

# 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 ..... 22/02/2021 16:52 (SGT)  
Date of Accident ..... 20/02/2021 13:57 (SGT)  
Exact Location of Accident ..... Punggol East & Punggol Central, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SG1849A

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... GO AHEAD SINGAPORE PTE LTD  
Company Reg No ..... 201541900C  
Email Address ..... enquiries@go-aheadsingapore.com  
Mobile Phone No ..... (Phone) +65-63847169  
Alternative Phone No ..... (Office) +65-63847169

### VEHICLE PARTICULARS

Manufacturer ..... Man  
Model ..... A22  
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 ..... 6400

### INSURANCE COMPANY

Name of Insurance Company ..... MS First Capital Insurance Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-19094111MFBP  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Ho Chee Seng  
NRIC No ..... S7348476F

|  |                         |
|--|-------------------------|
| Date Of Birth .....  | 18/12/1973              |
| Occupation .....   | Outdoor                 |
| Date Of Driving Pass .....   | 12/06/1998              |
| Driving experience .....   | 22 YEARS AND 8 MONTHS   |
| Gender .....   | Male                    |
| Mobile Number .....  | (Phone) +65-91007807    |
| Alt. Phone Number .....  | -                       |
| Email Address .....  | hezs.sg@gmail.com       |
| Address .....  | 128A Punggol Field Walk |
| Address complement .....   | #17-341                 |
| Postcode .....   | 821128                  |
| 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? .....  | Yes |
| Was any injured conveyed to hospital by ambulance? .....  | Yes |
| 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 .....                       | 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

BC Ho was driving service 381 [SG1849A] on the above-mentioned date & time. Whilst waiting stationary at the above-mentioned location, he felt a huge impact coming from the rear so he alighted & saw a silver Toyota Vios [SGJ4056C] had collided onto SG1849A's rear left tail lamp. BC Ho went over to SGJ4056C & found the driver unconscious so he reported to BOCC where ambulance [QX1687J] was activated & conveyed the driver to Sengkang General Hospital

#### 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 ..... | DIFFERENT FORMAT |
| Was there any audio recorded? .....                     | No               |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

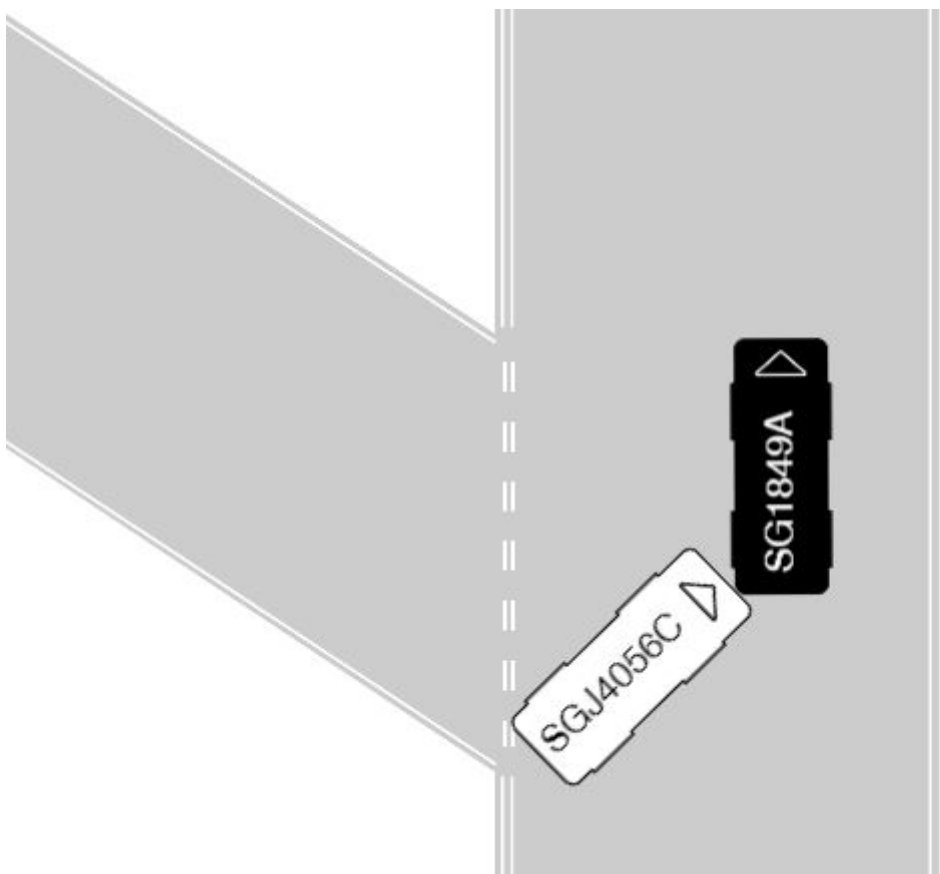
|                                   |          |
|-----------------------------------|----------|
| Vehicle Registration Number ..... | SGJ4056C |
| Vehicle Manufacturer .....        | Toyota   |
| Vehicle Model .....               | Vios     |

|   |             |
|---|-------------|
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | Gray        |
| Vehicle Category .....                        | Private car |
| 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) .....     | -           |

## INJURED PERSONS DETAILS

### INJURED 1

|   |          |
|---|----------|
| Name of injured person .....                              | -        |
| Gender .....  | -        |
| Phone No .....  | -        |
| Address .....   | -        |
| Address Complement .....                                  | -        |
| Post Code .....   | -        |
| Approximate Age Years Old .....                           | -        |
| Injuries Sustained .....                                  | -        |
| Injured person in which vehicle? .....                    | SGJ4056C |
| Were seat belts worn? .....                               | -        |
| Was this injured conveyed to hospital by ambulance? ..... | Yes      |



















