

# 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 ..... 23/09/2021 09:43 (SGT)  
Date of Accident ..... 22/09/2021 06:20 (SGT)  
Exact Location of Accident ..... Changi Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB8337E

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SEE MENG HUAT  
NRIC No ..... SXXXX808E  
Email Address ..... seemenghuat69@gmail.com  
Mobile Phone No ..... (Phone) +65-97312232  
Alternative Phone No ..... +65-97312232

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Hiace  
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 ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMB1SNW00011192000  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SEE MENG HUAT  
NRIC No ..... SXXXX808E

Date Of Birth .....	20/10/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	08/09/1999
Driving experience .....	22 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-97312232
Alt. Phone Number .....	+65-97312232
Email Address .....	seemenghuat69@gmail.com
Address .....	BLK 318 UBI AVE 1
Address complement .....	#10-477
Postcode .....	400318
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 .....	Collided into Bicyclist
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) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	STUDENT
Gender .....	Female

#### PASSENGER 2

Name .....	STUDENT
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007489999
Alt. Police Station Phone No .....	(Fax) +65-67454676
Police Station Address .....	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE POLICE REPORT:T/20210922/2032

#### 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 .....	SD CARD WITH TRAFFIC POLICE
Was there any audio recorded? .....	No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	CYCLIST
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
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 .....	UNKNOW
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	CYCLIST
Were seat belts worn? .....	No
Was this injured conveyed to hospital by ambulance? .....	Yes

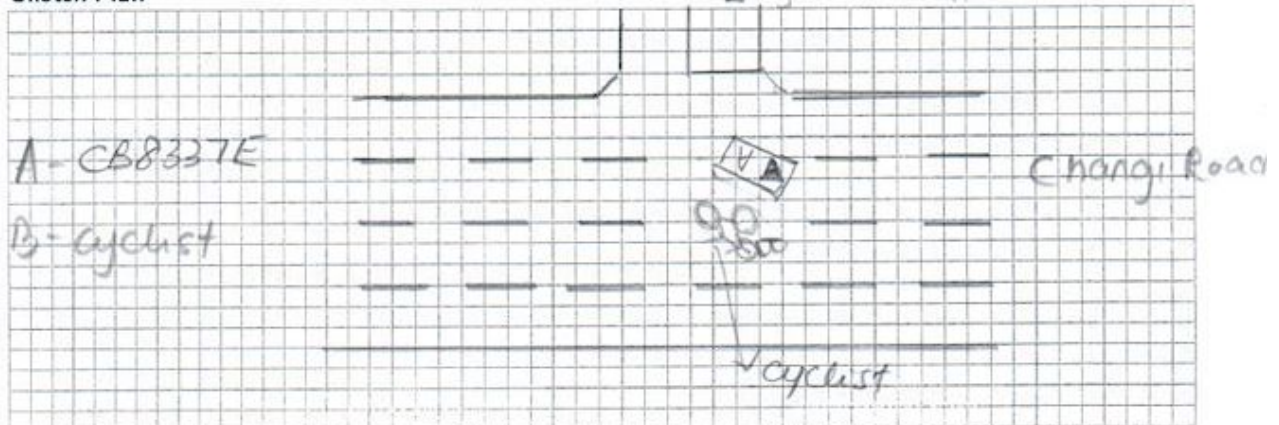
**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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.

11/11/21  
Policyholder's Signature / Date & Time

22/9/21  
Driver's Signature (If driver is not the policyholder) / Date & Time

22/09/21  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

P/s refer to the police report: T/20210922/2032

We declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre  
Personnel





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Kampong Kembangan NPP  
112 Lengkok Tiga #01-215 SINGAPORE  
410112  
Tel No: 1800-7489999



T/20210922/2032

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Report No. T/20210922/2032

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Driver		Use of Pedestrian Crossing: NA	
Name	SEE MENG HUAT		
Related Vehicle	CB8337E (Bus/Coach/Minibus (School Children))	ID No.	S6936808E
Hospital/Clinic	NIL	Contact No.	97312232
Date Treatment	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
No. of Days granted Medical Leave	NIL	Date Discharge	NIL
		Degree of Injury	NIL

**Brief Details.**

On 22/9/2021, sometime between 0620hrs to 0625hrs, I was driving my minibus bearing registration number CB8337E and picking up students from Saint Anthony Conossian Primary school, to send them to school. I was driving along Jln Wakaff and heading towards the direction of Changi Road. As I was approaching the T-Junction between Changi Road and Jln Wakaff, I had slowed down my minibus and immediately made a check on my right side as Changi Road is a one way road. I did not see any oncoming cars, pedestrian or cyclist. I had made a left turn into Changi Road. I had drove to the second lane as the first lane was a bus lane. After I had crossed the divider between the first and second lane, I heard a loud sound coming from my right side. I made a check and saw that a cyclist was sitting on the floor next to his bicycle.

I had exited my minibus and spoke to the cyclist however he could not speak English and was a Malaysian Malay man in his 60s. 2 passerby had came by and approached the cyclist. One of the passerby spoke to the cyclist in Malay. I decided to call for 995 immediately. As I was on the phone with the 995 operator, the 2 passerby had brought the cyclist and the bicycle to the side of the road. Afterwards, an ambulance and Traffic Police had came down to the scene. I had handed over my front facing camera SD Card to the Traffic Police officer and was given an acknowledgement form. I was unsure if the camera was recording or not as I do not know how to operate the camera as it belonged to my company.

The cyclist has abrasion on his right eyebrow area and was complaining of pain on his right leg area. However he does not want to go to Hospital and said he wants to wait for his supervisor to come down first. When his supervisor had arrived, he had told that if he were to go to hospital, he will have to pay for his own medical bills. However, I had advised the cyclist to make a check at the hospital to ensure that he is fine and there was no serious injury as he was complaining of pain on his right leg. The cyclist was then conveyed to Changi General hospital. I had exchanged contact number with his supervisor. I was advised to make a traffic accident report by the Traffic Police officer.

I had received a WhatsApp from Vick, who had asked me to for my personal details and to pay for the cyclist medical fees. However I had consulted with my insurance agent who advised to make an insurance claim instead.

I wish to add that the cyclist was wearing dark colored clothing, there were no lights on his bicycle and the



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T/20210922/2032

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Report No. T/20210922/2032

**CONTINUATION OF REPORT**

sky was still dark at the point of accident. I am now lodging this report under the instruction from the Traffic Police and for insurance claiming purposes.


























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Report No. T/20210922/2032

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/09/2021 13:08		Vide Report No.: G/20210922/0065	Station Diary No.: 6
<b>Informant's Particulars</b>			
Name of Informant: SEE MENG HUAT		Address: APT BLK 318 UBI AVENUE 1 #10-477 SINGAPORE 400318	
ID Type / ID No.: NRIC NO / S6936808E		Contact No.: Home/Office: Mobile: 97312232	
Nationality: SINGAPORE CITIZEN		Email: mhsee@yahoo.com.sg	
Sex: Male	Age: 51	Date of Birth: 20/10/1969	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3 Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Pedestrian / Cyclist	Drink Drive: No	Date/Time of Accident: 22/09/2021 06:20	Type of Location: T-Junction
Location:  CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: MOVING VEHICLE AGAINST CYCLIST			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB8337E	Bus/Coach/Mi nibus (School Children)	TOYOTA	HIACE VAN TURBO 4DR AT	Silver	Slightly Damaged	2

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB8337E	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SNW000111 92000	02/11/2020	01/11/2021





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T/20210922/2032

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Report No. T/20210922/2032

## 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 JONATHAN LIM ZI XUAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/09/2021 13:08

Officer In Charge Of Case:

TP / AEIT /  
Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN  
Contact No.: 65476404

Classification Of Case: