SK0L213N0005 / KAN FOOK SING MOTOR WORKSHOP [539147]
ENTRY DATE & TIME: 23/03/2021 13:19 (SGT)
SUBMITTED BY: Boo Miow Hwa
VERSION: 1 (23/03/2021 13:19 (SGT))

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 witholding 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	23/03/2021 13:19 (SGT)
Date of Accident	23/03/2021 07:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	GUILLEMARD CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6843Z

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BT & TAN TRANSPORT PTE LTD
Company Reg No	2XXXXX272G
Email Address	ops@btntan.com
Mobile Phone No	(Phone) +65-64834527
Alternative Phone No	(Office) +65-64834527

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	HIACE HIROOF AUTO 14 SEATER
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113436799-01-000005
Cover Note Number	17/10/2020 TO 16/10/2021

DRIVER

Name of Driver	ZAINAL ABIDIN BIN MOHAMED
NRIC No	SXXXX020H

Date Of Birth	27/02/1984
Occupation	Outdoor
Date Of Driving Pass	28/11/2014
Driving experience	6 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85002971
Alt. Phone Number	-
Email Address	nal_simple_guy@hotmail.com
Address	201 SERANGOON CENTRAL #04-16 (S) 550201
Address complement	-
Postcode	-
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 - Major/Minor Rd
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)	11
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 2

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 3

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 4

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 5

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 6

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 7

Name	UNKNOWN PASSENGER
Gender	Male

PASSENGER 8

Name	UNKNOWN PASSENGER

Gender	Female

PASSENGER 9

Name	UNKNOWN PASSENGER
Gender	Female

PASSENGER 10

Name	UNKNOWN PASSENGER
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	SMH7716B
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

IMPORTANT NOTICE

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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.

BTATAN TRANSPORT PTE LTD

Policyholder's Signature
Date & Time

BTATAN TRANSPORT PTE LTD

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

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

A - CB 68432

B - SMH 7716B

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the police report.

DECLARATION

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

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.:

IMAGES


Guillemard Cres
ONE WAY
Jamiyah
VOLVO
School
Zone
GYMKRAFT
JUST AROUND
THE CORNER
SINGAPORE
LARGEST
GYMNASTICS
CENTRE

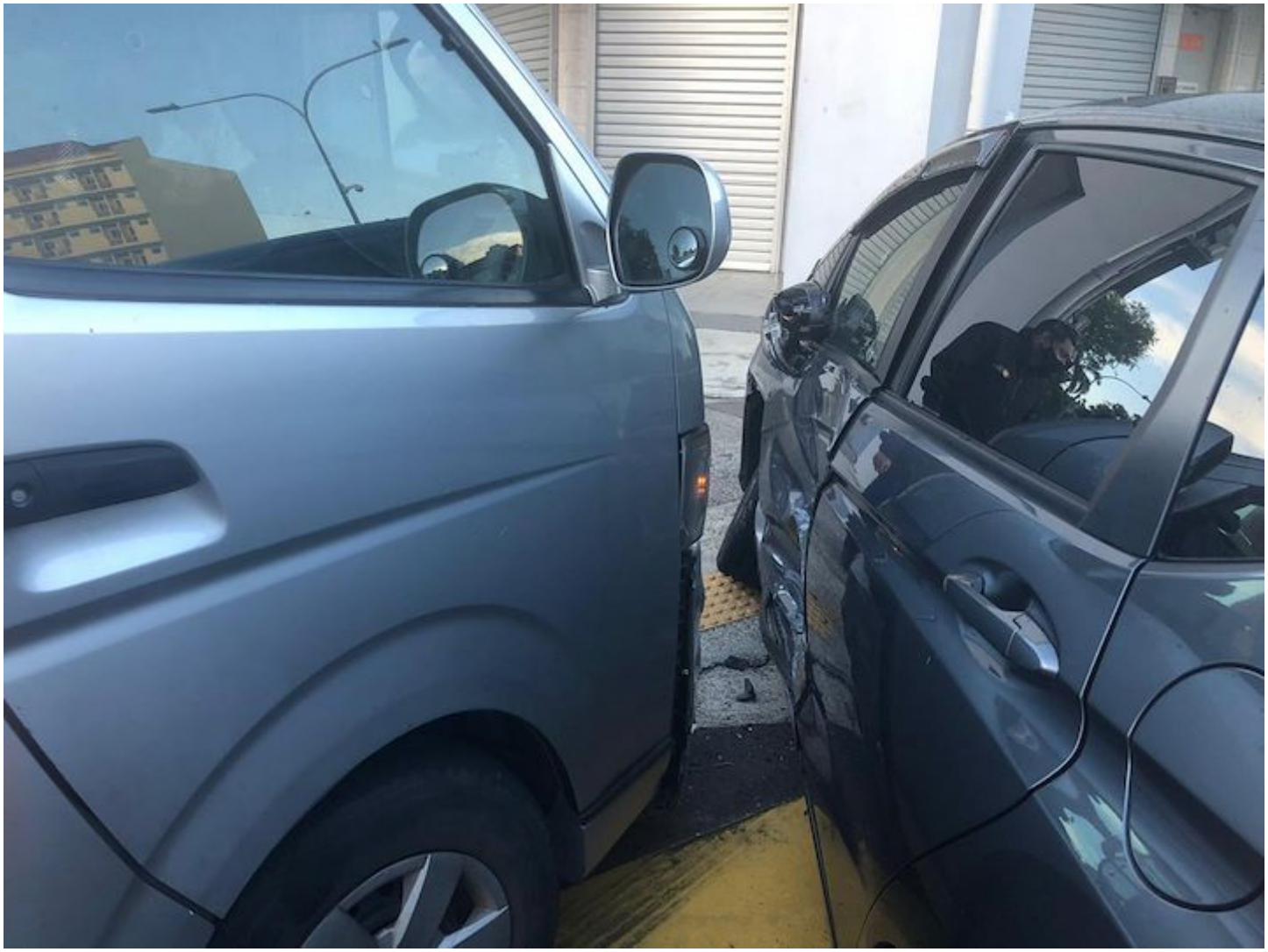
IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6



