

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	08/12/2020 16:10 (SGT)
Date of Accident	06/12/2020 07:17 (SGT)
Exact Location of Accident	Near Jurong Island Hwy, Singapore
Additional Location Information	LAMP POST NO. 143
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8302X
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JURONG ISLAND BUS TRANSPORT SERVICES
Company Reg No	53175897D
Email Address	euniceesc@topzone.com.sg
Mobile Phone No	(Phone) +65-62974466
Alternative Phone No	+65-62974466

VEHICLE PARTICULARS

Manufacturer	SC Neustar
Model	CA36
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
Transmission	Auto
CC	10837

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	GA494919
Cover Note Number	-

DRIVER

Name of Driver	KWEEK YU KWONG
NRIC No	S2693659D

Date Of Birth	11/05/1952
Occupation	Outdoor
Date Of Driving Pass	15/11/1978
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93672889
Alt. Phone Number	-
Email Address	euniceesc@topzone.com.sg
Address	BLK 127 PENDING ROAD #04-284
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 - Head on 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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	23
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JAINAPURAM SHIVA
Gender	Male

PASSENGER 2

Name	VEERA MUTHUKKARUPPAIAH
Gender	Male

PASSENGER 3

Name	VEERAPPAN LETCHUMANAN
Gender	Male

PASSENGER 4

Name	VARATHAN SENTHIL KUMAR
Gender	Male

PASSENGER 5

Name	UDDIN JASHIM
Gender	Male

PASSENGER 6

Name	ARUMUGAM VEERAPANDIYAN
Gender	Male

PASSENGER 7

Name	JETI BHEEMESHWER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang Neighbourhood Police Centre
Police Station Address	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT NO. T/20201206/2033
VEHICLE AT TRAFFIC POLICE COMPOUND

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX1888C
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC8302X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	UNKNOWN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLX1888C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN**IMPORTANT NOTICE**

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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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/12

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

→ B > A >

Jurong Island Highway


yu Kwong

Refer police report no. T/20201206/2033

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

Yu Kwong
Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/12

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

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

T20201206/203
1 of 3
Report No: T20201206/203

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/12/2020 12:24 Vide Report No.: Station Diary No.: 44

Informant's Particulars

Name of Informant: KWEK YU KWONG		Address: APT BLK 127 PENDING ROAD #04-284 SINGAPORE 670127	
ID Type / ID No.: NRIC NO / S2693659D		Contact No.: Home/Office: Mobile: 93672889	
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 68	Date of Birth: 11/05/1952	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/12/2020 07:20	Type of Location: Highway
Location: JURONG ISLAND HIGHWAY				
Lamp Post Number: 143	Road Surface: Dry	Road Speed Limit:		
Weather: Clear	Traffic Control: Not Controlled	Traffic Volume: Light		
Traffic Flow: One Way	Anyone conveyed by ambulance: Yes			
Type of Collision: Between Moving Vehicles - Head To Rear				


Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC8302X	Bus/Coach/Minibus				Seriously Damaged	23
SLX1888C	Car				Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No
No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

 **SINGAPORE POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Barcode: 1000012560003
2 of 3
Report No: 1000012560003

CONTINUATION OF REPORT


Driver Name	KWEEK YU KWONG		ID No.	S2693659D
Related Vehicle	PC8302X (Bus/Coach/Minibus)		Contact No.	93672889
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.
On 06/12/2020 at 0717hrs, I was travelling along Jurong Island Highway towards end, near lampost 143, when a vehicle collided with my rear. Due to the collision, my vehicle topple to the left side. My vehicle registration plate is PC8302X. I am not sure about the vehicle's registration plate which collided with me.

Traffic police and ambulance was at scene. Several of my passengers were conveyed in an ambulance.

Vide report D/20201206/0049.

T/20201206/2033
3 of 3
Report No. T/20201206/2033

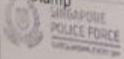
 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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: J / SI MUHAMMAD ZULHILMI BIN MOHD NASIR	Signature Of Informant: Yu Kwong
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2020 12:24
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt NG BEIFENG Contact No.: 65476845	Classification Of Case:
Authentication Stamp NP-168 	
SIGNATURE 