

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	27/10/2020 12:01
Date Of Accident	26/10/2020 20:20
Exact Location Of Accident	JURONG ISLAND HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1632P
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	199607256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91996223

Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14-6.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USAGE
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	D20MFL0003256
Cover Note Number	

Driver

Name of Driver	WONG MAN
NRIC No	S2095986Z
Date Of Birth	14/10/1948
Occupation	OUTDOOR
Date Of Driving Pass	19/11/1970
Driving Experience	49 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91196223
Fax Number	
Contact Number	
Email Address	KENWONG.SG3@GMAIL.COM

Address	BLK 202 BOON LAY DRIVE #07-29
Postcode	640202
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)	10

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT

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	SLE5482R
Vehicle Make/Model/Colour	VOLVO
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

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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.

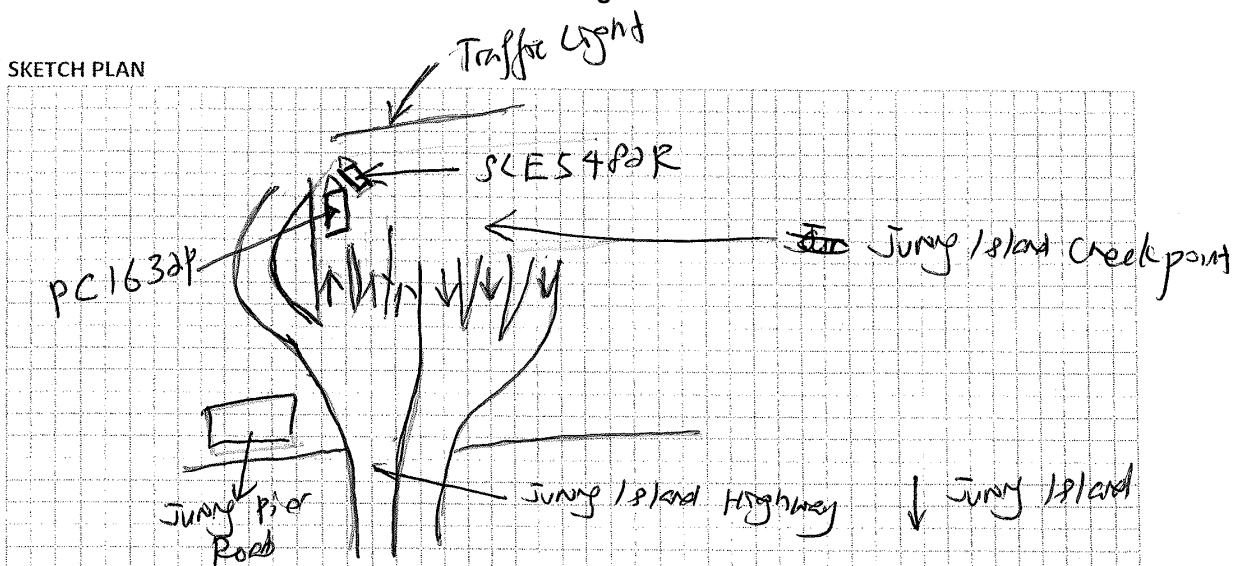


Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 27/10/2023

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/10/2020 at about 2020hrs, I was driving my vehicle bearing the plate number PC1632P from Jung Island after Jung Island creekpoint and I was at the second lane and subsequently I was driving forwards. Suddenly there is a vehicle bearing the plate number SLE5482R which came into my second lane and stop in front of me. After which he alleged that I scratched onto his vehicle. my bus suffer some scratched mark ~~at~~ the front driver side bumper. The vehicle bearing plate number SLE5482R had scratched on left side.

The driver refused to give me any particles and told me that he would want to do self settlement instead of insurance claim. I rejected this offer as this incident is not my wrong.

No one is injured and there is no passenger in the car. my vehicle has about 10 passenger inside.

The above is to the best of my knowledge and truth.

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.:



**SINGAPORE
POLICE FORCE**



T/20201027/2024

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20201027/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/10/2020 10:27		Vide Report No.:		Station Diary No.: 48
Informant's Particulars				
Name of Informant: WONG MAN		Address: APT BLK 202 BOON LAY DRIVE #07-29 SINGAPORE 640202		
ID Type / ID No.: NRIC NO / S2095986Z		Contact No.: Home/Office: Mobile: 91996223		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 72	Date of Birth: 14/10/1948	Type of Informant: Driver	
Race: Chinese		Language: Chinese	Institution / School Name:	
Occupation: driver		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 26/10/2020 20:10	Type of Location: Straight Road
Location: JURONG ISLAND HIGHWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
PC1632P	Bus/Coach/Minibus	GOLDEN DRAGON	XML6957J14 A	Multi-Colored	Slightly Damaged	10
SLE5482R	Car	VOLVO	V50 2.0L A/T ABS D/AIRBAG 2WD 5DR	Grey	Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20201027/2024

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20201027/2024

CONTINUATION OF REPORT

Driver			
Name	WONG MAN	ID No.	S2095986Z
Related Vehicle	PC1632P (Bus/Coach/Minibus)	Contact No.	91996223
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 26/10/2020 at about 2020hrs. I was driving my vehicle bearing the plate number PC1632P from Jurong island after Jurong Island Check point and I was at the Second lane and subsequently I was driving forwards suddenly there is a vehicle bearing the plate number SLE5482R which come into my lane and stop in front. After which he told me that I had scratch onto his vehicle. My bus suffer some scratched mark on the front driver side bumper. The vehicle bearing the plate number SLE5482R had scratched on the left side. The driver also refused to give any particulars and told me that he would want to do some self settlement instead of insurance claim.



**SINGAPORE
POLICE FORCE**



T/20201027/2024

3 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20201027/2024

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/ SCCPL YASUDA MIKAIL RYOTA
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151

Signature Of Informant:
Date/Time: 27/10/2020 10:27
Classification Of Case:

 Authentication Stamp NP168 Signature : Singapore Police Force	SN 126
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INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST. Reg. No. M2-0078806-X
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711
 Office (65) 63476100 Email insure@iil.com.sg
 Fax (65) 62244174 Website www.iil.com.sg

CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

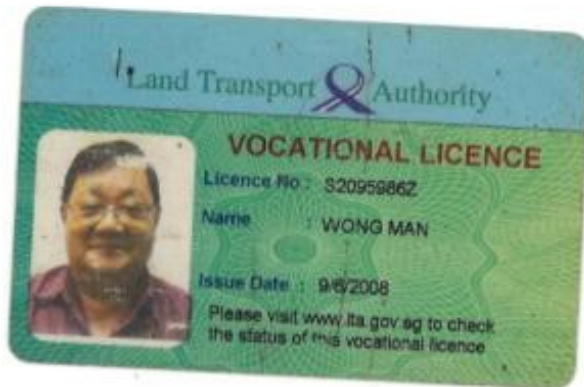
All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0003256		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: PC1632P	
Chassis No	: LL3BECDH8CA013226	
2. Name of Policyholder	: COMFORTDELGRO BUS PTE LTD	
3. Effective date of Insurance	: 01 Jun 2020	
4. Expiry date of Insurance	: 31 May 2021	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business,</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p><i>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</i></p>	
Excess Section I WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	500.00
Hire Purchase Company	: N.A	
GEOGRAPHICAL AREA: WITHIN SINGAPORE & WEST MALAYSIA.		
<p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p> <p>Agent/Broker : B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD For India International Insurance Pte Ltd</p> <p>Date of Issue : 01/06/2020 09:28:42</p> <p>M.Z. 601CM - OMNIBUS Company's use</p> <div style="text-align: right; margin-top: 20px;"> _____ Authorised Signatory </div>		

