

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 ability.
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 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	16/12/2017 15:58
Date Of Accident	16/12/2017 07:15
Exact Location Of Accident	TUAS SOUTH AVE 3 TWDS TUAS SOUTH AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC2925M
Insured/Policyholder	
Name Of Registered Owner	ZION EXPRESS PTE. LTD.
Co Reg No	201424312W
Email Address	SHAIKNA_BE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92345926
Alternative Phone No	OFFICE-92345926

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5067709661-03
Cover Note Number	

Driver

Name of Driver	MOHAMED ABDUL KADER SHAIKNA LEBBAI
NRIC No	S7979506B
Date Of Birth	10/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	17/03/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92345926
Fax Number	
Contact Number	OTHERS-92345926
Email Address	SHAIKNA_BE@YAHOO.COM

Address	BLK 249 COMPASSVALE ROAD #02-604
Postcode	540249
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20171216/2074

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	PC3087A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LI JIAN JUN
NRIC/Passport Number	G5243527M
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC95X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver ZHAO YONG YI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE2956K

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name LOKE YEW CHOONG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SYED ISMAIL BAKKAR SAHIB

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 3

Name MOHAMED ABDUL KADER SHAIKNA LEBBAI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHOO CHIN ENG

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? PC2925M

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Sketch Plan

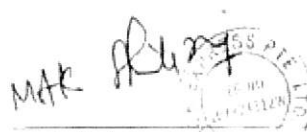
SKETCH PLAN


IMPORTANT NOTICE

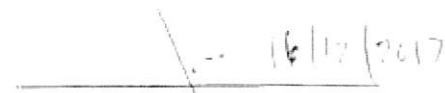
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

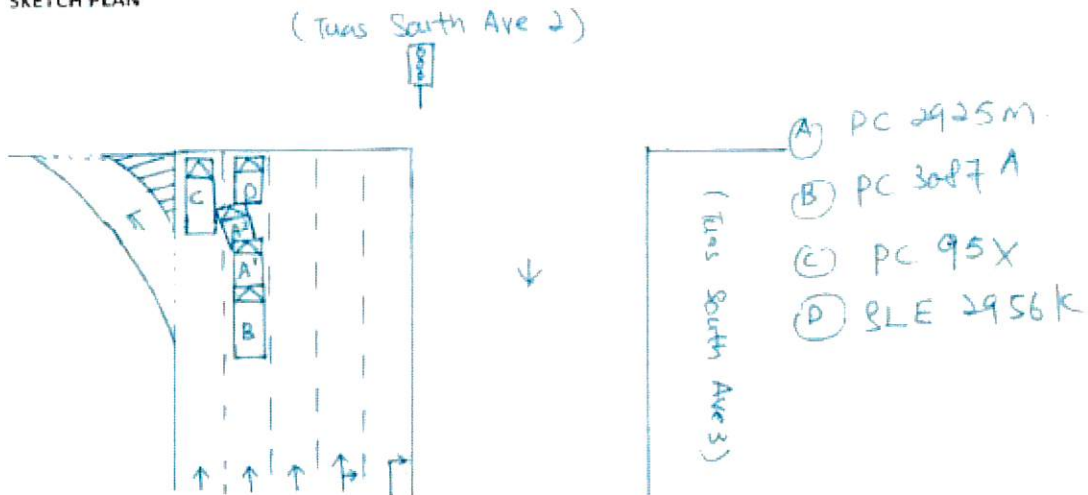

Policyholder's Signature
Date & Time


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement Please Refer To
Police Report No. T/2017/216/2074

DECLARATION

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

MAC SHAW
2017/216/2074

Policyholder's Signature
Date & Time

MAC SHAW

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

16/12/2017
Reporting Centre Personnel's Signature
Name
NRLC/HFI No.

Enquire Transfer Fee

Vehicle Details

Vehicle No.	PC2925M
Vehicle Type	Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
Vehicle Attachment 1	Air-Conditioned
Vehicle Scheme	Public Service Vehicle (Others)
Vehicle Make	NISSAN
Vehicle Model	NV350 HR MICROBUS 2.5 4DR 5AT ABS D/AB
Chassis No.	JN1UC4E26Z0001815
Propellant	Diesel
Engine No.	YD25349308A
Engine Capacity	2488 cc
Maximum Power Output	-
Maximum Laden Weight	3400 kg
Unladen Weight	2360 kg
Year Of Manufacture	2014
Original Registration Date	23 Sep 2014
Lifespan Expiry Date	22 Sep 2034
COE Category	C - Goods Vehicle & Bus
Quota Premium	\$43,390.00
COE Expiry Date	22 Sep 2024
Road Tax Expiry Date	22 Sep 2018
Inspection Due Date	22 Sep 2018
Intended Transfer Date	16 Dec 2017
CO2 Emission	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use [Enquire Road Tax Payable](#) for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee	11.00	-	11.00
Total Amount Payable			11.00

Message

Certificate of Insurance

MOTOR VEHICLE (THIRD PARTY RISKS AND COMPENSATION) ACT, CHAPTER 189

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT, 1987

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1990 (MALAYSIA)

Certificate Number: 5067709661-03

Cover: Comprehensive

1. Index mark and Registration Number of Vehicle

PC2925M

Class Number

0N1 (0N103670601815)

2. Name of Policyholder

TAN CHONG CREDIT PTE LTD

3. Effective Date of Insurance

15 Oct 2017

4. Expiry Date of Insurance

22 Sep 2018

5. Persons or Classes of Persons entitled to drive*

(a) The Policyholder

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

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.

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business.

(b) Limited to carry 15 passengers

This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

(b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

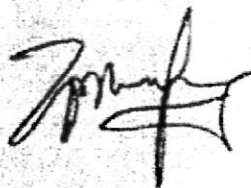
GEOGRAPHICAL LIMIT	WITHIN THE REPUBLIC OF SINGAPORE ONLY
EXCESS (SECTION I)	: S\$2,000
EXCESS (SECTION II)	: S\$3,000
WINDSCREEN EXCESS	: S\$500
INSURE WITH COE	: YES
HIRE PURCHASE COMPANY	: TAN CHONG CREDIT PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

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)

Agency: KHC HOLDINGS PTE LTD (00000613934)

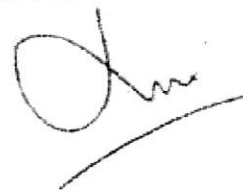
Date of Issue: 16 Oct 2017 11:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive



SINGAPORE POLICE FORCE



T/20171216/2074

1 of 5

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No: T/20171216/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/12/2017 13:14		Vide Report No.: J/20171216/0128		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: MOHAMED ABDUL KADER SHAIKNA LEBBAI			Address: APT BLK 249 COMPASSVALE ROAD #02-604 SINGAPORE 540249		
ID Type / ID No.: NRIC NO / S7979506B			Contact No.: Home/Office: Mobile: 92345926		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 10/10/1979	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: DRIVER			Driving Licence Information: Class: 3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 16/12/2017 07:15	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 TUAS SOUTH AVENUE 3 TUAS SOUTH AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Stationary Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC2925M	Van				Seriously Damaged	3
PC3087A	Bus/Coach/Mi nibus				Seriously Damaged	1
PC95X	Bus/Coach/Mi nibus				Slightly Damaged	0
SLE2956K	Car				Slightly Damaged	1



Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LOKE YEW CHOONG	ID No.	S0226807H
Related Vehicle	PC2925M (Van)	Contact No.	91788283
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	SYED ISMAIL BAKKAR SAHIB	ID No.	G6149417R
Related Vehicle	PC2925M (Van)	Contact No.	84990841
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MOHAMED ABDUL KADER SHAIKNA LEBBAI	ID No.	S7979506B
Related Vehicle	PC2925M (Van)	Contact No.	92345926
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight



**SINGAPORE
POLICE FORCE**



T/20171216/2074

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Report No: T/20171216/2074

CONTINUATION OF REPORT

Passenger			
Name	CHOO CHIN ENG	ID No.	S1349478I
Related Vehicle	PC2925M (Van)	Contact No.	98267846
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/12/2017	Date Discharge	16/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LI JIANJUN	ID No.	G5243527M
Related Vehicle	PC3087A (Bus/Coach/Minibus)	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
Driver			
Name	ZHAO YONGYI	ID No.	S2667865Z
Related Vehicle	PC95X (Bus/Coach/Minibus)	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 the 16/12/2017 at about 0713hrs along Tuas South Avenue 3, I was driving my company's vehicle bearing registration number PC2925M along lane 4. As I was approaching the junction of Tuas South Avenue 2, the traffic light indicator turn red and I slowed down and stopped behind one black in colour vehicle bearing registration number SLE2956K. I observed that there was one red in colour bus bearing registration number PC95X on lane 5. On board my vehicle there were three other passenger and I was heading to No.81 Tuas South Street 5 "See Hup Seng Pte Ltd" to send off my passenger to their workplace.

While we were in the vehicle waiting for the traffic light to turn green, we felt a great impact for the rear of the vehicle. Our vehicle was pushed forward due to the impact, my vehicle hit onto both vehicle registration number SLE2956K and PC95X. Then I discovered that a white in colour bus bearing



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Report No. T/20171216/2074

CONTINUATION OF REPORT

registration number PC3087A collided onto the rear of my vehicle. I then made a check on my passengers and called for the Ambulance.

Upon arrival of Ambulance two of my passenger namely Choo Chin Eng and Loke Yew Choong was conveyed to Ng Teng Fong General Hospital by Ambulance. After investigation by the Traffic Police, My company's insurance agent then send me and my another passenger named Seyed Ismal Bakkar Sahib to Ng Teng Fong General Hospital for check up. Choo Chin Eng, Seyed Ismail Bakkar Sahib and myself were granted three days of medical leave from 16/12/2017 till 18/12/2017. And for Loke Yew Choong he was granted with one day of medical leave on the 16/12/2017.



**SINGAPORE
POLICE FORCE**



T/20171216/2074

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Report No. T/20171216/2074

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:
D /
Sgt 1 MUHAMMAD SADLI BIN MOHD NASIR

Signature Of Informant:

MAK Shihong

Signature Of Interpreter:
Not applicable

Date/Time:
16/12/2017 13:14

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



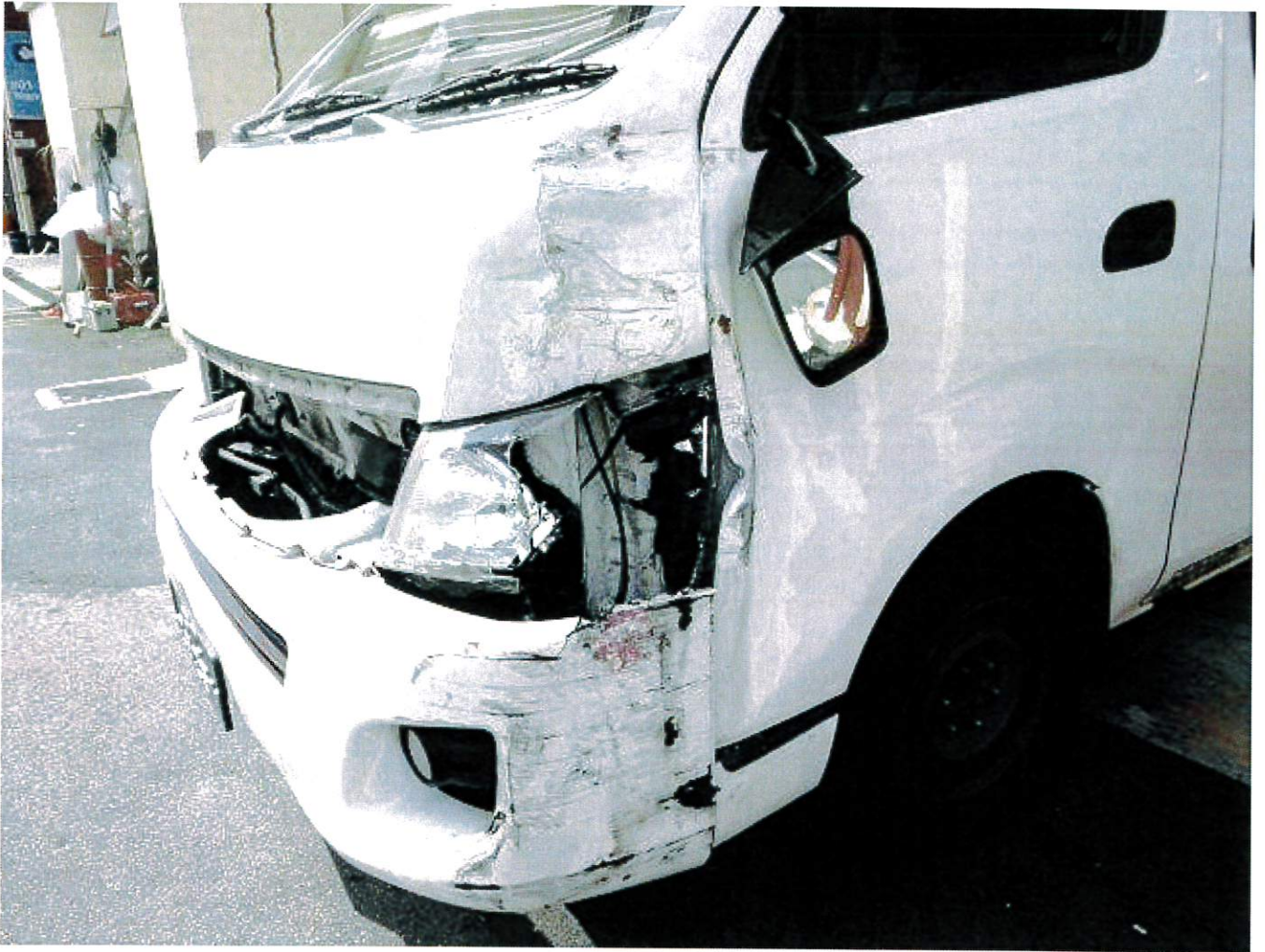
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