

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 25/08/2021 14:23 (SGT)
Date of Accident 24/08/2021 09:00 (SGT)
Exact Location of Accident AYE, Singapore
Additional Location Information Towards Changi Before Clementi Ave 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4531C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YYX TRANSPORT PTE. LTD.
Company Reg No 201833657D
Email Address victor@yyx.com.sg
Mobile Phone No (Phone) +65-96792545
Alternative Phone No (Office) +65-96792545

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
Variant BUS BE641JRMDEB
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? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2998

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MFL0005058_02
Cover Note Number -

DRIVER

Name of Driver KOH CHYE WHATT (XU CAIFA)
NRIC No S7200643G

Date Of Birth	08/01/1972
Occupation	Outdoor
Date Of Driving Pass	16/04/2001
Driving experience	20 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92987002
Alt. Phone Number	-
Email Address	victor@yyx.com.sg
Address	BLK 116B JALAN TENTERAM #20-551
Address complement	-
Postcode	322116
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	Raining
Road Surface	Wet

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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Whampoa Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002507999
Alt. Police Station Phone No	(Fax) +65-63554314
Police Station Address	Blk 29 Jalan Bahagia #01-368 Singapore 320029
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

On 24/8/2021 at about 9am, I was driving PC4531C along AYE toward Changi before Clementi Ave 6 when lorry XD2698T make an emergency brake as FBP1003C a motorcycle in front of him skip and fell. I brake immediate by couldn't stop in time and hit on to the rear of XD2698T.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XC2698T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TIAN HENGHENG
Work Permit No	G2764274N
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH CHYE WHATT (XU CAIFA)
Gender	Male
Phone No	(Phone) +65-92987002
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC4531C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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. 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 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.




Policyholder's Signature / Date & Time
25/08/2021, 2pm

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

PLEASE REFER TO SKETCH 3.

Page 3 of 13

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

25/05/2021, 2 PM

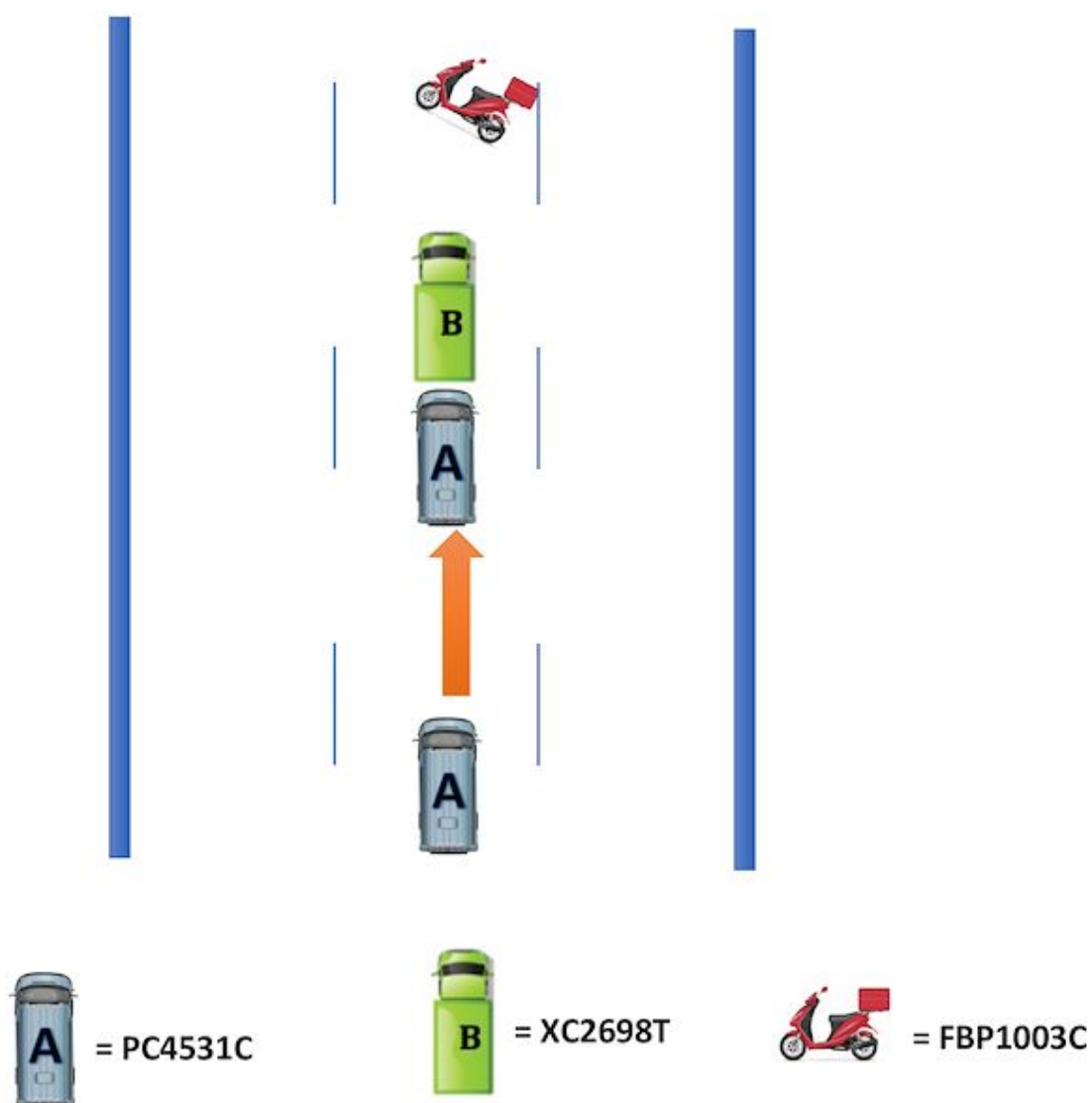


Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

On 24/8/2021 at about 9am, I was driving PC4531C along AYE toward Changi before Clementi Ave 6 when lorry XD2698T make an emergency brake as FBP1003C a motorcycle in front of him skip and fell. I brake immediate by couldn't stop in time and hit on to the rear of XD2698T.







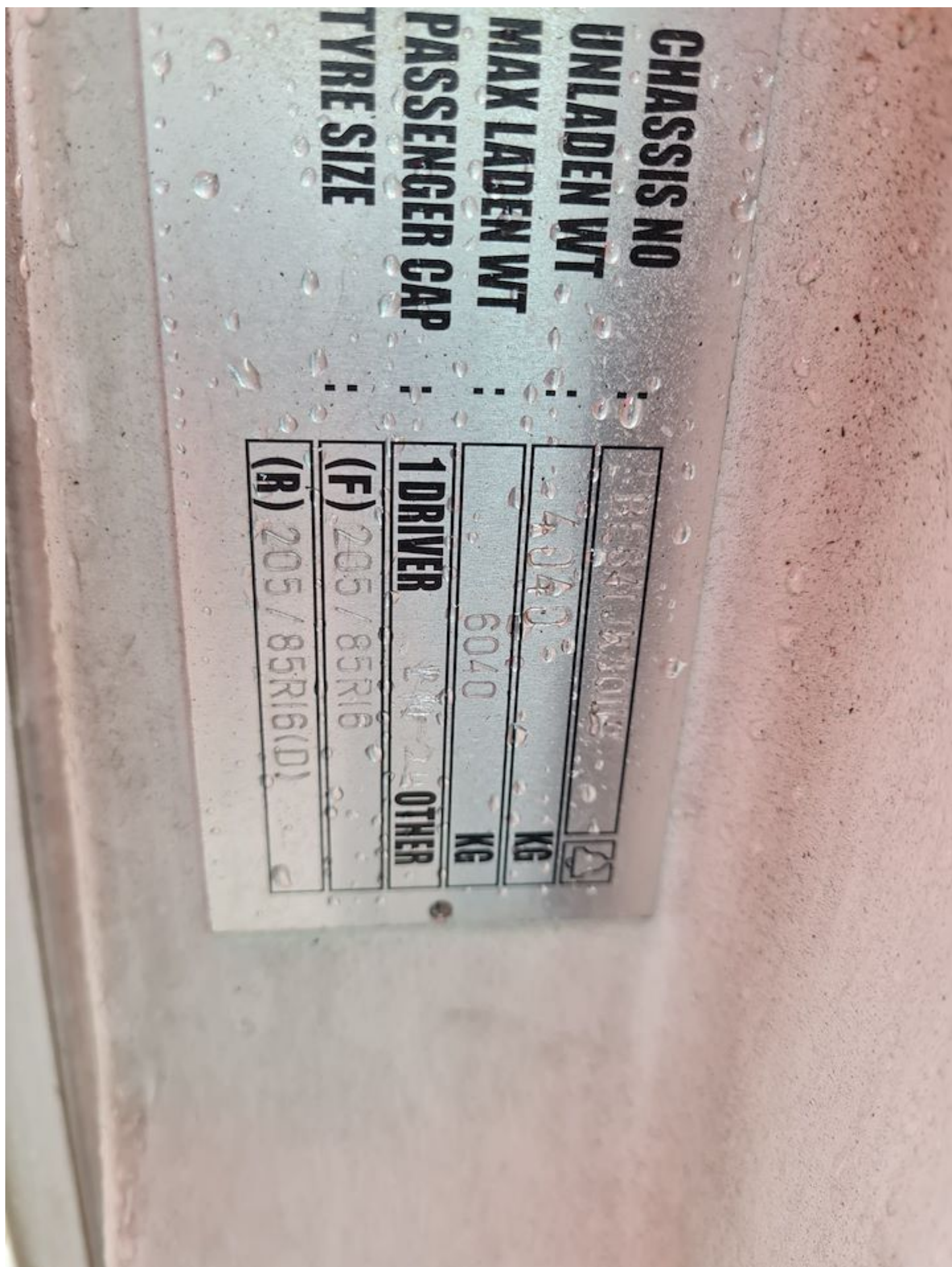
































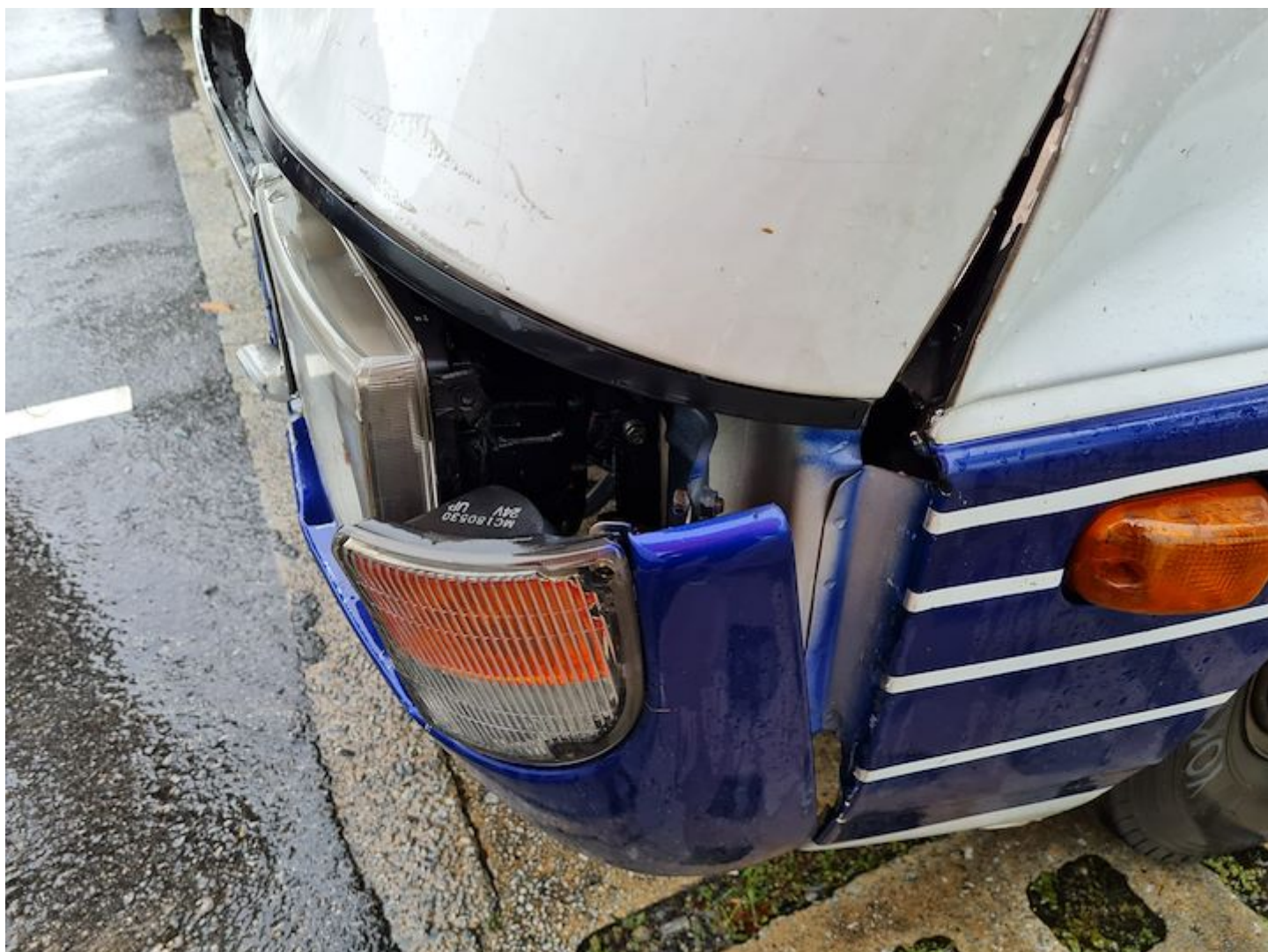
















SINGAPORE POLICE FORCE		Barcode		1/20210825/2057		1 of 4	
Police Station Of Origin: Whampoa NPP 29 Jalan Bahagia #01-368 SINGAPORE 320029 Tel No: 1800-2507999				Report No. T/20210825/2057			
REPORT OF A TRAFFIC ACCIDENT				Date/Time Report Made: 25/08/2021 13:35		Vide Report No.:	
Station Diary No.:				21			
Informant's Particulars							
Name of Informant: KOH CHYE WHATT				Address: APT BLK 116B JALAN TENTERAM #20-551 SINGAPORE 322116			
ID Type / ID No.: NRIC NO / S7200643G				Contact No.: Home/Office:			
Nationality: SINGAPORE CITIZEN				Email: Mobile: 92987002			
Sex: Male	Age: 49	Date of Birth: 08/01/1972	Type of Informant: Driver				
Race: Chinese			Language:		Institution / School Name:		
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5		Date of Expiry:		
General Information of the Accident							
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 24/08/2021 09:05	Type of Location: Straight Road			
Location: AYER RAJAH EXPRESSWAY							
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:			
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy			
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No			
Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger	
P1003C	Motorcycle				Seriously Damaged	0	
4531C	Bus/Coach/Minibus				Seriously Damaged	0	
2698T	Lorry				No Damage	0	



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507989



T/20210825/2057

2 of 4

Report No. T/20210825/2057


CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KOH CHYE WHATT	ID No.	S7200643G
Related Vehicle	PC4531C (Bus/Coach/Minibus)	Contact No.	92987002
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: NIL
Date Treatment	24/08/2021	Date Discharge	24/08/2021
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	Wee Chin Keow	ID No.	S1527072Z
Related Vehicle	NIL	Contact No.	81110051
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Tian Heng Cheng	ID No.	G2764274N
Related Vehicle	NIL	Contact No.	89411883
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL


Brief Details.

On 24/08/2021 at around 9am, I was driving my company bus YYX transport, PC4531C, along AYE towards Changi, before Clementi Ave 6. A crane lorry, XD2698T, made an emergency brake. I was unable to brake on time and collided into the rear of the crane lorry. I immediately got out of the vehicle and exchanged particulars with the lorry driver and take picture of the damages. I also saw a motorcycle, FBP1003C, in front of the crane lorry, which I believe that the motorcyclist may have skid and fell, resulting in the crane lorry need to emergency brake. I also managed to got the particulars of the motorcyclist. My bus suffered damages which includes, front bumper, dash board, front windscreen, driver side door, passenger side window and gearbox. The bus was unable to start and had to be towed

Report No. T/20210825/2057 1 of 4

 **SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999

 T/20210825/2057 3 of 4
Report No. T/20210825/2057

CONTINUATION OF REPORT

away. I also went to seek treatment at TTSH at 2.45pm as I felt on my right knee and back left of the neck. I received 3 days of MC.



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Whampoa NPP
29 Jalan Bahagia #01-368 SINGAPORE
320029
Tel No: 1800-2507999



T/20210825/2057

4 of 4

Report No: T/20210825/2057

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:

E /

Sgt 2 CHIA WAI YUEN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

25/08/2021 13:35

Officer In Charge Of Case:

TP / GIT /

SI GOH WEI LI

Contact No.: 65476394

Classification Of Case:



SINGAPORE
POLICE FORCE

Stamp

SN 72

SIGNATURE





