

# 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 ..... 25/06/2021 12:58 (SGT)  
Date of Accident ..... 25/06/2021 09:30 (SGT)  
Exact Location of Accident ..... Near 18 Defu Lane 4, Singapore 539418  
Additional Location Information ..... JUNC OF DEFU LANE 4 / DEFU LANE 7  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC1020E

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... COMFORTDELGRO BUS PTE LTD  
Company Reg No ..... 199607256W  
Email Address ..... jaysonkhoo@comfortdelgrobus.com.sg  
Mobile Phone No ..... (Phone) +65-64169679  
Alternative Phone No ..... +65-64169679

### VEHICLE PARTICULARS

Manufacturer ..... Scania  
Model ..... KIB4X2 MANUAL ABS  
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 ..... 13000

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D20MFL0003256-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEO BOON CHOON  
NRIC No ..... S1014245H

Date Of Birth .....	26/01/1952
Occupation .....	Indoor
Date Of Driving Pass .....	03/01/1978
Driving experience .....	43 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96732567
Alt. Phone Number .....	-
Email Address .....	jaysonkhoo@comfordelgrobus.com.sg
Address .....	BLK 125 RIVERVALE STREET #11-912
Address complement .....	-
Postcode .....	540125
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 vehicle 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

PLEASE REFER TO ATTACHED.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	DRIVER DID NOT PROVIDE AT TIME OF REPORTING .
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH9285U
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	SHEN WEI XIAN
Passport No/FIN .....	G5216440R
Contact Number .....	-

Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

SKETCH PLANIMPORTANT NOTICE

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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.



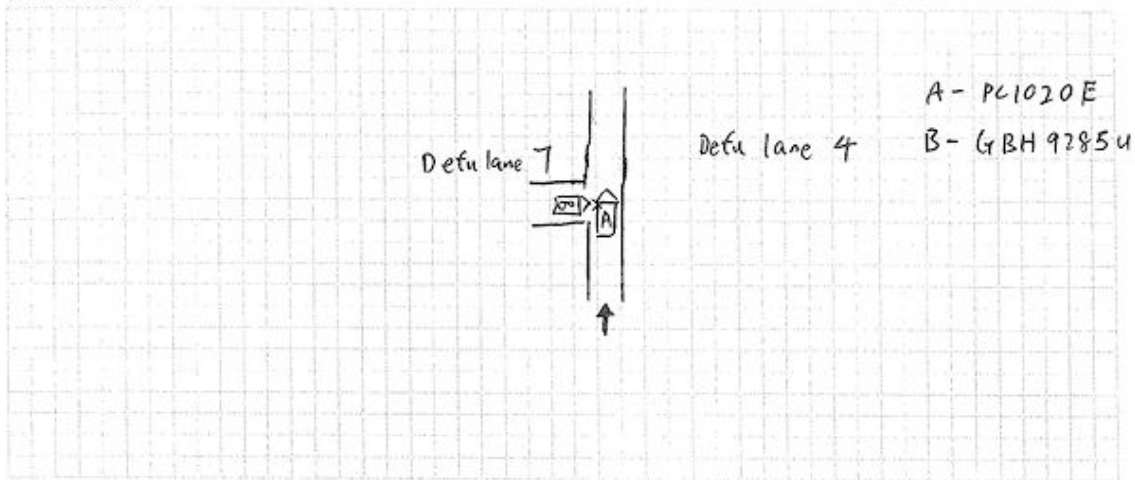
Policyholder's Signature  
Date & Time:

張文海

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 June 2021, I was driving veh PC1020E along Defu lane 4 while I was traveling straight a veh GBH 9285U turning out from defu lane 7 did not stop and hit onto my veh.

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:  
NRIC/FIN No.:

ComfortDelGro Engineering Pte Ltd  
 105 Braddell Road S(679701)  
 Tel: 68837109 / 68837486  
 Fax: 68816767



COMFORTDELGRO BUS TP CLAIM / OD CLAIM / WINDSCREEN CLAIM

Vehicle Registration No: PC1020E

Owner: ComfortDelGro Bus Pte Ltd

Driver Name: Teo Boon Choon NRIC / FIN No: S1014245H

Contact No: 96732567

Accident Date: 25/06/2021 Time of Accident: 09:30

Accident Location: Defu lane 4

Area Of Damage: \_\_\_\_\_

Excess Payable: \$500.00 Windscreen Before 7% GST  
 \$1500.00 OD Claim Before 7% GST

TP Claim / OD Claim / Windscreen Claim	
C...r's Signature and Company's Stamp Name: _____ Date: _____	Driver's Signature Name: _____ Date: _____
Case of liability assessed to be 50% or lower shall be converted to OD Claim if TP claim failed. Please sign to confirm	
Owner's Signature and Company Stamp Name and Date: _____	





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792E | GST Reg. No. M2-0070806-X  
64 | Cecil Street | #04 | #05 | 600-02 | 10th Building | Singapore 04971  
Office (65) 63476100 Email: insured@ii.com.sg  
Fax: (65) 62244174 Website: www.ii.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MFL0003256_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	: PC1020E	
Chassis No	: YS2K4X20001874551	
2. Name of Policyholder	: COMFORTDELGRO BUS PTE LTD	
3. Effective date of Insurance	: 01 Jun 2021	
4. Expiry date of Insurance	: 31 May 2022	
5. Persons or Classes of Persons entitled to drive*	<p>Any person provided he/she is in the Policyholder's employ and is driving on their order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle</p>	
6. Limitations as to use*	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business,</p> <p><b>The Policy does not cover</b></p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p> <p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	
Excess Section I WITHIN SINGAPORE	: SGD	1,500.00
Excess Section I OUTSIDE SINGAPORE	: SGD	3,000.00
Excess Section II WITHIN SINGAPORE	: SGD	1,500.00
Excess Section II OUTSIDE SINGAPORE	: SGD	3,000.00
Windscreen Excess	: SGD	500.00
Hire Purchase Company	: N.A	
GEOGRAPHICAL AREA: WITHIN SINGAPORE & WEST MALAYSIA.		
I/we HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).		
Agent/Broker	: B000018/COMFORTDELGRO INSURANCE BROKERS PTE LTD	
Date of Issue	: 25/05/2021 09:21:59	
M.Z. 601CM - OMNIBUS Company's use		
		<p>For India International Insurance Pte Ltd</p> <p></p> <p>Authorised Signatory</p>

huseywen/25/05/2021 09:21:59

25/05/2021 09:44:19























