

# 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 ..... 18/03/2021 10:27 (SGT)  
Date of Accident ..... 17/03/2021 06:40 (SGT)  
Exact Location of Accident ..... KPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7878H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ST LEE TRANSPORT PTE LTD  
Company Reg No ..... 2XXXXX388Z  
Email Address ..... stlee.transport@gmail.com  
Mobile Phone No ..... (Phone) +65-96868028  
Alternative Phone No ..... +65-91362644

### VEHICLE PARTICULARS

Manufacturer ..... King Long  
Model ..... HIGER KLQ6109Q 6.7L MT ABS TUBOR  
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 ..... DMB1SNW00011862001  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... BHULLAR JASWINDER SINGH  
Passport No/FIN ..... GXXXX154K  
Date Of Birth ..... 26/06/1987  
Occupation ..... Outdoor

Date Of Driving Pass .....	22/11/2016
Driving experience .....	4 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91362644
Alt. Phone Number .....	-
Email Address .....	stlee.transport@gmail.com
Address .....	BLK 20 LORONG 7 TOA PAYOH #01-728
Address complement .....	KIM KEAT PALM
Postcode .....	310020
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	31
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
Gender .....	Male

#### PASSENGER 3

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

#### PASSENGER 4

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

#### 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
--	-----

Police Station Name .....	Kim Keat Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18002529999
Alt. Police Station Phone No .....	(Fax) +65-63554311
Police Station Address .....	Blk 231 Lorong 8 Toa Payoh #01-186 Singapore 310231
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20210317/2053

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Red
Vehicle Category .....	Taxi
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 PLANIMPORTANT 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. 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.

**ST LEE****TRANSPORT PTE LTD**

Box 1002 Joo Poyah Industrial Park #07-1447

Singapore 319074

Police Incident No. 6256 1677

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

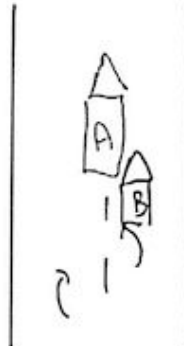
Name:

NRIC/FIN No.:



Scanned with CamScanner

SKETCH PLAN



Kallang Paya Lebar  
Express way.

A - PC7878H

B - unknown  
Red Taxi.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report 7/20210317/2053

DECLARATION

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

ST LEE

TRANSPORT PTE LTD  
Box 1002, Telok Ayer St, Singapore 10074  
Tel: 6258 0188 FAX: 6258 1677

