

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 17/02/2021 11:38 (SGT)
Date of Accident 10/02/2021 18:50 (SGT)
Exact Location of Accident Bedok North Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC9397R

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ALBERT PANG TRANSPORT
Company Reg No -
Email Address ADMIN@APTRANSPORT.COM.SG
Mobile Phone No (Phone) +65-62600195
Alternative Phone No +65-62600195

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
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 DMB1SNW00009292000
Cover Note Number -

DRIVER

Name of Driver TAN KOK SWEE
NRIC No SXXXX210H
Date Of Birth 04/10/1961
Occupation Outdoor

Date Of Driving Pass	04/10/1983
Driving experience	37 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94370867
Alt. Phone Number	-
Email Address	ADMIN@APTRANSPORT.COM.SG
Address	BLK 745 PASIR RIS ST 71 #14-67
Address complement	-
Postcode	510745
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT T/20210211/2047

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	FBQ4590Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLP580R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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)	-

SKETCH PLAN

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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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

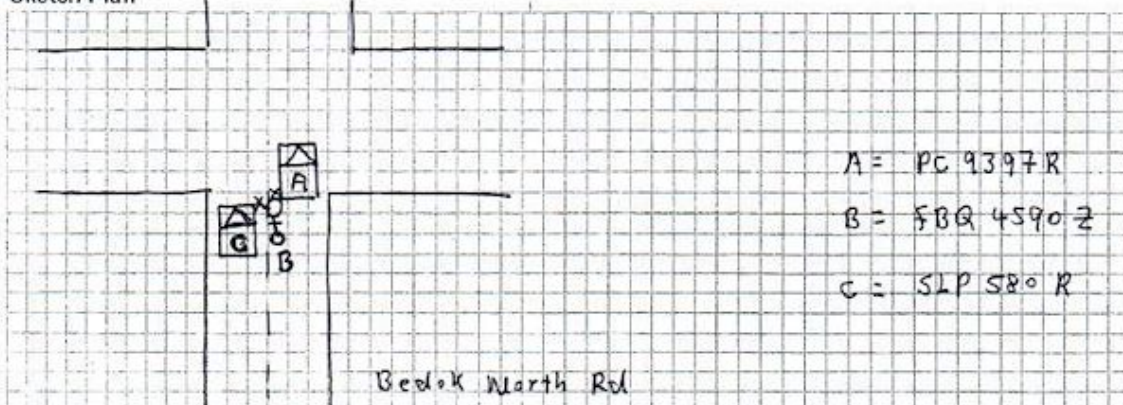


Policyholder's Signature / Date & Time

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

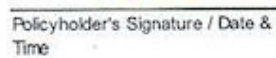
Witnessed by Reporting Centre Personnel

Sketch Plan



Refer to Police Report 7/20210211/2047

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



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Handwritten signature: *H. H.*



















**SINGAPORE
POLICE FORCE**



T/20210211/2047

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20210211/2047

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/02/2021 11:48	Vide Report No.: G/20210210/0199	Station Diary No.: 16
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Informant's Particulars

Name of Informant: TAN KOK SWEE			Address: APT BLK 745 PASIR RIS STREET 71 #14-67 SINGAPORE 510745	
ID Type / ID No.: NRIC NO / S1487210H			Contact No.: Home/Office:	Mobile: 94370867
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 04/10/1961	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: SCHOOL BUS DRIVER			Driving Licence Information: Class: 3,4,5 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/02/2021 18:50	Type of Location: X-Junction
Location: BEDOK NORTH ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9397R	Bus/Coach/Minibus (School Children)				No Damage	0

Details of Person Involved

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



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T/20210211/2047

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519457
Tel No: 1800-5852999

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Report No. T/20210211/2047

CONTINUATION OF REPORT

Driver			
Name	TAN KOK SWEE	ID No.	S1487210H
Related Vehicle	PC9397R (Bus/Coach/Minibus (School Children))	Contact No.	94370867
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 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 above mentioned date, time and location, I was driving along Bedok North Road going towards Tampines Avenue 10 as I was headed towards Pasir Ris Heavy vehicle carpark to park the school bus after dropping off my last passenger at Bedok MRT Bus Stop. At the point of time traffic was slightly heavy and I later came to a complete stop at the traffic light of junction between Bedok North Road and Bartley Road East. At the point of time, everything was as per normal to me and that there was nothing wrong while making my journey there.

On the 11/02/2021 at about 2am, my boss texted me of a text that she had received from a TP officer of a hit and run accident involving me. As such my boss also retrieved the footage of the camera on the bus and advised me to lodge a police report. From the footage it can be seen that the accident had took place the junction of Bedok North Road and Bartley Road East. A motorcycle had tried to lane split between my bus and another vehicle however he failed to do so and misjudged his movements and it had collided to the rear of the bus causing him to fall and collide with another vehicle to its right.

I wish to state that at the point of time no one had approached me and there was also no force of impact from the collision. Everything all felt normal to me and I did not realize that I had actually been involved in the accident as such I went off accordingly. I also made a check to the bus and found some very minor crack on the rear right of my indicating signal light it may possibly be due to the accident however it is so little it is barely visible.



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T/20210211/2047

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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20210211/2047

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: G / Sgt 2 MUHAMMAD KHIRUL NA'EM BIN KHIRUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/02/2021 11:48
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt NEO ZHI YUAN Contact No.: 65476079	Classification Of Case:
Authentication Stamp NP168	

