

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 08/09/2021 17:53 (SGT)
Date of Accident 07/09/2021 15:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information BUANGKOK DRIVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7742A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WONG KAN WYE
NRIC No S7337167H
Email Address charsa10@yahoo.com.sg
Mobile Phone No (Phone) +65-97452828
Alternative Phone No +65-97452828

VEHICLE PARTICULARS

Manufacturer Toyota
Model HIACE 3.0 DX DIESEL TURBO AT 2WD
Variant -
Exact purpose for which vehicle was being used at time of accident -
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 Sompo Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D21MTSCBU000104
Cover Note Number 22/04/2021 TO 21/04/2022

DRIVER

Name of Driver WONG KAN WYE
NRIC No S7337167H

Date Of Birth	16/10/1973
Occupation	Outdoor
Date Of Driving Pass	12/11/1996
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97452828
Alt. Phone Number	+65-97452828
Email Address	charsa10@yahoo.com.sg
Address	APT BLK 160B PUNGGOL CENTRAL #10-121 (S) 822160
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	Punggol Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18006049999
Alt. Police Station Phone No	(Fax) +65-64468015
Police Station Address	Blk 21A Tebing Lane Singapore 828837
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACHED.

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	FBL1365D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	FBL7945R
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOTOR RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	HOSPITAL
Injured person in which vehicle?	FBL1365D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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
 8/9/2021
 Sketch Plan @ 14:50 hr

