4,5

Date of Expiry:

### General Information of the Accident

Type of  
Accident:

Non-Injury  
Others

Drink  
Drive:  
No

Date/Time of  
Accident:  
17/11/2020 17:40

Type of Location:  
Straight Road

Location:

YISHUN RING ROAD

Weather:  
Clear

Road Surface:  
Wet

Road Speed Limit:

Traffic Flow:  
Two Way

Traffic Control:  
Traffic Light - Working

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
PC6185E	Bus/Coach/Minibus				Slightly Damaged	6
SLL1600G	Car				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**

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999



T/20201127/2034

Report No. T/20201127/2034

## CONTINUATION OF REPORT

Driver Name	ANG TECK LAI	ID No.	S1397533G
Related Vehicle	PC6185E (Bus/Coach/Minibus)	Contact No.	97346973
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A, 2, 3, 4, 5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver Name	MOGANESHIVARAN KALIDASS	ID No.	S9176606Z
Related Vehicle	SLL1600G (Car)	Contact No.	NIL
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 17/11/2020 at about 1740hrs, I was driving my vehicle bearing registration, PC6185E, along Yishun Ring road. When I was reaching the traffic light outside of Yishun Primary school, the vehicle in front of me, SLL1600G, suddenly jammed break when the traffic light turned amber. I immediately applied my brake however was unable to stop in time and collided into the said vehicle. We both got down from our vehicle and he informed that he did not require any medical attention. The driver then called his insurance agent down and we exchange particulars before leaving. My vehicle suffered dents on the front of my vehicle and the other said vehicle suffered dents on his rear bumper and boot. I also checked with my passengers and they informed that they did not sustained any injuries. As such, I reported the accident to my insurances company.

I wish to state that I have in car camera at the point of time and there was no police or ambulance were called to scene.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20201127/2034

3 of 3

Report No: T/20201127/2034

Police Station Of Origin:  
Teck Ghee NPP  
321 Ang Mo Kio Street 31 SINGAPORE  
560321  
Tel No: 1800-4599999

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:  
F /  
Sgt 1 TAN CHEE HEIN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/11/2020 12:15

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65476151

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force



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



## Addendum Sheet

11/27/2020

Email - Hong Yun Bus Services Pte Ltd - Outlook



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Raffles Quay #18-00 Singapore 048580  
Tel: (65) 6724 0010 Fax: (65) 6724 0130  
Operating Hours: Monday to Friday: 09:00 - 17:00  
UEN: S68530220 / GST Reg. No.: A1600017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA 420102260 Vehicle Registration No: PC 6185E  
Name (as shown in NRIC): Ang Teck Lai NRIC/FIN/Passport No: —  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: — Singapore ( )  
Contact (Tel): — Mobile No.: —  
Email Address: —  
Date of Accident: 17/11/2020 Time of Accident: —  
Place of Accident: Tishun Ring Road  
Insurance Company: China Taiping Insurance (Singapore) Pte Ltd

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Attached Police Report 7/2020/127/2034

X my  
Policyholder / Driver's Signature  
Date:



27/11/2020  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: