

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 17/06/2021 17:39 (SGT)
Date of Accident 16/06/2021 12:00 (SGT)
Exact Location of Accident Clementi Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC256Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CARE EXPRESS SERVICES
Company Reg No 5XXXX992M
Email Address info@careexpress.sg
Mobile Phone No (Phone) +65-88894435
Alternative Phone No +65-97572586

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 DMB1SNW00007962000
Cover Note Number -

DRIVER

Name of Driver MOHAMMAD BIN KATTAN
NRIC No SXXXX433E

Date Of Birth	23/08/1961
Occupation	Outdoor
Date Of Driving Pass	22/12/1988
Driving experience	32 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97572586
Alt. Phone Number	-
Email Address	info@careexpress.sg
Address	BLK 926 YISHUN CENTRAL 1 #02-181
Address complement	-
Postcode	760926
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	No 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	1
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	No
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE SIEW ENG
Gender	Female

PASSENGER 2

Name	HENG THIAM HUP
Gender	Male

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/20210617/7020

ATTACHMENT(S)

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEE SIEW ENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? PC256Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HENG THIAM HUP
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained SLIGHT INJURY
Injured person in which vehicle? PC256Z
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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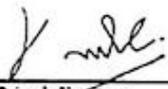
B. Consent under the Personal Data Protection Act (PDPA)

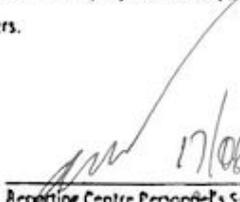
I understand, acknowledge, agree and consent that:

- (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: _____

H- PC256Z.

SKETCH PLAN



Celanuti Ave 6

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

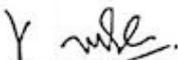
Please refer to Police Report. 7/20/2017/7020

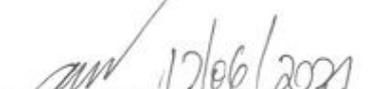
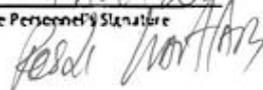
DECLARATION

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


Policyholder's Signature
(Date & Time:)



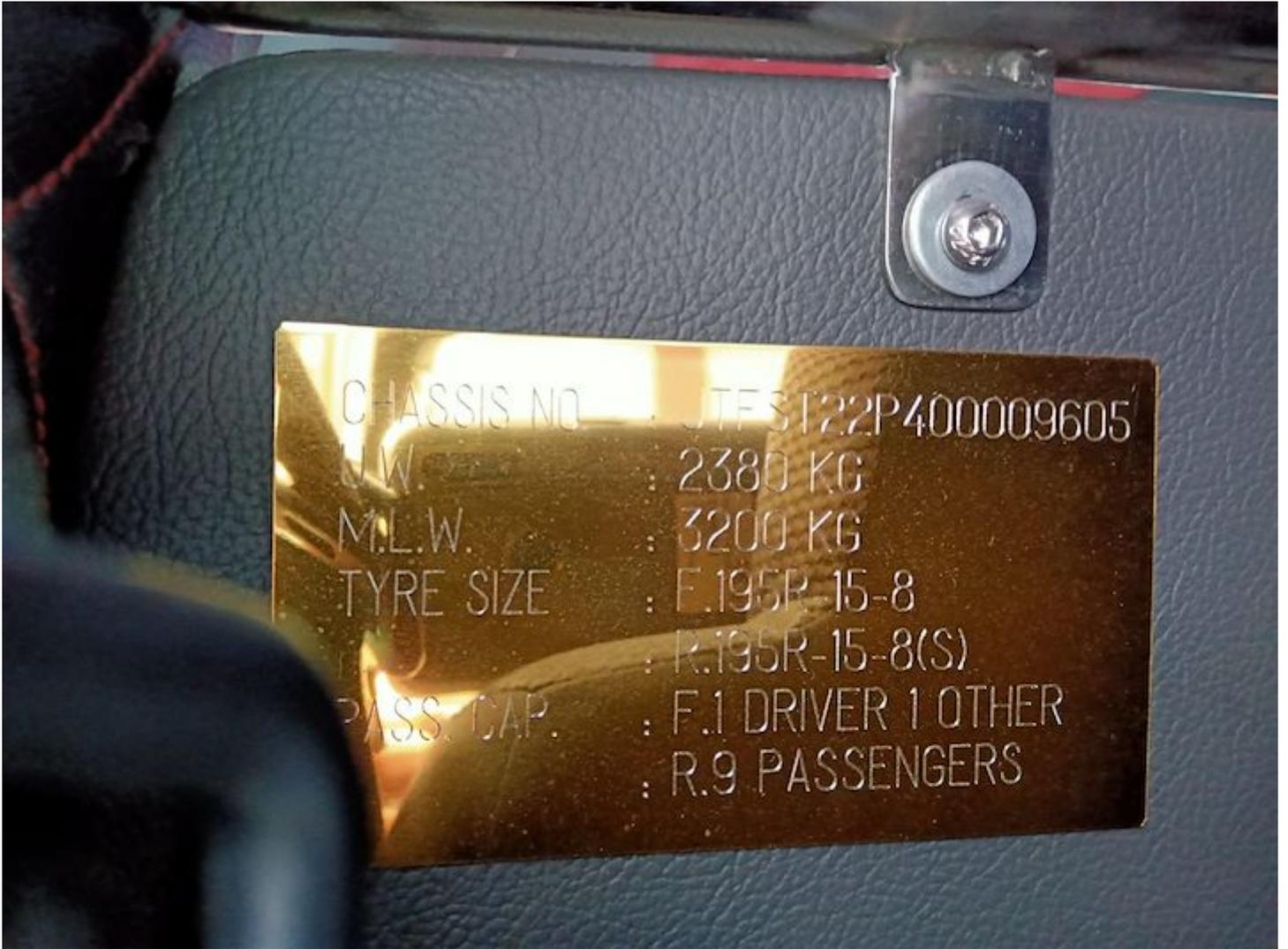

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: 
NRC/TM No.:





















**SINGAPORE
POLICE FORCE**



T/20210617/7020

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

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Report No. T/20210617/7020

CONTINUATION OF REPORT

Driver			
Name	MOHAMAD BIN KATTAN		ID No. S1499433E
Related Vehicle	PC256Z (Van)		Contact No. 97572586
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
Passenger			
Name	LEE SIEW ENG		ID No. NIL
Related Vehicle	PC256Z (Van)		Contact No. NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight
Passenger			
Name	HENG THIAM HUP		ID No. NIL
Related Vehicle	PC256Z (Van)		Contact No. NIL
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 16/06/2021 AROUND 1115HRS , I MOHAMAD BIN KATTAN WENT TO ANG MO KIO THYE HUA KWAN HOSPITAL TO FETCH MR HENG THIAM HUP AND MADAM LEE SIEW ENG TO THEIR RESPECTIVE DIALYSIS CENTRE FOR DIALYSIS SESSIONS.

AT ABOUT 1200HRD WHILE MOVING OFF FROM THE A TRAFFIC LIGHT, THE ACCELERATION FROM THE VEHICLE CAUSES BOTH PATIENT'S WHEELCHAIR TO TOPPLE BACKWARDS, RESULTING BOTH PATIENTS TO FALL ON THEIR BACK. I IMMEDIATELY STOPPED THE VEHICLE AND ASSIST BOTH PATIENTS TO SIT UPRIGHT. I PROCEEDED TO CHECK ON THE CONDITIONS OF BOTH PATIENT AND BOTH SAY THEY ARE OK. I DECIDED TO CONTINUE MY JOURNEY. AFTER DROPPNG MADAM LEE OFF HER DIALYSIS CENTRE, MR HENG TOLD ME THAT HE EXPERIENCED PAIN AT THE BACK OF HIS HEAD AND HEADACHE. I ASK HIM IF HE IS OKAY AND HE REPLIED HE IS OKAY BUT STILL HAS THE HEADACHE, THEN I CONTINUE MY JOURNEY



**SINGAPORE
POLICE FORCE**



T/20210617/7020

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

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Report No. T/20210617/7020

CONTINUATION OF REPORT

TO HIS DIALYSIS CENTER AND DROP HIM OFF THERE WHERE THE STAFF AT THE
REGIDTERING COUNTER PUSHED HIM IN FROM THE PICK UP POINT.
I INTIALLY BELIEVE THAT I HAD ADEQUATELY SECURED BOTH PATIENTS WHEELCHAIR
BEFORE MOVING OFF. I LATER THEN FOUND THAT I DID NOT PROPERLY SERCURE THE
WHEELCHAIR WHICH RESULTED IN THIS INCIDENT.



**SINGAPORE
POLICE FORCE**



T/20210617/7020

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

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Report No. T/20210617/7020

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 / TPHQ /
HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
17/06/2021 16:17

Classification Of Case:

CARE EXPRESS SERVICES Incident Report

REPORTED BY: Mohamad Bin Kattan DATE OF REPORT: 16th June 2021
 TITLE / ROLE: Bus Captain INCIDENT NO.: CESIR-0001

INCIDENT INFORMATION

INCIDENT TYPE: Patients fall due to wheelchairs overturn DATE OF INCIDENT: 16/6/2021
 LOCATION: Onboard Vehicle PC256Z

INCIDENT DESCRIPTION

On 16/6/2021 at around 1115HRS, I, Mohamad Bin Kattan went to Ang Mo Kio Thye Hua Kwan Hospital to fetch Mr Heng Thiam Hup and Madam Lee Siew Eng to their respective dialysis centers for dialysis sessions.

At about 1200HRS, while moving off from a traffic light, the acceleration from the vehicle causes both patient's wheelchair to topple backwards, resulting both patients to fall on their back. I immediately stopped the vehicle and assist both patients to sit upright. I proceeded to check on the conditions of both patient and both said that they are ok. I then decided to continue my journey. After dropping Madam Lee off at her dialysis center, Mr Heng told me that he experiences pain at the back of his head and headache. I ask him if he is okay and he replied he is okay but still has the headache, then I continue my journey to his dialysis center and drop him off there where the staff at the registering counter pushed him in from the pick-up point.

I initially believe that I had adequately secured both patient's wheelchair before moving off. I later found out that I did not properly secure the wheelchair which resulted in this incident.

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. Heng Thiam Hup (Patient) (M)
2. Lee Siew Eng (Patient) (F)
3. Mohamad Bin Kattan (Driver)

NAME / ROLE / CONTACT OF WITNESSES

1. NIL

FOLLOW-UP ACTION

1. Heng Thiam Hup was conveyed to National University Hospital via ambulance.
2. Lee Siew Eng was conveyed to National University Hospital via ambulance.
3. Care Express Services will be conducting a safety precaution review and additional training sessions for all drivers to ensure that these incidents like this will not happen again.
4. Mr Mohamad will share this incident with all the drivers to ensure that they do not make the same mistake.
5. Safety audit will also be carried out following the training sessions to ensure that drivers are carrying out the steps correctly.

SUPERVISOR NAME: CHAN BIN HONG SUPERVISOR SIGNATURE: *[Signature]* DATE: 17/6/21



Driver's NAME: MOHAMAD KATTAN Driver's SIGNATURE: *[Signature]* DATE: 17/6/21