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

Witnessed by Reporting Centre Personnel











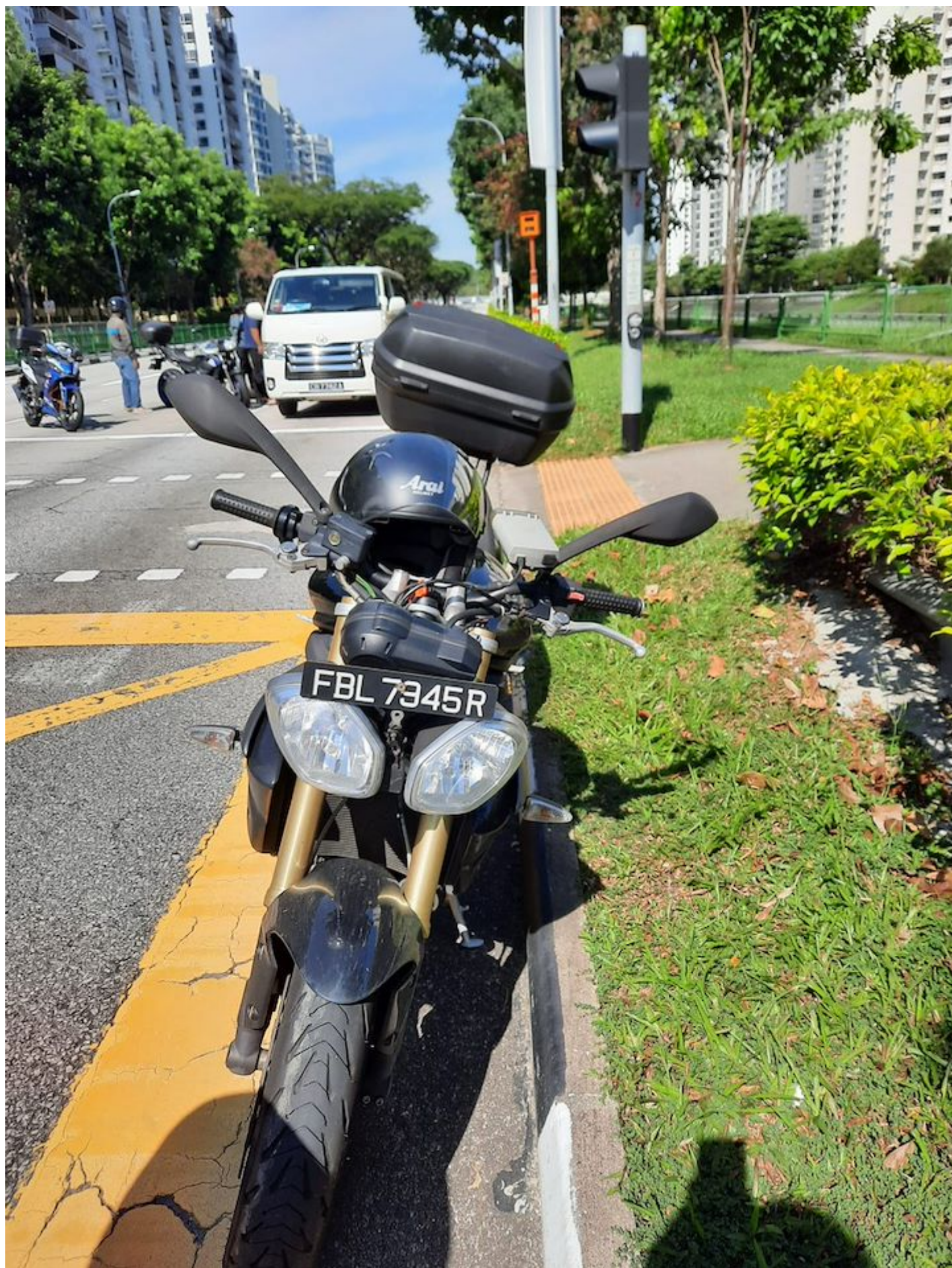










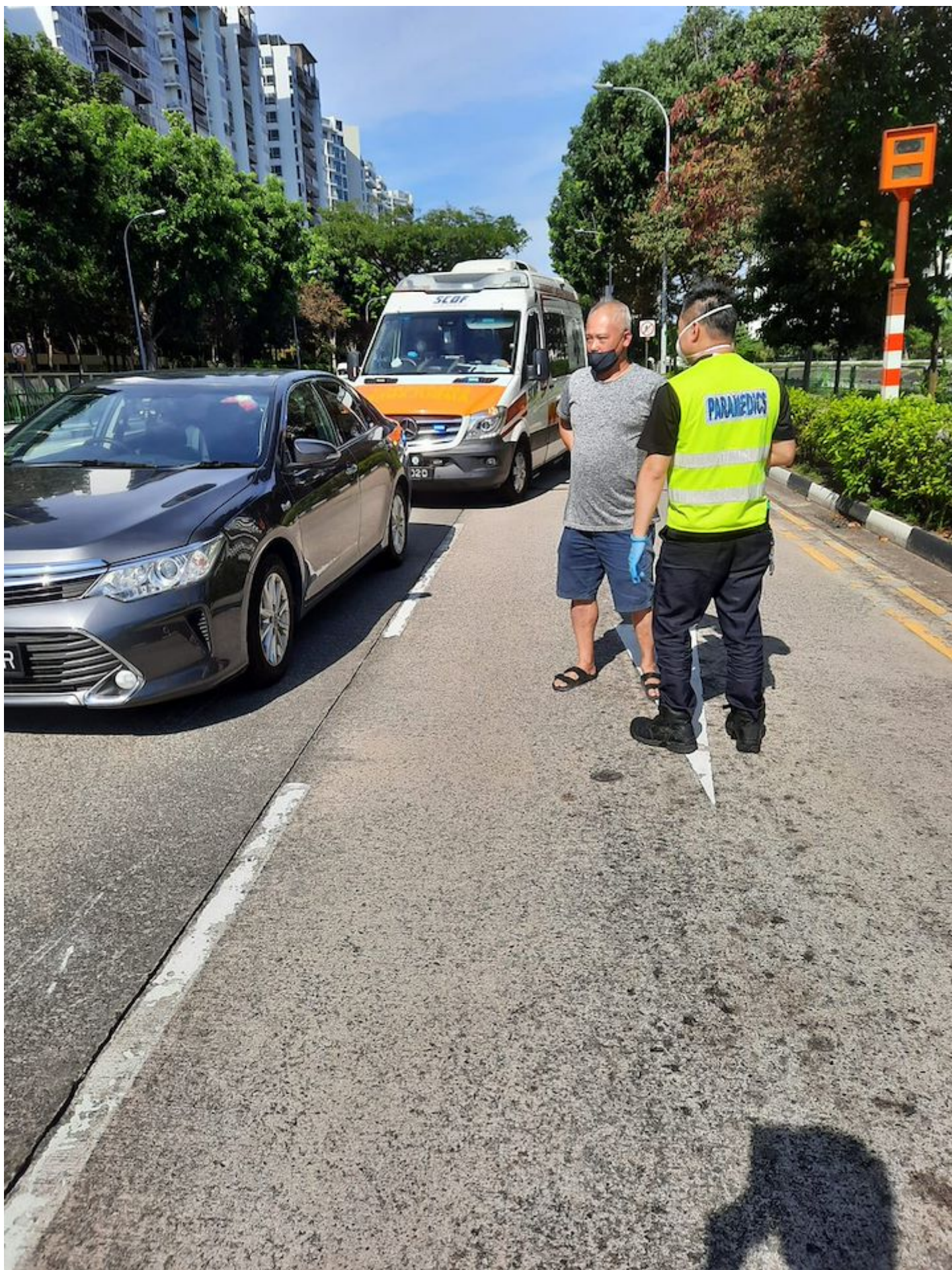














**SINGAPORE
POLICE FORCE**



T/20210907/2101

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

1 of 3

Report No. T/20210907/2101

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2021 18:40	Vide Report No.: F/20210907/0111	Station Diary No.: 62
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Informant's Particulars

