

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 10/06/2021 11:19 (SGT)
Date of Accident 25/05/2021 15:50 (SGT)
Exact Location of Accident Tuas South Ave 5, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6520E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner WESTPOINT TRANSIT PTE LTD
Company Reg No 199005153R
Email Address operations@westpointbus.com.sg
Mobile Phone No (Phone) +65-83997355
Alternative Phone No (Office) +65-83997355

VEHICLE PARTICULARS

Manufacturer King Long
Model XMQ6900K DIESEL TURBO MANUAL 39 SEATER
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 Manual
CC 6693

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNA00013852000
Cover Note Number -

DRIVER

Name of Driver WONG POH BENG
NRIC No S1381898C

Date Of Birth	30/04/1959
Occupation	Outdoor
Date Of Driving Pass	02/11/1984
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91012078
Alt. Phone Number	-
Email Address	operations@westpointbus.com.sg
Address	APT BLK 87 DAWSON ROAD #04-21
Address complement	-
Postcode	141087
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 to Rear
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SHC2009C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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 PLAN**IMPORTANT NOTICE**

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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

Vehicle A: QB6520E
Vehicle B: SHC2009C

Tuas South Ave 5

Describe Circumstances of the Accident

Refer to the Company Investigation Report.

	
Name: <u>Wong Poh Beng</u> (Owner / In-charge / Driver) NRIC no: <u>81381878C</u> Vehicle No: <u>CB6526E</u>	Company Stamp for Company registered vehicle
Will send my above stated damaged vehicle to Company name: <u>Westpoint Transit</u> for my vehicle damage repair and insurance claims.	
GRC had clearly informed me on new GUA rules. I accept and discharge GRC/UTEE Engineering Pte Ltd from all liabilities and claims arising from this accident.	Signature of Owner/In-charge/Driver Same as accident statement report.

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



Witnessed by Reporting Centre Personnel

**WESTPOINT TRANSIT PTE LTD
(DRIVER) Investigation Report**

Incident Date /事发日期: 25/5/2021 Ref No /编号: _____
 Driver's Name /司机姓名: Wong Poh Beng Bus No /车牌号码: CB6520E
 Complainant /投诉人: _____ Investigator /调查员: _____
 Route /路线: _____

Incident /事件详情: _____

Driver's Statement /司机口供: On 25/5/2021, 1550(3.50pm) at Tuas South Ave 5, a taxi hit me from behind. Taxi plate no. SHC2009C. There was no damage, only a bit of paint was scratched. I was starting to go from the traffic light along Tuas South Ave 5. From the side mirror, I see a taxi hit the behind of the right side of the bus. I parked the bus on the side and went down to check. There was no damage, only the paint was scratched. The taxi driver plead not to report and rushed to drive away the taxi. My handphone was in the bus and as I turned back to the bus, he was already gone. But I remember the taxi plate number, SHC2009C. Afterwards, I continue my trip to Tuas Link 4, so I forget to make a phone call about the incident.

Investigation /调查结果: _____

Driver's Signature / Date: Pat Investigation Officer's Signature: _____

<u>REMARKS</u>	
Mr. Lee :	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>
Mrs. Lee:	<div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 2px;"></div>

HR FORMS/3/REPORT/002
Updated 26/05/2018