**SINGAPORE  
POLICE FORCE**



T/20210221/7005

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

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Report No. T/20210221/7005

#### REPORT OF A TRAFFIC ACCIDENT

|  |            |                                     |  |                    |                            |
|--|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made:<br>21/02/2021 02:12 |            | Vide Report No.:<br>F/20210220/0158 |  | Station Diary No.: |                            |
| <b>Informant's Particulars</b>             |            |                                     |  |                    |                            |
| Name of Informant:<br>HO CHEE SENG         |            |                                     | Address:<br>128A PUNGGOL FIELD WALK #17-341 SINGAPORE 821128 |                    |                            |
| ID Type / ID No.:<br>NRIC NO / S7348476F   |            |                                     | Contact No.:<br>Home/Office: Mobile: 91007807                |                    |                            |
| Nationality:<br>SINGAPORE CITIZEN          |            |                                     | Email:<br>HEZS.SG@GMAIL.COM                                  |                    |                            |
| Sex:<br>Male                               | Age:<br>47 | Date of Birth:<br>18/12/1973        | Type of Informant:<br>Driver                                 |                    |                            |
| Race:<br>Chinese                           |            |                                     | Language:<br>English   |                    | Institution / School Name: |
| Occupation:<br>Bus driver                  |            |                                     | Driving Licence Information:<br>Class: Date of Expiry:       |                    |                            |

#### General Information of the Accident

|  |                              |   |   |   |
|--|------------------------------|---|---|---|
| Type of Accident:                                | Injury<br>Attended by Police | Drink<br>Drive:<br>No                       | Date/Time of<br>Accident:<br>20/02/2021 14:00 | Type of Location:<br>Straight Road      |
| Location:<br><br>PUNGGOL EAST                    |                              |   |   |   |
| Weather:<br>Clear                                |                              | Road Surface:<br>Dry                        | Road Speed Limit:<br>50 Km/h                  |   |
| Traffic Flow:<br>Dual Carriage Way               |                              | Traffic Control:<br>Traffic Light - Working | Traffic Volume:<br>Moderate                   |   |
| Type of Collision:<br>Hit by rear moving vehicle |                              |   |   | Anyone conveyed by<br>ambulance:<br>Yes |

#### Details of Vehicle Involved

| Vehicle No. | Type                  | Make   | Model | Color  | Conditio             | No of |
|-------------|-----------------------|--------|-------|--------|----------------------|-------|
| SG1849A     | Bus/Coach/Mi<br>nibus |        |       |        |                      | 0     |
| SGJ4056C    | Car                   | TOYOTA | VIOS  | Silver | Seriously<br>Damaged | 0     |
| SMU2303Z    | Car                   | HONDA  | VEZEL | Brown  | Slightly<br>Damaged  | 0     |



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T/20210221/7005

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20210221/7005

**CONTINUATION OF REPORT**

| Details of Person Involved        |                             |                                   |                                   |
|-----------------------------------|-----------------------------|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No       |                             |                                   |                                   |
| No. of Pedestrians Injured: NIL   |                             | Use of Pedestrian Crossing: NA    |                                   |
| <b>Driver</b>                     |                             |                                   |                                   |
| Name                              | HO CHEE SENG                | ID No.                            | S7348476F                         |
| Related Vehicle                   | SG1849A (Bus/Coach/Minibus) | Contact No.                       | 91007807                          |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                         | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of                         | NIL                               |
| <b>Driver</b>                     |                             |                                   |                                   |
| Name                              | Unknown Driver              | ID No.                            | NIL                               |
| Related Vehicle                   | SGJ4056C (Car)              | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                         | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of                         | Serious                           |
| <b>Driver</b>                     |                             |                                   |                                   |
| Name                              | Unknown Driver              | ID No.                            | NIL                               |
| Related Vehicle                   | SMU2303Z (Car)              | Contact No.                       | NIL                               |
| Hospital/Clinic                   | NIL                         | Class of Driving Licence & Expiry | Class: NIL<br>Date of Expiry: NIL |
| Date                              | NIL                         | Date                              | NIL                               |
| No. of Days granted Medical Leave | NIL                         | Degree of                         | NIL                               |

**Brief Details.**

I was at a complete stop waiting for green traffic at the junction of Punggol East and Punggol Central towards Punggol Drive, suddenly the vehicle registration number SGJ4056C (Silver colour Toyota Vios) hit onto the rear left of my bus, registration number SG1849 (route service number 381). There were 5 passengers on board my bus with no injury. After checking on the mentioned vehicle's driver (about 60 year old Chinese male) and found he was unconscious, I immediately informed my BOCC (Bus Operation Control Centre) to activate ambulance. Meanwhile, other passerbys were trying to help the unconscious driver out from his vehicle and performed CPR on him until the ambulance arrived. The driver was



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Report No. T/20210221/7005

**CONTINUATION OF REPORT**

conveyed to Sengkang General Hospital.

Others details,

Traffic Police  
Officer: SGT Nurhaikal (170264)

Ambulance: QX1687J (PA334)  
Officer In charge: Rasyidi

Witness 1  
Name: M/s Afifah  
Phone: 90993032  
Vehicle: SMU2303Z

Witness 2  
Name: Mr Rizal  
Phone: 82380543  
Vehicle: GBG9951K