

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 Submission 03/12/2020 15:54 (SGT)
Date of Accident 01/12/2020 07:05 (SGT)
Exact Location of Accident Pioneer Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC7040H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ARF TRANSPORT
Company Reg No 5XXXX912X
Email Address john.felix.francis@gmail.com
Mobile Phone No (Phone) +65-89999999
Alternative Phone No +65-89999999

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5096989360-02
Cover Note Number -

DRIVER

Name of Driver JOHN FELIX FRANCIS
NRIC No SXXXX823E
Date Of Birth 28/06/1983
Occupation Outdoor

Date Of Driving Pass	15/01/2020
Driving experience	11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88166359
Alt. Phone Number	-
Email Address	john.felix.francis@gmail.com
Address	BLK 65 COMMONWEALTH DRIVE
Address complement	#03-315
Postcode	140065
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LUNE CHARLES
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT - T/20201202/2064.

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	PC1584U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

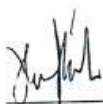
Name of injured person	JOHN FELIX FRANCIS
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	PC7040H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

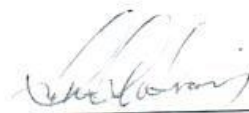
Name of injured person	LUNE CHARLES
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	BODY
Injured person in which vehicle?	PC7040H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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- 7) By the lodgment of this report to 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) in this accident shall be collectively referred to as the "**Insurers**"). The Insurers' lawyer/ 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 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 or corresponding, statement, invoices, reports, or notices to me, which could involve disclosure of certain personal data about me to bring 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 Insurer's lawyers/ law firms, may/ are permitted to collect, use or 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 lawyer/ 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 purposed stated, or;
 - ii. For complying with the requirements under any regulations, law or court orders.



Policyholder's Signature
Date & Time:

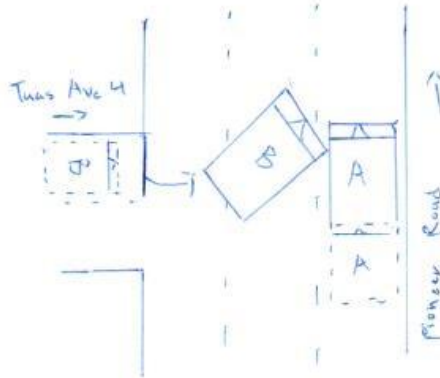



Driver's Signature
(If driver is not policyholder)
Date & Time:



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

SKETCH PLAN



Veh A : PC7040H
Veh B : PC1584U

Refer to police report T/20201202/2054

DECLARATION

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

[Signature]



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

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























**SINGAPORE
POLICE FORCE**



T/20201202/2064

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

1 of 3

Report No. T/20201202/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2020 13:48		Vide Report No.:	Station Diary No.:
Informant's Particulars			
Name of Informant: JOHN FELIX FRANCIS		Address: APT BLK 65 COMMONWEALTH DRIVE #03-315 COMMONWEALTH GREEN SINGAPORE 140065	
ID Type / ID No.: NRIC NO / S8318823E		Contact No.: Home/Office: Mobile: 88166359	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 28/06/1983	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2020 07:05	Type of Location:
Location: PIONEER ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7040H	Bus/Coach/Mi nibus				Seriously Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20201202/2064

2 of 3

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Report No. T/20201202/2064

CONTINUATION OF REPORT

Driver			
Name	JOHN FELIX FRANCIS	ID No.	S8318823E
Related Vehicle	PC7040H (Bus/Coach/Minibus)	Contact No.	88166359
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/12/2020	Date Discharge	01/12/2020
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

ON THE ABOVE LOCATION, DATE AND TIME. I WAS DRIVING STRAIGHT ALONG PIONEER RD THEN I HEARD A LOUD BANG AND SAW A BIG BUS AT THE LEFT FRONT OF ME NEAR MY FRONT DOOR.

IO IC HIDAYAH

THAT IS ALL.



SINGAPORE
POLICE FORCE



T/20201202/2064

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

3 of 3

Report No. T/20201202/2064

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:
TP /
SC MUHAMMAD ZAIM BIN MUHAMMAD ZAINI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ABDUL RAHIM BIN SALIM
Contact No.: 65476437

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
02/12/2020 13:48

Classification Of Case: