

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 06/05/2021 15:47 (SGT)
Date of Accident 05/05/2021 23:30 (SGT)
Exact Location of Accident Yuan Ching Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA8513P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARE EXPRESS SERVICES
Company Reg No 5XXXX992M
Email Address intel_javier@hotmail.com
Mobile Phone No (Phone) +65-98715069
Alternative Phone No +65-98715069

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
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
Transmission Auto
CC 2982

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00008242000
Cover Note Number -

DRIVER

Name of Driver AZMEE BIN ABDUL RAHIM
NRIC No SXXXX797A

Date Of Birth	10/07/1973
Occupation	Outdoor
Date Of Driving Pass	16/03/2009
Driving experience	12 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98715069
Alt. Phone Number	-
Email Address	intel_javier@hotmail.com
Address	BLK 648A JURONG WEST STREET 51 #16-230
Address complement	-
Postcode	641648
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	Chain 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	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	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

PLEASE REFER TO POLICE REPORT T/20210506/7019

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	UNKNOWN CAR
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN CAR
 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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B. Consent under the Personal Data Protection Act (PDPA)

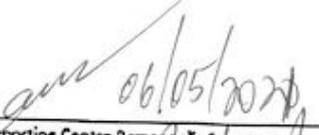
I understand, acknowledge, agree and consent that:

- (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/TIN No: _____

SKETCH PLAN

A - PA8513P
B - unknown Car
C - unknown Car.



Xuan Ching Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report - T/20210506/7019

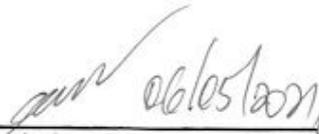
DECLARATION

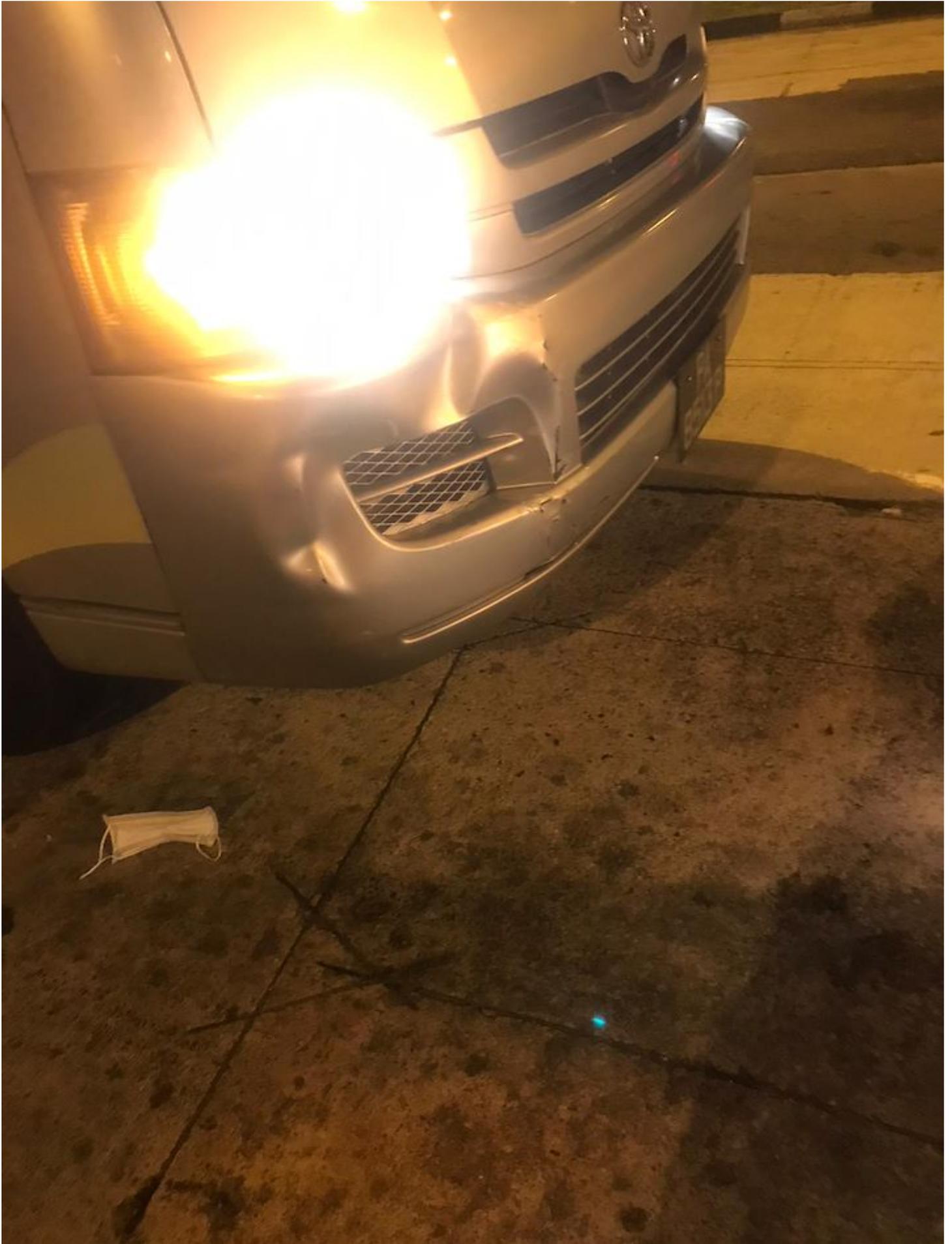
I/We declare the foregoing particulars are true in every respect.

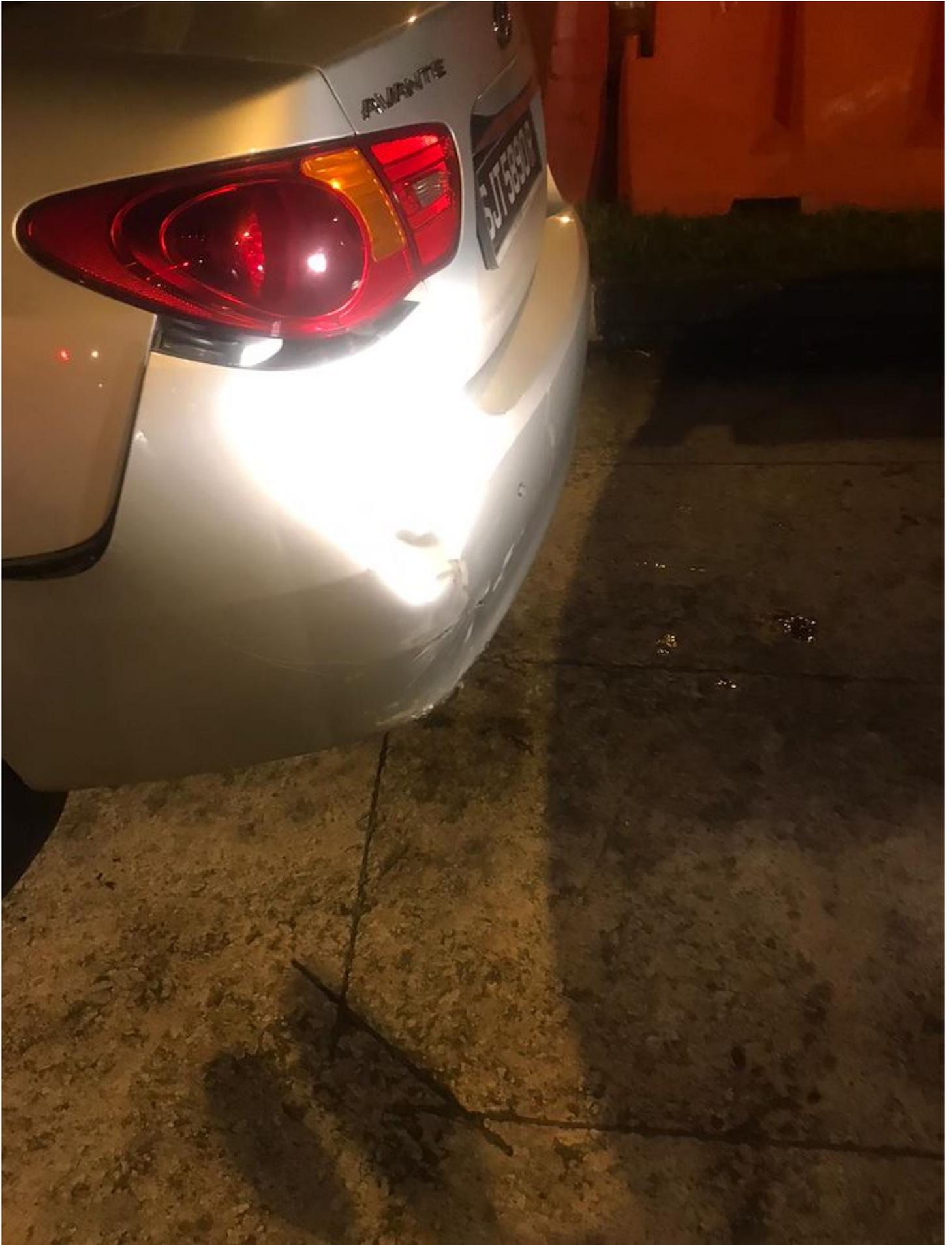

Policyholder's Signature
Date & Time:

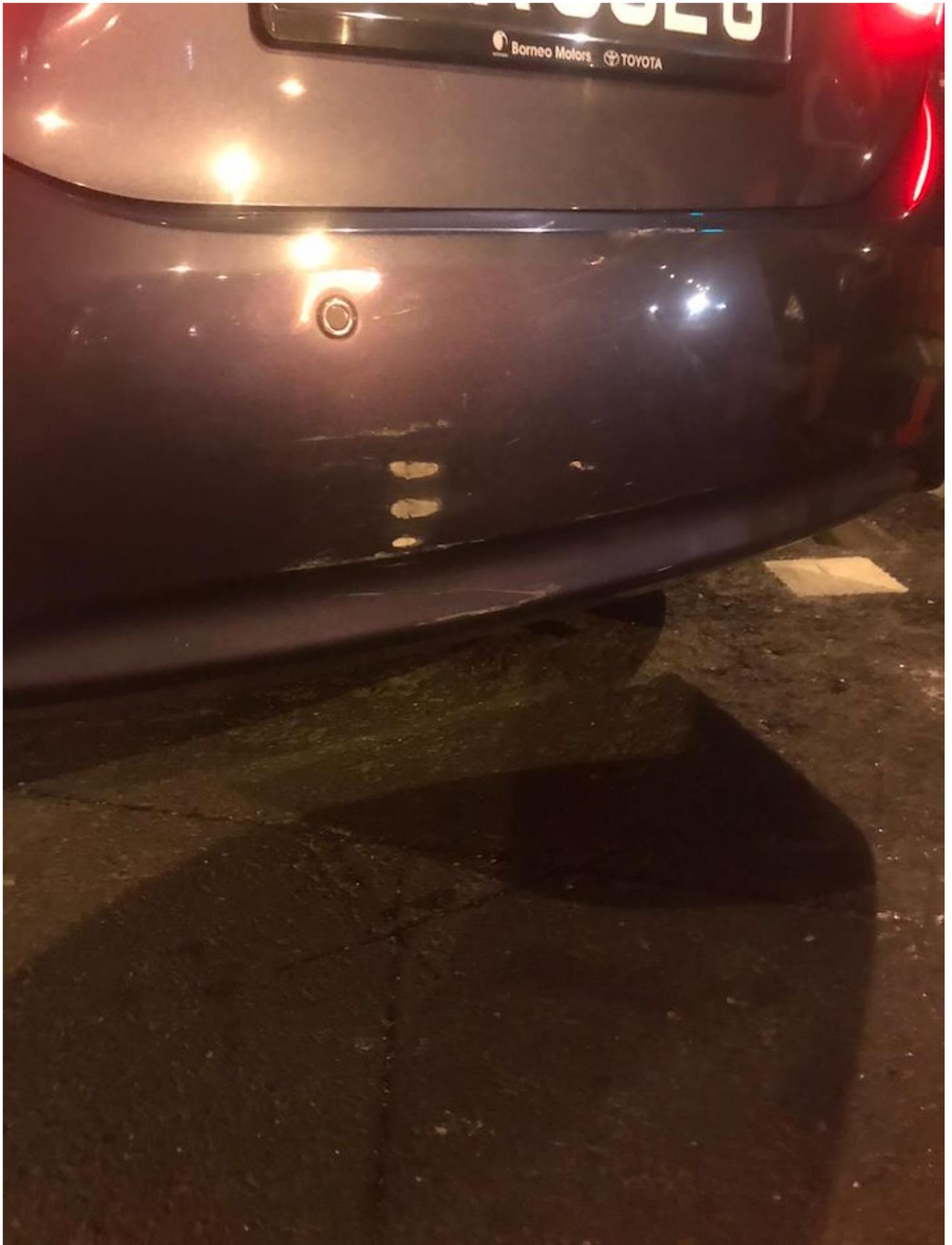


Driver's Signature
(If driver is not the policyholder)
Date & Time:


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


























**SINGAPORE
POLICE FORCE**


T/20210506/7019

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408665
Tel No: 65470000

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Report No. T/20210506/7019

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/05/2021 14:37		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHAN BIN HONG			Address: 303B ANCHORVALE LINK #15-96 SINGAPORE 542303		
ID Type / ID No.: NRIC NO / S9843770C			Contact No.: Home/Office: Mobile: 98715069		
Nationality: SINGAPORE CITIZEN			Email: INTEL_JAVIER@HOTMAIL.COM		
Sex: Male	Age: 22	Date of Birth: 27/07/1998	Type of Informant: MANAGER		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: Date of Expiry:			

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 05/05/2021 23:30	Type of Location: Straight Road
Location: YUAN CHING ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Chain Collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PA8513P	Bus/Coach/Mi nibus					0
UNKNOWN (Not Accurate)	Car					0
	Car					0



**SINGAPORE
POLICE FORCE**



T/20210506/7019

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

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Report No. T/20210506/7019

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
MANAGER			
Name	CHAN BIN HONG	ID No.	S9843770C
Related Vehicle	NIL	Contact No.	98715069
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

Brief Details.

I AM MAKING A POLICE REPORT AS MY DRIVER AZMEE BIN ADBUL RAHIM INVOLVED IN AN CHAIN COLLISION ACCIDENT WITH 2 OTHER UNKNOWN CAR. THE DRIVER CALLED ME AT 2330HRS INFORMED ME THAT HE MET AN ACCIDENT. I ASK THE DRIVER FOR THE OTHER PARTIES PARTICULARS DRIVER DID NOT RESPONSE TO ME AND JUST DROVE OFF. I CALLED DRIVER AT 0530HRS TO REMIND HIM THAT HE GOT JOB AT 0615HRS. AT 0640HRS DRIVER TEXTED ME THAT HIS HP GOT PROBLEM AND HE IS CURRENTLY AT THE JOB LOCATION AND I INFORM HIM TO FETCH THE PASSENGER, IN THE END HE DID NOT RESPONSE TO MY INSTRUCTION. I FEEL UNSURED AND I ASK ANOTHER DRIVER TO REPLACE THE JOB. I TRIED TO CALL THE DRIVER BUT HE NEVER PICK UP MY CALL AT ALL. IN THE END WE FOUND THE BUS OUTSIDE LAKESIDE APARTMENT(PARKVIEW MANSION). AND DRIVER CANNOT BE FOUND AT ALL. I MAKING A POLICE REPORT AS I NEED TO REPORT TO THE INSURANCE FOR THE ACCIDENT.



**SINGAPORE
POLICE FORCE**



T/20210506/7019

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

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Report No. T/20210506/7019

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / STEPHANIE, CHEUNG TSZ YING Contact No.: 96208032

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 06/05/2021 14:37
Classification Of Case:

Authentication Stamp
NP168