Name of Informant: WONG KAN WYE			Address: APT BLK 160B PUNGGOL CENTRAL #10-121 SINGAPORE 822160	
ID Type / ID No.: NRIC NO / S7337167H			Contact No.: Home/Office: Mobile: 97452828	
Nationality: SINGAPORE C'ITIZEN			Email:	
Sex: Male	Age: 47	Date of Birth: 16/10/1973	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,3,4A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/09/2021 15:50	Type of Location:
Location: BUANGKOK DRIVE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB7742A	Bus/Coach/Minibus (School Children)	TOYOTA	HIACE 3.0 DX DIESEL TURBO AT 2WD	White	Slightly Damaged	0
FBL1365D	Motorcycle				Seriously Damaged	0
FBL7945R	Motorcycle				Slightly Damaged	0



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Tel No: 1800-6049999

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Report No. T/20210907/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB7742A	TENET SOMPO INSURANCE PTE. LTD.	D21MTSCBU000104	22/04/2021	21/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG KAN WYE	ID No.	S7337167H
Related Vehicle	CB7742A (Bus/Coach/Minibus (School Children))	Contact No.	97452828
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the mentioned date, time and place, the traffic light was red. As such, I came to a stop. In just a few seconds after I stopped, I felt an impact on my bus. I stepped out of the vehicle. That was when I realized that FBL1365D had hit into my bus as well as another motor FBL7945R. FBL1365D rider was already on the road and could not move. A driver from SLU9461R had assisted us. Traffic Police was scene and the injured rider was conveyed to hospital. I do not have the particulars of the other riders/drivers.



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T/20210907/2101

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Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 3

Report No. T/20210907/2101

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
F /

Staff Sgt SITI SUHADAH BINTE
HAMBALI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/09/2021 18:40

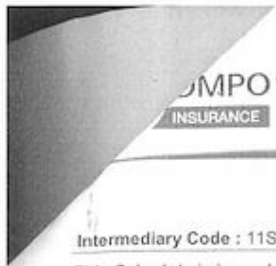
Officer In Charge Of Case:
TP / GIT /

→ Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Classification Of Case:

Authentication Stamp
NP168

<p>SINGAPORE POLICE FORCE UPHOLDING EVERY DAY</p>		SN 158
SIGNATURE		



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #03-03
Singapore Land Tower, Singapore 048623
Tel: 6461 6555 | Fax: 6221 3302 | www.sompo.com.sg
Co. Reg. No.: 192905490E | GST Reg. No.: M200903196

BUS POLICY SCHEDULE

Intermediary Code : 11S13002

Policy No. : D21MTSCBU000104

This Schedule is issued and should be read in conjunction with the terms, conditions and exceptions of the BUS Policy wordings, ref. MTC.19

Insured : WONG KAN WYE
Address : BLK 160B PUNGGOL CENTRAL
#10-121
SINGAPORE 822160

Business/Profession : BUS TRANSPORT CHARTERED SERVICE

INSURED DETAILS

Date of Birth & Age	: 16 OCT 1973 & 47	Marital Status	: MARRIED
Driving Experience in Singapore	: 24 Years	Gender	: Male
Identification Type	: NRIC(Singaporean)	Identification No	: S7337167H

Period of Insurance : 22 APRIL 2021 00:00 TO 21 APRIL 2022 23:59

Persons or Classes of Persons entitled to Drive : Refer to Certificate of Insurance

Limitations as to use : Refer to Certificate of Insurance

VEHICLE DETAILS		PREMIUM DETAILS	
Vehicle Reg No	: CB7742A	Premium	1,786.00
Chassis No	: KDH2010175255	Less No Claim Discount (20%)	(357.20)
Engine No	: 1KD2548147	Add others :	
Vehicle Make & Model	: TOYOTA HIACE 3.0 DXA	Add WIND-No Reinst	.00
Cc	: 2982	Less Loyalty Discount (10%)	142.88
Type of Body	: BUS	Total	S\$ 1,285.92
Year of Manufacture	: 2015	GST	S\$ 90.01
Seating Capacity (including driver)	: 12	Premium (incl. GST)	S\$ 1,375.93
Estimated value of Vehicle	: Market Value at time of loss		
Hire Purchase Owner	: THINK ONE CREDIT PTE LTD		

Vehicle Usage : Transport Use

Coverage : Comprehensive-ExcelDrive Classic

Excess : S\$ 2000 - Section I
S\$ 1500 - Section II
S\$ 100 - Windscreen

Additional Excess : NIL

Endorsements Applicable : Hire Purchase ME No. 15
Strike Riot Or Civil Commotion ME No.25
Special Perils ME No.57

Legal Liability of Passengers for Acts of Negligence ME No.72
Endorsement C - Excess Section II (Third Party)
Endorsement H - Total Loss
Endorsement I - Breakage of Glass in Windscreen or Window
Endorsement M - Own Damage, Fire and Theft Claims
Additional Covers/conditions : Own damage repair: Insured is required to use the Company's panel of workshops for their own damage claims.

Windscreen Cover: There will be no reinstatement of the windscreen cover after the 1st claim. Subsequent claims will be treated under the Own Damage section and subject to the policy excess and NCD.

1. Windscreen - No Reinstatement

- Defined