

ASS. REQ. BY:

Steve

CS

CT

21009852

/Euc

CS3/CTI21009852/Euc

## ASSIGNMENT

From:

PRS

Date:

Veh No:

PC 3031K

Yr Regn:

29/6/07

Estimated Cost:

Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

OD: TP / WS / PRS / OD-RES / EVA / INV / MV

To Inspect Vehicle No:

PC 3031K

at Workshop m/s

Truck / Trailer or

Make:

Scania K104X2

C.C.

11705

Colour:

Multi-Colour

A/C: Insured / Std / Nil / N

Sp. Reading

786038

T/Radio: Insured / Std / Nil / N

Eng/No:

V52K4X2007855859

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Locked / Burnt or

Brake: In order / Jammed / Locked / Burnt or

Mod: Nil / 3/Rim / STD / 4/Rim or

Tyre Size:

F: 315/80R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIG / OHTSU / PIR / SUMI /

TOYO / YOKO or

AU FINE

Front

Rear

R/Bal:

4

mm

R/Bal:

4

mm

U/Bal:

4

mm

U/Bal:

4

mm

D.O.A.

15/9/21

D.O.A.

23/9/21

Survey held at

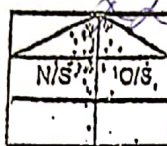
CONNECT

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roof/Top or

The U/C / CHASSIS frame / Body Structure affected due to collision

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Rel. or Market Value:

IDAC Accident Report

Consistent? : Yes or No

BIA / PR Sent

Consistent? : Yes or No

Est. Repair:

4

days

Res.:

Yes or No

Sum Sum:

%

3 Val.:

Yes or No

QA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

MK-140K

Repair range - SK-6K

4 repair days

27/9/2021 Submit PRS.

Date/Time, File, Reported

Prell. Report

Days Of Repair:

4

27/9 TYPIST

Final Report

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Returned

Add Fee:

Site Insp (\$

Interview (\$

Tech. Insp (\$

Veh/and (\$

TOTAL

Signature: TP

Date/Time, File

## 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	20/09/2021 08:25 (SGT)
Date of Accident	15/09/2021 18:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER CHANGI ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number PC3031K

#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AMARJIT & SONS COACH SERVICES PTE. LTD
Company Reg No	2XXXXX698N
Email Address	AMARJITSINGHSONS@GMAIL.COM
Mobile Phone No	(Phone) +65-87888896
Alternative Phone No	+65-87888896

#### VEHICLE PARTICULARS

Manufacturer	Scania
Model	KIB4X2 MANUAL TURBO ABS
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	Manual
CC	11705

#### INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	GA576736 / 1
Cover Note Number	-

#### DRIVER

Name of Driver	SUKHJINDER SINGH
Passport No/FIN	GXXX774P



Driving Pass  
Experience

Number  
Phone Number  
Email Address  
Address

Address complement  
Postcode

Is the driver the policyholder?  
If No, Relationship of the Driver with the Insured  
Does Driver Own Other Vehicles?  
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  
Weather Conditions  
Road Surface

24/04/1991  
Outdoor  
23/04/2018  
3 YEARS AND 6 MONTHS  
Male  
(Phone) +65-81611761  
-  
AMARJITSINGHSONS@GMAIL.COM  
BLK 229 SERANGOON AVE 4 #09-47  
-  
550229  
No  
Employee  
No  
-  
-

Collision - Head to Rear  
Clear  
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) 6  
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

#### PASSENGER 1

Name UNKNOWN  
Gender Female

#### PASSENGER 2

Name CHUA CHOONG SENG  
Gender Male

#### PASSENGER 3

Name UNKNOWN  
Gender Male

#### PASSENGER 4

Name UNKNOWN  
Gender Male

#### PASSENGER 5

Name UNKNOWN  
Gender Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes  
Police Station Name Bedok Neighbourhood Police Post  
Police Station Phone No (Phone) +65-18002419999  
Alt. Police Station Phone No (Fax) +65-64431687  
Police Station Address Blk 15 Bedok South Road #01-117 Singapore 460015  
Was notice of intended Prosecution given? No  
If yes, against whom? -

ANCES OF ACCIDENT

REFER TO POLICE REPORT  
SPECT FRAUD CLAIM\*

TACHMENT(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	SMM2275M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Private car
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)	-

#### WITNESS DETAILS

##### WITNESS 1

Name	CHUA CHOONG SENG
Phone	(Phone) +65-98357851
Email	-

## 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 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:

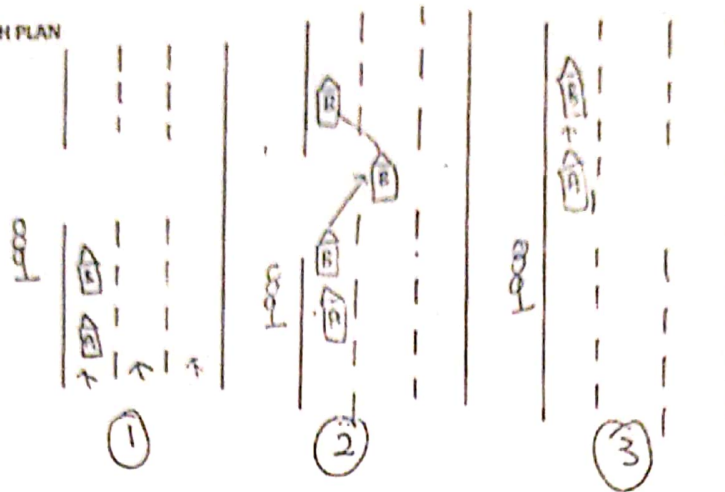
  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



Accident Report Form (ARF) - Version 1.0 (2019)



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report

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:  
NAIC/TIN No.:





# SINGAPORE POLICE FORCE



T/20210917/2030

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No: 1/20210917/2030

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/09/2021 12:38		Vide Report No.:		Station Diary No.: 43
<b>Informant's Particulars</b>				
Name of Informant: SUKHJINDER SINGH		Address: APT BLK 229 SERANGOON AVENUE 4 #09-47 SINGAPORE 550229		
ID Type / ID No.: FIN NO / G3126774P		Contact No.: Home/Office:		Mobile: 81611761
Nationality: INDIAN		Email: sukhysaini38@gmail.com		
Sex: Male	Age: 30	Date of Birth: 24/04/1991	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: PRIVATE BUS DRIVER		Driving Licence Information: Class: 2B,3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/09/2021 18:30	Type of Location: Straight Road
Location:  NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	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
PC3031K	Bus/Coach/Minibus	SCANIA	KIB4X2 MANUAL TURBO ABS	Multi-Colored	Slightly Damaged	4
SMM2275M	Car	HONDA	FIT HYBRID 1.5 AUTO	Yellow	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210917/2030

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

2 of 3

Report No. T/20210917/2030

**CONTINUATION OF REPORT**

**Brief Details.**

On 15/9/2021 at about 6.30pm, I was driving a private bus belonging to Amarjit & Sons Coach Services Pte Ltd. bearing plate number PC3031K along New Upper Changi Road near Bedok rd exit on the most left lane when a car bearing plate number SMM2275M in front of my bus jam break purposely. I stepped on the brakes but hit the car rear. There were four passengers on my bus and we are all not injured. I stopped the bus and alighted the vehicle to check on the driver. He has three passengers with him and they are all not injured. The bus was slightly damaged at the front bumper and the car was dented in at the rear. There was no traffic police at scene. The driver appeared to be unhappy and I wanted to avoid any confrontation with him. Hence, I made a move first after we exchanged particulars. I wish to state that prior to the accident, the driver was speeding and had jam break in front of my bus a few times. I reported the matter to my boss and he informed me to lodge a traffic report as requested by the insurance company. I wish to state that I have an in-car camera in the bus and it recorded the incident.





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No. 1800-2449999



1/20210917/2030

3 of 3

Report No. 1/20210917/2030

**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  
G /  
Sgt 3 AW JING YING CHLOE *aw*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIA /  
SI TAN JEOK LENG  
Contact No.: 65476151

Authentication Stamp  
NP108 *ch*

Signature Of Informant:

Date/Time:  
17/09/2021 12:38

Classification Of Case:



# SINGAPORE POLICE FORCE



G/20210915/2112

1 of 2

## POLICE REPORT (NP299)

Report No. G/20210915/2112

Police Station Of Origin  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

Date/Time Report Made 15/09/2021 20:55	Vide Report No.	Station Diary No. 96
Name Of Informant CHUA CHOONG SENG	Address APT BLK 345 TAMPINES STREET 33 #06-352 SINGAPORE 520345	
ID Type / ID No. NRIC NO / S1790568F	Contact No. Home/Office Mobile 98357851	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation ELECTRICAL SUPERINTENDENT	Sex Male	Age 54
Institution/School Name	Date of Birth 05/08/1967	Race Chinese
Date/Time Of Incident 15/09/2021 18:30	Location Of Incident NEW UPPER CHANGI ROAD SINGAPORE towards Expo direction	

### Brief details.

On 15/9/21 at around 1830 hours I was in the company bus travelling along new upper changi road as the bus was taking us to various dropped off points.

While travelling, the bus was on the third lane and it changed lane to the second lane to overtake some cyclist, then the vehicle SMM2275M which was driving from the back horned loudly at our bus while our bus returned back to the third lane.

Signature Of Officer Recording The Report:  
G / Sgt 3 GAN JIAN CAI, DARREN

Signature Of Informant:

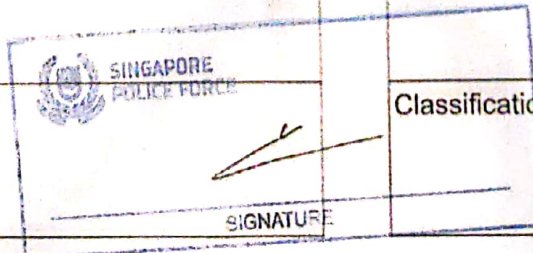
Signature Of Interpreter:  
Not applicable

Date/Time:  
15/09/2021 20:55

Officer In-Charge Of Case:  
G / Bedok Police Divisional  
Investigation Branch /  
Insp JOEL MOK KAI JUN  
Contact No.: 624447200

Classification Of Case:

Authentication Stamp







One of our passenger stretch his hands out to the window to question why did the driver horned at us loudly, the said vehicle then remained at the front of our bus while travelling slowly and at 1 point stopped in front of us while the traffic light is green.

Despite the bus driver horning them, the vehicle refused to move and only moved off after a long period of time. The vehicle then drove and brake in quick succession resulting in the bus driver not able to slow down the bus in time and hit the rear of the vehicle.

When both drivers came down to inspect the damage of the vehicles, he was agitated and kept on shouting and causing a scene. Seeing how he was treating the bus driver, I came down to lecture about him and he continued to shout and started scolding "fuck you, fuck you all".

Seeing that both parties are not injured, both taken photos of the damage and each other licence plate and that the other driver does not seemed to be a proper state of mind to communicate with, we decided to leave.

We did not had any form of physical interaction with the other parties and no one was hurt. 6 of us inclusive of the bus driver witness the incident and the incident was all recorded.

Signature Of Officer Recording The Report:  
G / Sgt 3 GAN JIAN CAI, DARREN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/09/2021 20:55

Officer In-Charge Of Case:  
G / Bedok Police Divisional  
Investigation Branch /  
Insp JOEL MOK KAI JUN  
Contact No.: 624447200



SIGNATURE

Classification Of Case:

Authentication Stamp