

# 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 ..... 01/03/2021 10:40 (SGT)  
Date of Accident ..... 06/01/2021 13:45 (SGT)  
Exact Location of Accident ..... Pasir Ris Drive 2, 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 - Reporting only  
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 .....	25/02/1983
Driving experience .....	37 YEARS AND 11 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 .....	No Collision
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	No
Number of Passengers (Including Driver) .....	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	-
Gender .....	Male

#### PASSENGER 2

Name .....	-
Gender .....	Male

#### PASSENGER 3

Name .....	-
Gender .....	Male

#### PASSENGER 4

Name .....	-
Gender .....	Female

#### PASSENGER 5

Name .....	-
Gender .....	Female

#### PASSENGER 6

Name .....	-
Gender .....	Female

#### PASSENGER 7

Name .....	-
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
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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/20210106/2132

ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

# SKETCH PLAN

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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 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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



## Accident report SN0921310005

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## Describe Circumstances of the Accident

Refer to Police Report T/20210106 / 2132

## Declaration

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



Policyholder's Signature / Date &  
Time

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

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Witnessed by Reporting Centre  
Personnel



















**SINGAPORE  
POLICE FORCE**



T/20210106/2132

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

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Report No. T/20210106/2132

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/01/2021 20:39	Vide Report No.:	Station Diary No.: 107
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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: Witness		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 06/01/2021 13:45	Type of Location: Straight Road
Location:  PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Pedestrian				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC9397R	Bus/Coach/Mi nibus (School Children)	TOYOTA	COASTER 23 SEATER ABS	White		11



**SINGAPORE  
POLICE FORCE**

T/20210106/2132

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Report No. T/20210106/2132

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

**CONTINUATION OF REPORT****Brief Details.**

I am a school bus driver for Meridian Primary School.

On 06/01/2021 at about 1.43pm, I was driving my company's vehicle, bearing plate no. PC9397R, with 12 students on board. I was driving along Pasir Ris Dr 1 and I turned left into the cluster of Blk 634-641 Pasir Ris Dr 1. After turning left, I dropped off one of the student namely Zara Muskan D/O Muhamad Feroz at the roadside, most left lane of a 2 way road, in-between Blk 639 Pasir Ris Dr 1 and Park View Primary School while one of her family members were waiting at right side of my vehicle, beside Blk 639 Pasir Ris Dr 1.

After Zara had alighted from my vehicle, she ran across the road in front of my vehicle towards her family member. Suddenly, there was a motorbike came from the right side of my vehicle and knocked onto her. I saw Zara fell down while the rider stopped in front of my vehicle and got off from his motorbike to make a check on Zara. I did not alight from my vehicle as there were 11 students in the bus. I noticed that there was abrasion on Zara's forearm. I wind down the window to ask if Zara is ok and her family member waved at me showing that everything is alright. After Zara's family member and the rider make a check on Zara's injuries, they left subsequently. I was not approached by any of them and I left afterwards to send the rest of the student back home.

I wish to state that my in-car camera had captured the whole accident process however due to the low quality of the in-car camera, I could not see the motorbike's plate number.



**SINGAPORE  
POLICE FORCE**



T/20210106/2132

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

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Report No. T/20210106/2132

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 TOH SHIMIN, KIMBERLY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

06/01/2021 20:39

Officer In Charge Of Case:

TP / AEIT /

Insp BOON YEN KIAN

Contact No.: 65476172

Classification Of Case:

Authentication Stamp  
NP168

