

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	12/08/2021 17:42 (SGT)
Date of Accident	11/08/2021 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FARRER ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7379G
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HENG BUS PTE LTD
Company Reg No	201205312K
Email Address	hengbus@singnet.com.sg
Mobile Phone No	(Phone) +65-90021501
Alternative Phone No	+65-90021501

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 - Claiming third party
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	DMB1SNW00006222100
Cover Note Number	30/05/2021 - 29/05/2022

DRIVER

Name of Driver	MOHAMAD AZMI BIN MUKRI
NRIC No	S1814572C

Date Of Birth	07/08/1967
Occupation	Outdoor
Date Of Driving Pass	11/10/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87623524
Alt. Phone Number	-
Email Address	azm10cts@gmail.com
Address	BLK 320 SEMBAWANG CLOSE #03-269
Address complement	-
Postcode	750320
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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ADAM
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT

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	WITH OWN WORKSHOP
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ7376T
Vehicle Manufacturer	Toyota

Vehicle Model	Hiace
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	China Taiping Insurance (Singapore) Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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.

1. VEHICLE NO.: PC7379G
2. INSURER CO: China Taiping
3. ACCIDENT DATE & TIME: 11/8/2021 10am

Policyholder's Signature / Date & Time

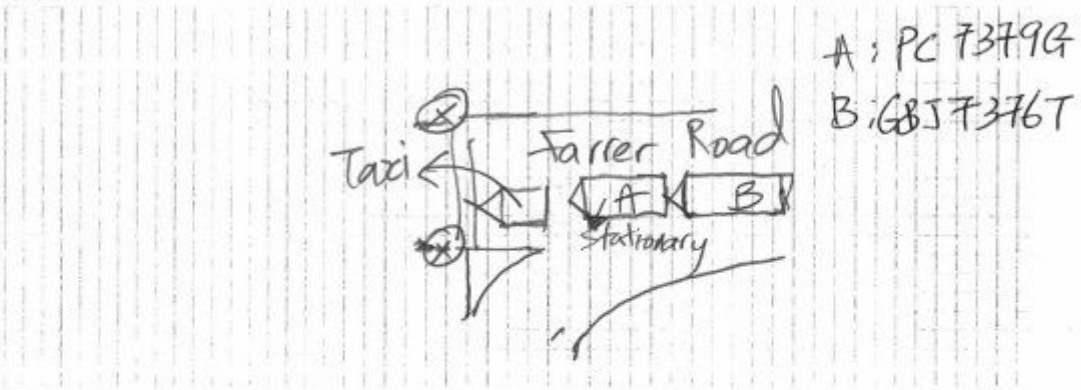
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE TURN OVER

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to my police report 2/20210811/7025 Pg 1 & 2.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.:

() Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop

serve you motor pte ltd















**SINGAPORE
POLICE FORCE**



L/20210811/7025

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POLICE REPORT (NP299)

Report No. L/20210811/7025

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 11/08/2021 16:57	Vide Report No.	Station Diary No.
Name Of Informant MOHAMAD AZMI BIN MUKRI	Address 320 SEMBAWANG CLOSE #03-269 SINGAPORE 750320	
ID Type / ID No. NRIC NO / S1814572C	Contact No. Home/Office: Mobile: 87623524	
Nationality SINGAPORE CITIZEN	Email Address azmiocts@gmail.com	
Occupation Van driver	Sex Male	Age 54
	Date of Birth 07/08/1967	Race Boyanese
Institution/School Name	Language English	
Date/Time Of Incident 11/08/2021 10:00	Location Of Incident 320 SEMBAWANG CLOSE #03-269 SINGAPORE 750320	

Brief details.

Hit and run.

On 11/08/2021 about 10.00am, I was driving motor bus no PC7379G along Farrer Road towards Adam Road when at the traffic light junction near the Holland flyover the traffic light was red I stopped the bus near filter lane of the said road waiting traffic light to change green, Less then few second a motor van no GBJ7376T collided into the rear of my bus, I alighted my bus about to walk towards the driver, the driver suddenly drove off into the filter lane, I try to stop him he just ignore. I mediatly get back to my bus and

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 16:57
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



L/20210811/7025

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20210811/7025

made a left turn into the filter and gave chase the van. My passenger immediately took a photo of van while we gave chase. I also have a cctv footage recording the chase. I lost track somewhere around Queensway Road. My passenger and myself were not injured.

Subjects Involved			
Victim			
Person Name	MOHAMAD AZMI BIN MUKRI		
ID Type	NRIC NO	ID No	S1814572C
Gender	Male	Age	54
Race	Boyanese	Language	English
Occupation	Van driver	Address	320 SEMBAWANG CLOSE #03-269 SINGAPORE 750320
Mobile No	87623524	Is Informant A Victim?	Yes
Person Name	MOHAMAD AZMI BIN MUKRI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 11/08/2021 16:57
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	