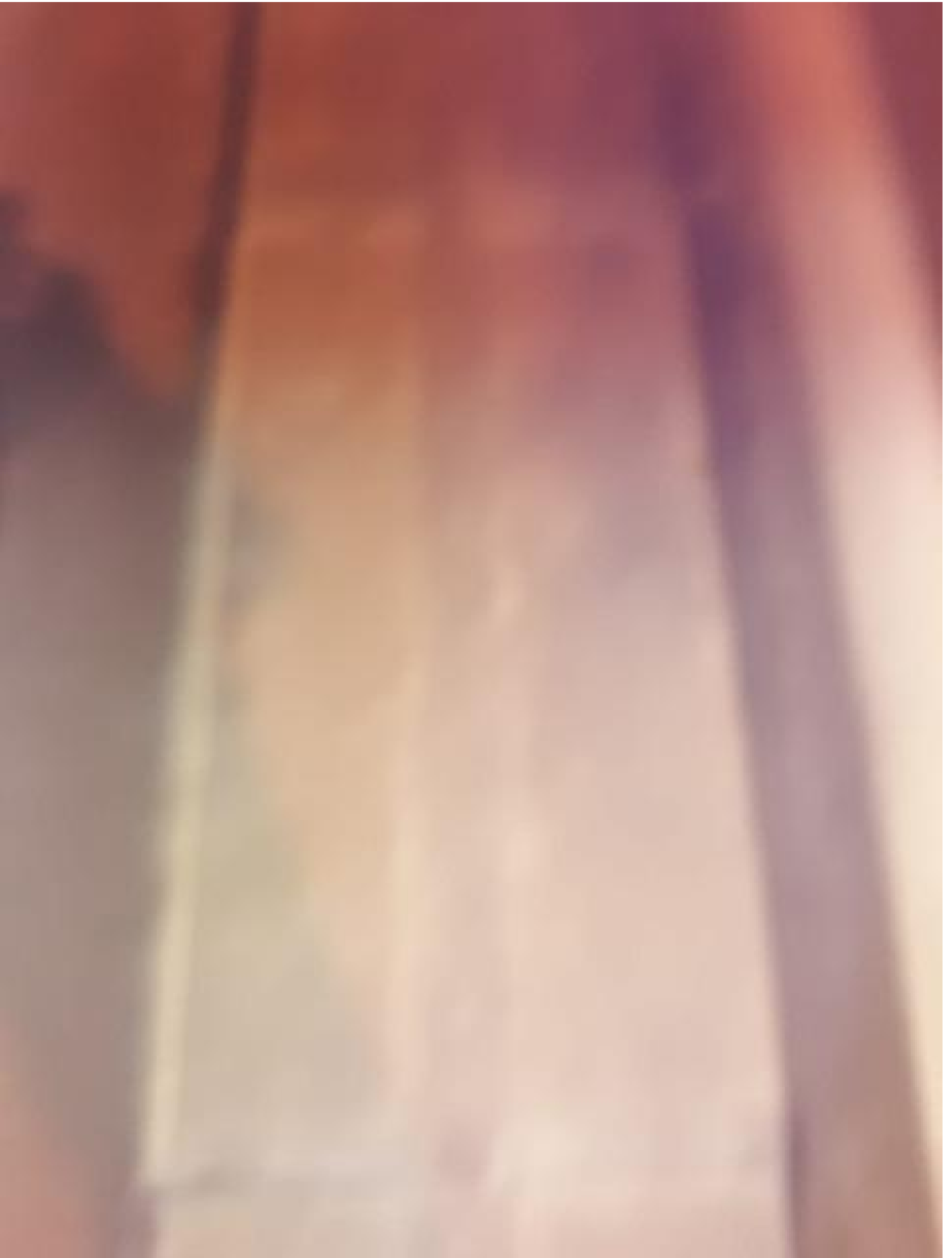
Identification Card ,DRIVING LIC



Identification Card ,DRIVING LIC



Accident Photo



Accident Photo



Accident Photo



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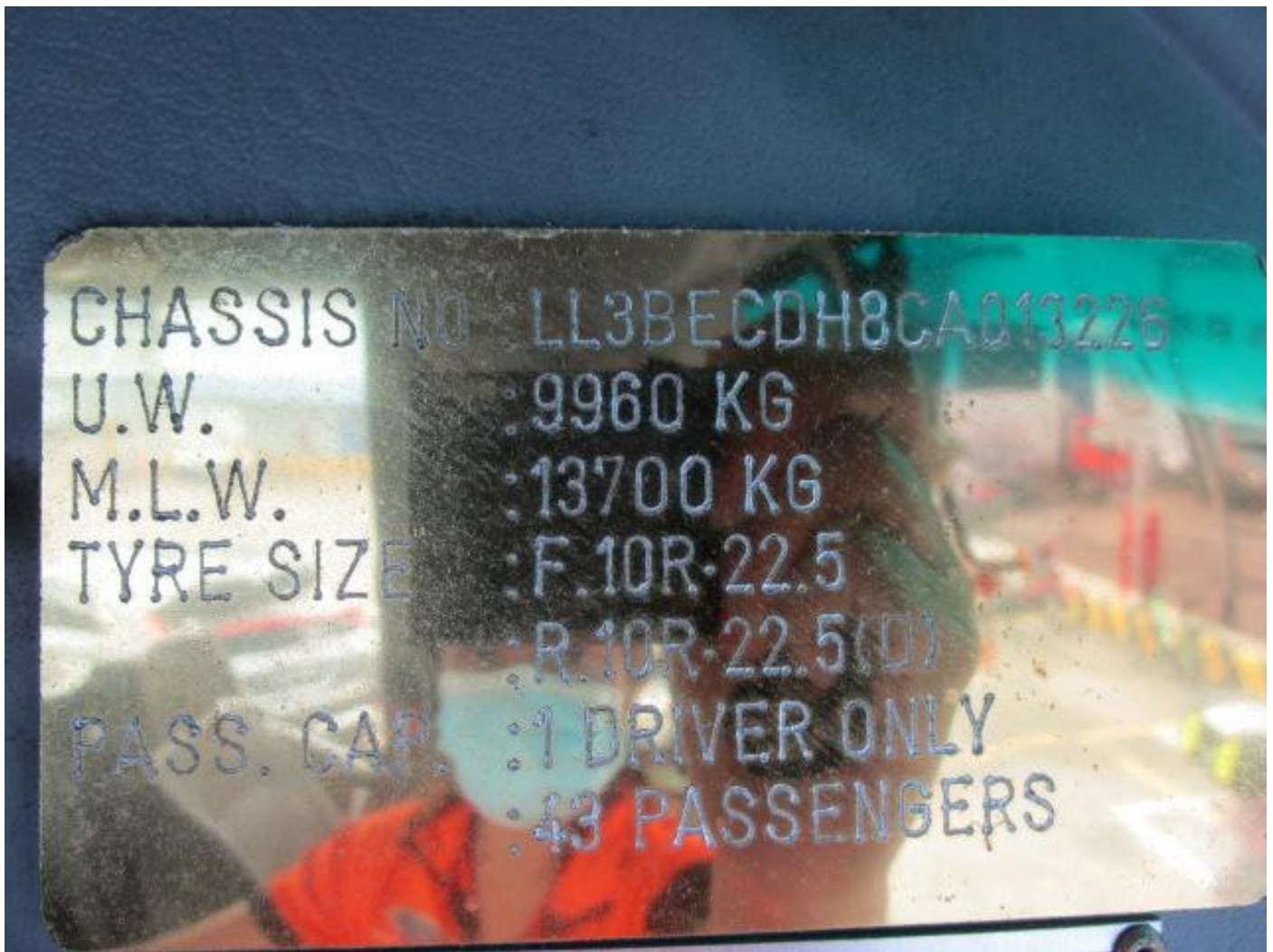


Accident Photo



Accident Photo







Addendum Sheet Pg. 1

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 : MCDS20094189 Vehicle Registration No: PC1632P
Name (as shown in NRIC) : Comfort Bus Pte Ltd NRIC/FIN/Passport No : 1XXXX256W
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 28/10/2020 Time of Accident : 2020
Place of Accident : Jurong Island Highway
Insurance Company : India

(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:

To amend from Reporting to Third Party claim
To include video

Policyholder / Driver's Signature
Date:

CDUE, Behan 28/10/2020
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: