

# 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 ..... 11/08/2021 17:09 (SGT)  
Date of Accident ..... 08/08/2021 14:30 (SGT)  
Exact Location of Accident ..... Near 38 Liu Fang Rd, Singapore 628686  
Additional Location Information ..... ALONG SUNVIEW WAY  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PC7561X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TONG TAR TRANSPORT SERVICE PTE LTD  
Company Reg No ..... 197800458K  
Email Address ..... JO@TONGTAR.COM  
Mobile Phone No ..... (Phone) +65-98292152  
Alternative Phone No ..... (Office) +65-62615537

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Rosa  
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 ..... 2998

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D18MFL0001888\_02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LIN XIULI  
Passport No/FIN ..... G0750473Q

Date Of Birth .....	13/04/1973
Occupation .....	Outdoor
Date Of Driving Pass .....	27/09/2018
Driving experience .....	2 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92387358
Alt. Phone Number .....	-
Email Address .....	JO@TONGTAR.COM
Address .....	6 HOLLAND CLOSE #01-16 SINGAPORE 271006
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 .....	Collided into Parked Vehicle
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) .....	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 2

Name .....	UNKNOWN PASSENGER
Gender .....	Female

#### PASSENGER 3

Name .....	UNKNOWN PASSENGER
Gender .....	Male

#### PASSENGER 4

Name .....	UNKNOWN PASSENGER
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong West Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18002689999
Alt. Police Station Phone No .....	(Fax) +65-62672438
Police Station Address .....	700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED POLICE REPORT

## 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Motorcycle
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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7. By the lodging 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.



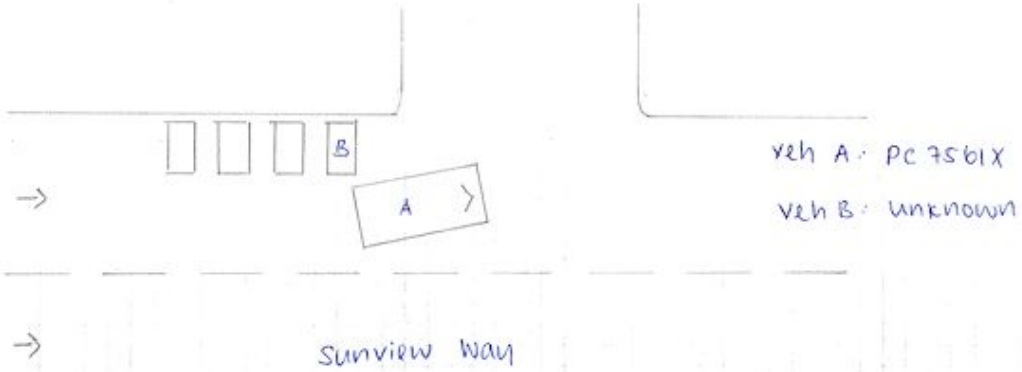
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/8

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

GRAB2020, 00000000000000000000

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

DECLARATION

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

Policyholder's Signature  
Date & Time:

GAARMC SketchPlanForm V3

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/8

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

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**SINGAPORE  
POLICE FORCE**



T/20210808/2072

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210808/2072

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/08/2021 22:47	Vide Report No.:	Station Diary No.: 115
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**Informant's Particulars**

Name of Informant: LIN XIULI			Address: 6 HOLLAND CLOSE #01-16 SINGAPORE 271006	
ID Type / ID No.: FIN NO / G0750473Q			Contact No.: Home/Office: Mobile: 92387358	
Nationality: CHINESE			Email:	
Sex: Female	Age: 48	Date of Birth: 13/04/1973	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/08/2021 14:30	Type of Location: Straight Road
Location:  SUNVIEW WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7561X	Bus/Coach/Mi nibus			White	No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





**SINGAPORE  
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T/20210808/2072

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Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210808/2072

CONTINUATION OF REPORT

Driver			
Name	LIN XIULI		ID No. G0750473Q
Related Vehicle	PC7561X (Bus/Coach/Minibus)		Contact No. 92387358
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 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 08/08/2021 at about 1430hrs, I was driving my company bus V1)PC7561X along Sunview Way. I had intended to pick up the passengers at the left side. As such, I had stopped my bus in front of a motorcycle which was covered with a cover. The left rear of my bus had accidentally knocked into the motorcycle, causing it to drop. My passengers had assisted to lift up the motorcycle. I did not note any damages to the motorcycle as well as the registration plate number as it was covered with the cover. I did not leave my contact number on the motorcycle and left thereafter. The owner of the motorcycle was not present during the incident. As such I am lodging a traffic accident report pertaining this matter. My bus is installed with a front and rear in-vehicle camera that was recording. No one was injured in this accident, no government property damaged. My bus did not sustained any damages in this incident.



SINGAPORE  
POLICE FORCE



T/20210808/2072

Police Station Of Origin:  
Jurong West N.P.C  
700 Corporation Road SINGAPORE 649818  
Tel No: 1800-2689999

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Report No. T/20210808/2072

## 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 /  
Sgt 3 THOMAS JOSEPH THONG WAI MAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/08/2021 22:47

Officer In Charge Of Case:  
TP / HRT /  
SI STEPHANIE, CHEUNG TSZ YING  
Contact No.: 96208032

Classification Of Case:

Authentication Stamp  
NP168

SN 126