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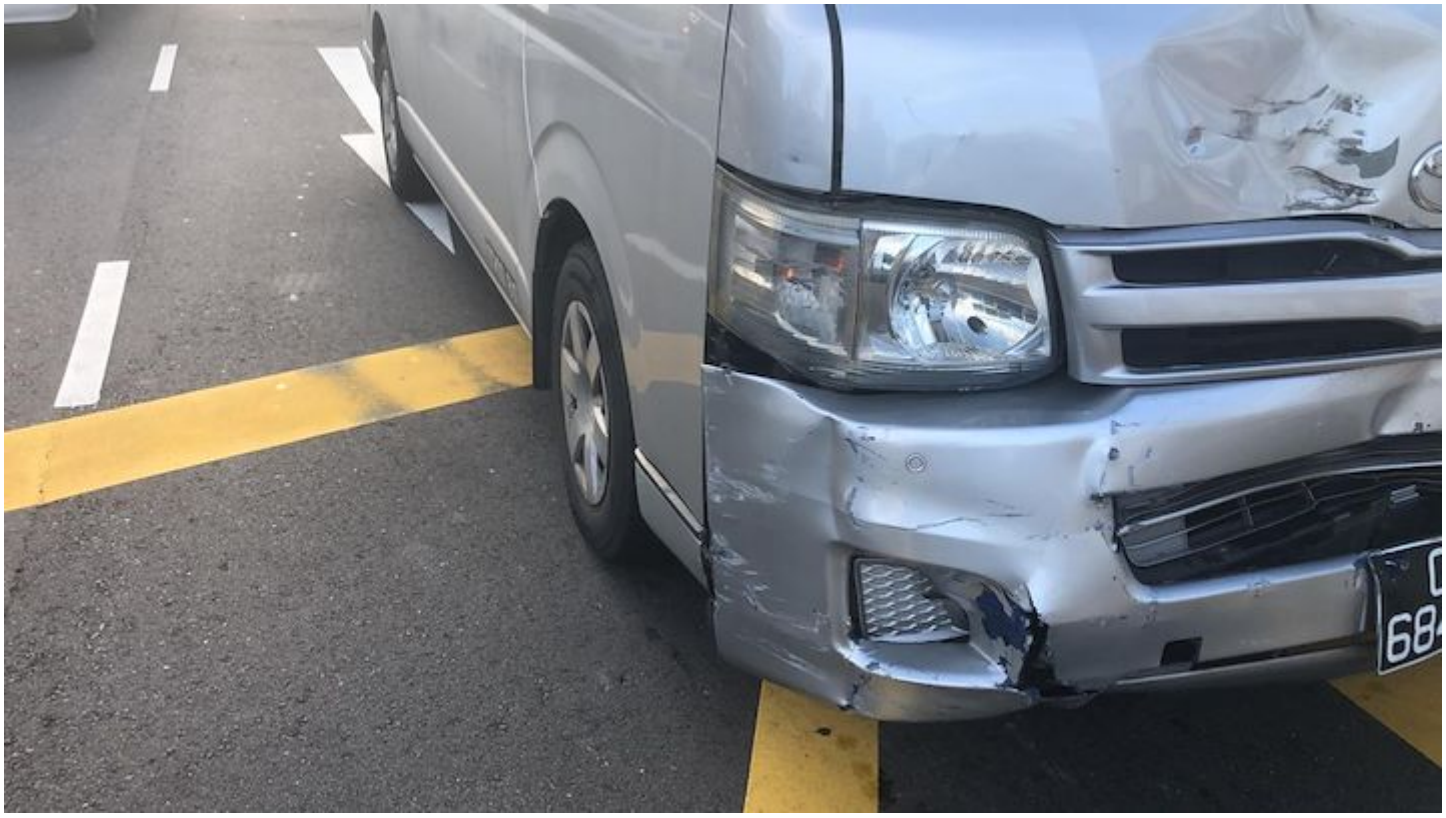

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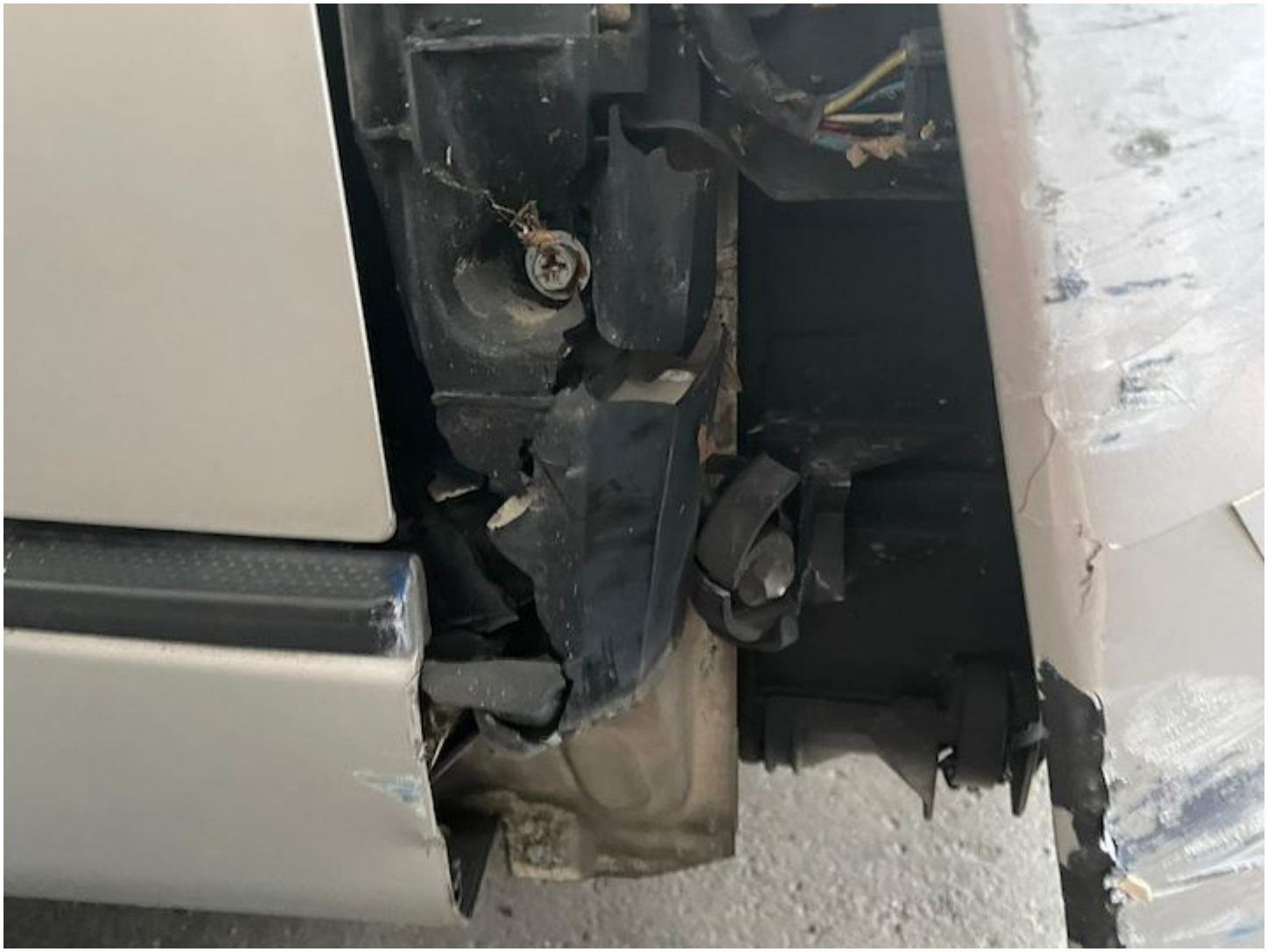
IMAGES #16

IMAGES #17



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IMAGES #19

IMAGES #20

IMAGES #21

IMAGES #22

SINGAPORE POLICE FORCE

T/20210323/7011

Report No. T/20210323/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
23/03/2021 11:52		

Informant's Particulars

Name of Informant: ZAINAL ABIDIN BIN MOHAMED BASIR			Address: 201 SERANGOON CENTRAL #04-16 SINGAPORE 550201	
ID Type / ID No.: NRIC NO / S8406020H			Contact No.: Home/Office: Mobile: 85002971	
Nationality: SINGAPORE CITIZEN			Email: NAL_SIMPLE_GUY@HOTMAIL.COM	
Sex: Male	Age: 37	Date of Birth: 27/02/1984	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2021 07:45	Type of Location: Straight Road
Location: GUILLEMARD CRESCENT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
CB6843Z	Van					0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20210323/7011

Report No. T/20210323/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Driver			
Name	ZAINAL ABIDIN BIN MOHAMED BASIR	ID No.	S8406020H
Related Vehicle	CB6843Z (Van)	Contact No.	85002971
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 23/03/2021 AROUND 07:45HRS I WAS DRIVING ALONG GUILEMARD CRES TRAVELLING ON THE EXTREME LEFT LANE. I WAS TRAVELLING STRAIGHT, THE OTHER VEHICLE SMH7716B MAKING A RIGHT TURN WITHOUT CHECKING THE TRAFFIC SMH7716B COLLIDED ONTO MY BUS AND THE IMPACT CAUSED MY BUS TO SWEVRE TO THE LEFT JUST BEFORE THE ENTRANCE OF THE GULLIMARD ENTRANCE.
AFTER THE ACCIDENT I FELT MY LEFT HAND NUMB AND BOTH MY LEGS FELT ACHING. I WILL CONSULT THE DOCTOR AFTER MAKING THE POLICE REPORT.

SINGAPORE POLICE FORCE

T/20210323/7011

3 of 3

Report No. T/20210323/7011

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/03/2021 11:52
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:

Authentication Stamp

NP168