Y B 28

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

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





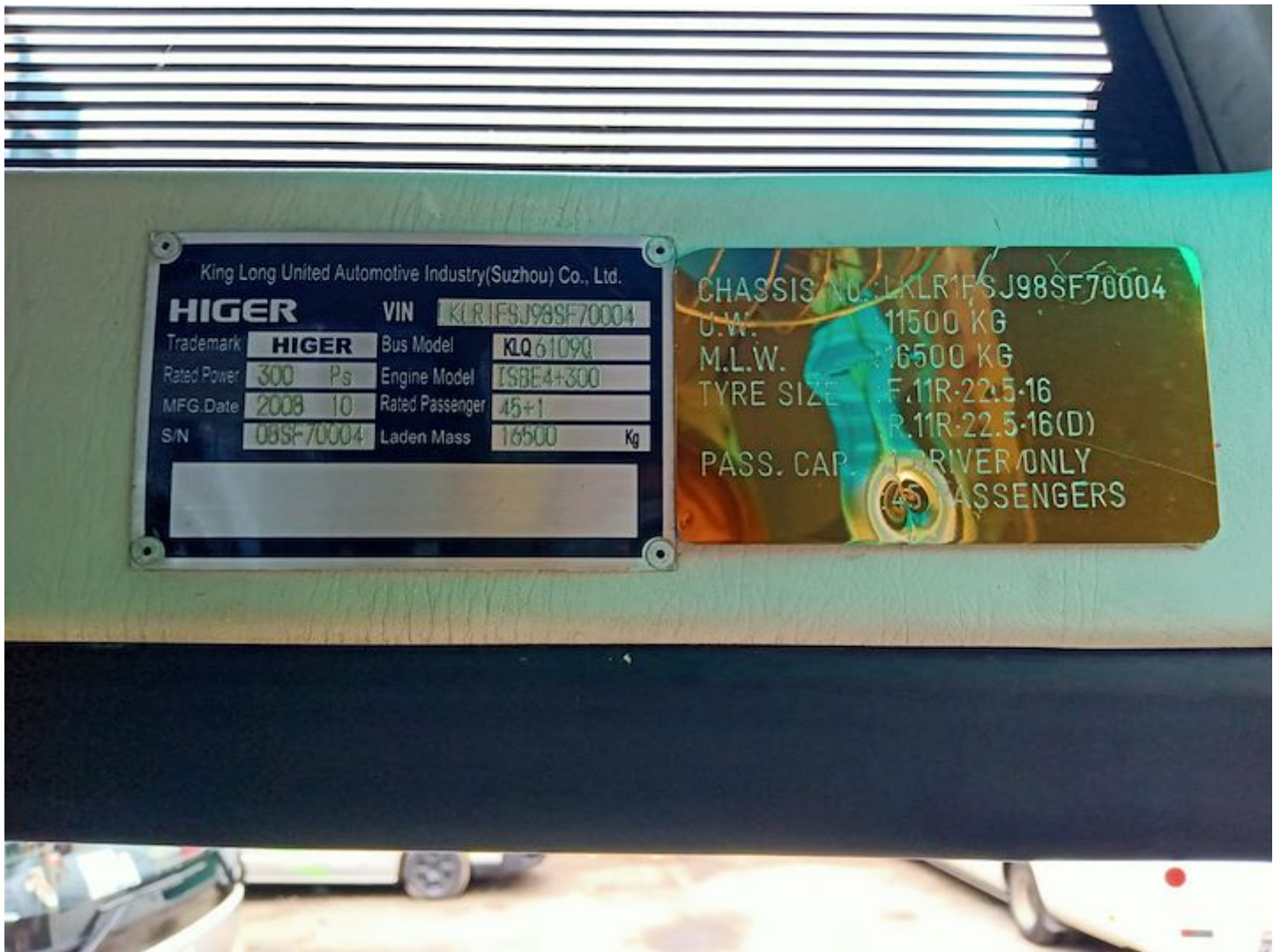





















**SINGAPORE  
POLICE FORCE**


T/20210317/2053

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

1 of 3

Report No. T/20210317/2053

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/03/2021 13:19	Vide Report No.:	Station Diary No.. 7
--	------------------	-------------------------

**Informant's Particulars**

Name of Informant: BHULLAR JASWINDER SINGH			Address: APT BLK 20 LORONG 7 TOA PAYOH #01-728 KIM KEAT PALM SINGAPORE 310020	
ID Type / ID No.: FIN NO / G8361154K			Contact No.:	Mobile: 91362644
Nationality: INDIAN			Home/Office:	
			Email:	
Sex: Male	Age: 33	Date of Birth: 26/06/1987	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: BUS DRIVER			Driving Licence Information: Class: 3,4	Date of Expiry:

**General Information of the Accident**

Type of Accident: Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/03/2021 06:40	Type of Location: Straight Road
Location:  KALLANG PAYA LEBAR EXPRESSWAY			
Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way	Traffic Control:	Traffic Volume: Light	
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
PC7878H	Bus/Coach/Mi nibus (School Children)				Slightly Damaged	30

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20210317/2053

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999

2 of 3

Report No. T/20210317/2053

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	BHULLAR JASWINDER SINGH		ID No. G8361154K
Related Vehicle	PC7878H (Bus/Coach/Minibus (School Children))		Contact No. 91362644
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 the above mentioned date, time and location, a red colour taxi with unknown plate number side swipe on my right side of my bus. When the incident happened, I did not hear any collusion sound and continue my journey toward CTE city. I only discovered that there are some scratches on the right rear of my bus when I parked the bus at Lorong 8 Toa Payoh, heavy vehicle car park. I immediately went to my company office to view the bus CCTV. After viewing the CCTV, then I got to know that while traveling along Sims Way, a merging lane, a red taxi side swipe my bus. I was advised by my company to lodge a traffic report for record purposes.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kim Keat NPP  
231 Lorong 8 Toa Payoh #01-186  
SINGAPORE 310231  
Tel No: 1800-2529999



T/20210317/2053

3 of 3

Report No. T/20210317/2053

**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:  
E /  
Sr Staff Sgt BOH TECK BOON, KENARD

Signature Of Informant:

*BJS*

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/03/2021 13:19

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Classification Of Case:

SN 64

Authentication Stamp  
NP168

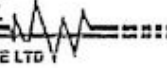


SIGNATURE



Scanned with CamScanner



**ST LEE**   
Block 1002 Toa Payoh Industrial Park #07-1447 Singapore 319074 (T) 62586163 (F) 62591677 TRANSPORT PTE LTD  
Website: [www.stleetransport.com.sg](http://www.stleetransport.com.sg) Email: [stlee.transport@gmail.com](mailto:stlee.transport@gmail.com)

17 March 2021

TO WHOM IT MAY CONCERN

Dear Sir

REF : PC7878H

I hereby confirmed aware of this incident and authorised Mr Bhullar Jaswinder Singh, G8361154K to lodge a report to your kind department . Our vehicle are insured under China Taiping Insurance

I thank you in advance for your kind consideration and understanding and hope to hear from your kind department as soon as possible.

Regards,



Lee Sin Tiong

Director

