

# 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 ..... 11/01/2021 16:48 (SGT)  
Date of Accident ..... 11/01/2021 08:48 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS BKE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC5306E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... BKK TRAVEL PTE LTD  
Company Reg No ..... 2XXXXX387C  
Email Address ..... bc@longlim.com  
Mobile Phone No ..... (Phone) +65-81810009  
Alternative Phone No ..... +65-97992757

### VEHICLE PARTICULARS

Manufacturer ..... Isuzu  
Model ..... LT434P 7.8 MT  
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 ..... China Taiping Insurance  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNA00001352003  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LU WEI  
Passport No/FIN ..... GXXXX136W  
Date Of Birth ..... 09/03/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/12/2017
Driving experience .....	3 YEARS AND 1 MONTH
Gender .....	Male
Mobile Number .....	(Phone) +65-97992757
Alt. Phone Number .....	-
Email Address .....	bc@longlim.com
Address .....	BLK 209 BOON LAY PLACE #09-297
Address complement .....	-
Postcode .....	640209
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 .....	Side Swipe
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) .....	35
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

PASSENGER 1

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 2

Name .....	UNKNOWN TEACHER
Gender .....	Female

PASSENGER 3

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 4

Name .....	UNKNOWN
Gender .....	Female

PASSENGER 5

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 6

Name .....	UNKNOWN
Gender .....	Male

PASSENGER 7

Name .....	UNKNOWN
Gender .....	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
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Police Station Name .....	Nanyang Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007929999
Alt. Police Station Phone No .....	(Fax) +65-67912972
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210111/2070

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 .....	PA9508Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	UNKNOWN TEACHER
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PC5306E
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 2

Name of injured person .....	LU WEI
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PC5306E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

























































**SINGAPORE  
POLICE FORCE**



T/20210111/2070 1 of 3  
 Report No. T/20210111/2070

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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2021 13:56	Vide Report No.: E/20210111/0049	Station Diary No.: 78
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**Informant's Particulars**

Name of Informant: LU WEI		Address: APT BLK 209 BOON LAY PLACE #09-297 BOON LAY PLACE SINGAPORE #40209	
ID Type / ID No. FIN NO / G3258163W		Contact No. Home/Office:                      Mobile: 97992757	
Nationality: CHINESE			
Sex: Male	Age: 38	Date of Birth: 09/03/1982	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3                      Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police:	Drink Drive:	Date/Time of Accident:	Type of Location:
		No	11/01/2021 08:45	Bend

Location:  
PAN-ISLAND EXPRESSWAY

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction		Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA9508Z	Van				Seriously Damaged	0
PC5306E	Bus/Coach/Minibus (School Children)				Seriously Damaged	34

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T202101112070

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

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Report No. T202101112070

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LU WEI	ID No	G3258163W
Related Vehicle	PC5306E (Bus/Coach/Minibus (School Children))	Contact No	97992757
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**  
 On 11/01/2020 at about 0848hrs. I was driving my company vehicle bearing plate no: PC5306E, containing 31 students and 3 teachers on-board along PIE, sliproad towards BKE(woodlands) when a gray van bearing plate no: PA9508Z appeared from my right which seemed to have lost control of the steering and the front left side of the van hit onto the right side on my bus. My bus hit onto the left side of the road shoulder and I managed to stabilize the bus in time and continued going straight. The van then swerved to the left and hit onto the road shoulder before coming to a stop. I then stopped my bus at the road shoulder and called for police assistance as the door of the van could not be opened and the driver is trapped inside. The traffic police arrived about 10 minutes later and assess the situation before the ambulance arrived and the driver of the van was rescued and conveyed to the hospital. During the collision, one of the teachers on board the bus fell and sustained injuries, subsequently conveyed to hospital as well for assessment of injuries. The traffic police gave me a white card and advised me to lodge a police report regarding the accident. I observed the left and right side of my bus was damaged while the front and sides of the van was damaged. I took a few photos of the damages on both vehicles and drove the bus off when I was allowed to. I was unable to get the particulars of the other driver and the teacher as they were conveyed to the hospital. Initially, I did not feel any body pains but after a while, I felt pain on my lower back which I am considering to see a doctor after lodging the report. I am lodging this report mainly for company record purposes and insurance claims.

 **SINGAPORE  
POLICE FORCE**

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

T:20210111/2070  
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Report No: T/20210111/2071

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 / Sgt 2 CHUA JING HAO VICTOR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/01/2021 13:56
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED MUHAMMAD BIN SYED FARID ALBAR Contact No: 65476200 Authentication Stamp NP158 	Classification Of Case: