

# 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 .....	30/09/2021 10:02 (SGT)
Date of Accident .....	27/09/2021 20:35 (SGT)
Exact Location of Accident .....	Near 10 North Bridge Rd, Singapore 190010
Additional Location Information .....	JUNCTION OF STAMFORD ROAD AND NORTH BRIDGE ROAD
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC3006J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	ALBERT PANG TRANSPORT
Company Reg No .....	52922438X
Email Address .....	admin@aptransport.com.sg
Mobile Phone No .....	(Phone) +65-62600195
Alternative Phone No .....	+65-62600195

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	LT434P 7.8 SMT
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 .....	8000

### INSURANCE COMPANY

Name of Insurance Company .....	India International Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	D20MCV0000961_01
Cover Note Number .....	-

### DRIVER

Name of Driver .....	MOHAMMED ZAKII BIN BASIR
NRIC No .....	S1481053F

Date Of Birth .....	14/05/1961
Occupation .....	Indoor
Date Of Driving Pass .....	14/05/1991
Driving experience .....	30 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91704446
Alt. Phone Number .....	-
Email Address .....	admin@aptransport.com.sg
Address .....	BLK 139 JALAN BUKIT MERAH #07-1464
Address complement .....	-
Postcode .....	160139
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 .....	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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	10
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	MR1
Gender .....	Male

#### PASSENGER 2

Name .....	MR2
Gender .....	Male

#### PASSENGER 3

Name .....	MR3
Gender .....	Male

#### PASSENGER 4

Name .....	MR4
Gender .....	Male

#### PASSENGER 5

Name .....	MS5
Gender .....	Female

#### PASSENGER 6

Name .....	MS6
Gender .....	Female

#### PASSENGER 7

Name .....	MS7
Gender .....	Female

#### PASSENGER 8

Name .....	MS8
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Gender ..... Female

PASSENGER 9

Name ..... MS9  
Gender ..... Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... No  
Was notice of intended Prosecution given? ..... No  
If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO 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 ..... SG5980B  
Vehicle Manufacturer ..... Man  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Bus  
Name of Driver ..... CHONG CHEE HOE  
Passport No/FIN ..... G7557175K  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

# 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' 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")

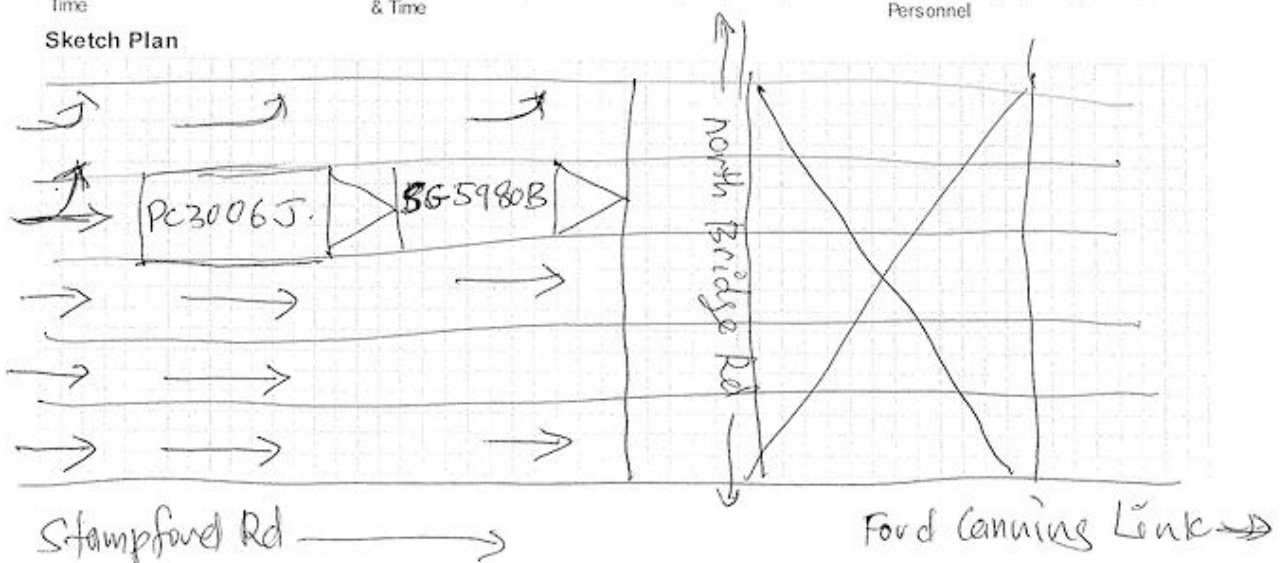
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.


30/9/21
Mohel
30/9/21


Policyholder's Signature / Date & Time      Driver's Signature (if driver is not the policyholder) / Date & Time      Witnessed by Reporting Centre Personnel

## Sketch Plan



## Describe Circumstances of the Accident

On 27/Sep/2021 Monday night around 2030 hrs I had an accident at Stamford Road With Green Bus (Tower Transit) SG 5980B. I was wrong for not putting and parking handbrake. SG 5980B was stationary & I was coming from behind.

## Declaration

We declare the foregoing particulars are true in every respect.



30/9/21

Policyholder's Signature / Date & Time

*[Signature]* 30/9/21

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

*[Signature]*

Witnessed by Reporting Centre Personnel





## INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
 64 | Cecil Street | #04 | #05 | #06-02 | IOB Building | Singapore 049711  
 Office (65) 63476100 Email insure@iil.com.sg  
 Fax (65) 62244174 Website www.iil.com.sg

## CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
 MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
 MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

All Accidents must be reported within 24 hours of the incident regardless of whether it will lead to a claim.

CERTIFICATE NO.: D20MCV0000961_01		COVER: Comprehensive
1. Index Mark and Registration Number of Vehicle	:	PC3006J
Chassis No	:	JALLT434PE7000075
2. Name of Policyholder	:	ALBERT PANG TRANSPORT
3. Effective date of Insurance	:	17 Feb 2021
4. Expiry date of Insurance	:	16 Feb 2022
5. Persons or Classes of Persons entitled to drive*		
<p>Any person provided he is in the Policyholder's employ and is driving on their order or with their permission.          Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted          and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>		
6. Limitations as to use*		
<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business.  <b>The Policy does not cover</b>          a) Use for racing, pace-making, reliability trial or speed-testing.          b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>		
<p>*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>		
<p>Excess Sect I : SGD 2,500.00          Excess Sect II : SGD 2,000.00          Windscreen Excess : SGD 500.00          TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY          Hire Purchase Company : N.A</p>		
<p>FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &amp;/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE,          ADDITIONAL EXCESS OF \$2500/- ON SECTION I &amp; II SEPARATELY WILL BE APPLICABLE.</p>		
<p>I/We HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).</p>		
Agmt/Broker	:	A000041/P & C INSURANCE AGENCY
Date of Issue	:	22/01/2021 14:22:07
M.Z. 600C - OMNIBUS (ORGANIZATION)		
		<p>For India International Insurance Pte Ltd</p> <p>Authorized Signatory</p>

# ALBERT PANG TRANSPORT

28 Sep 2021

To: Whom It May Concern

## LETTER OF AUTHORIZATION

Dear Sir/Mdm,

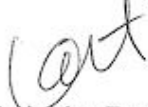
This is to confirm that Mr. MOHAMMED ZAKII BIN BASIR of SXXXX053F is currently under the employment of our company.

In this appointment, he is assigned to drive vehicle PC3006J in his course of daily work. He is also authorized to report the incident happened on 27 Sep 2021.

Please do not hesitate to contact me if you need further clarifications.

Thank you.

Yours Sincerely,



Catherine Tao

Director



ALBERT PANG TRANSPORT  
33 ELIAS ROAD #13-25 RIS GRANDEUR SINGAPORE 519935  
TEL: 9048 0084 / 9878 9907 FAX: 6260 0125  
Website: [Http://www.aptransport.com.sg](http://www.aptransport.com.sg)  
Email: [sales@aptransport.com.sg](mailto:sales@aptransport.com.sg)







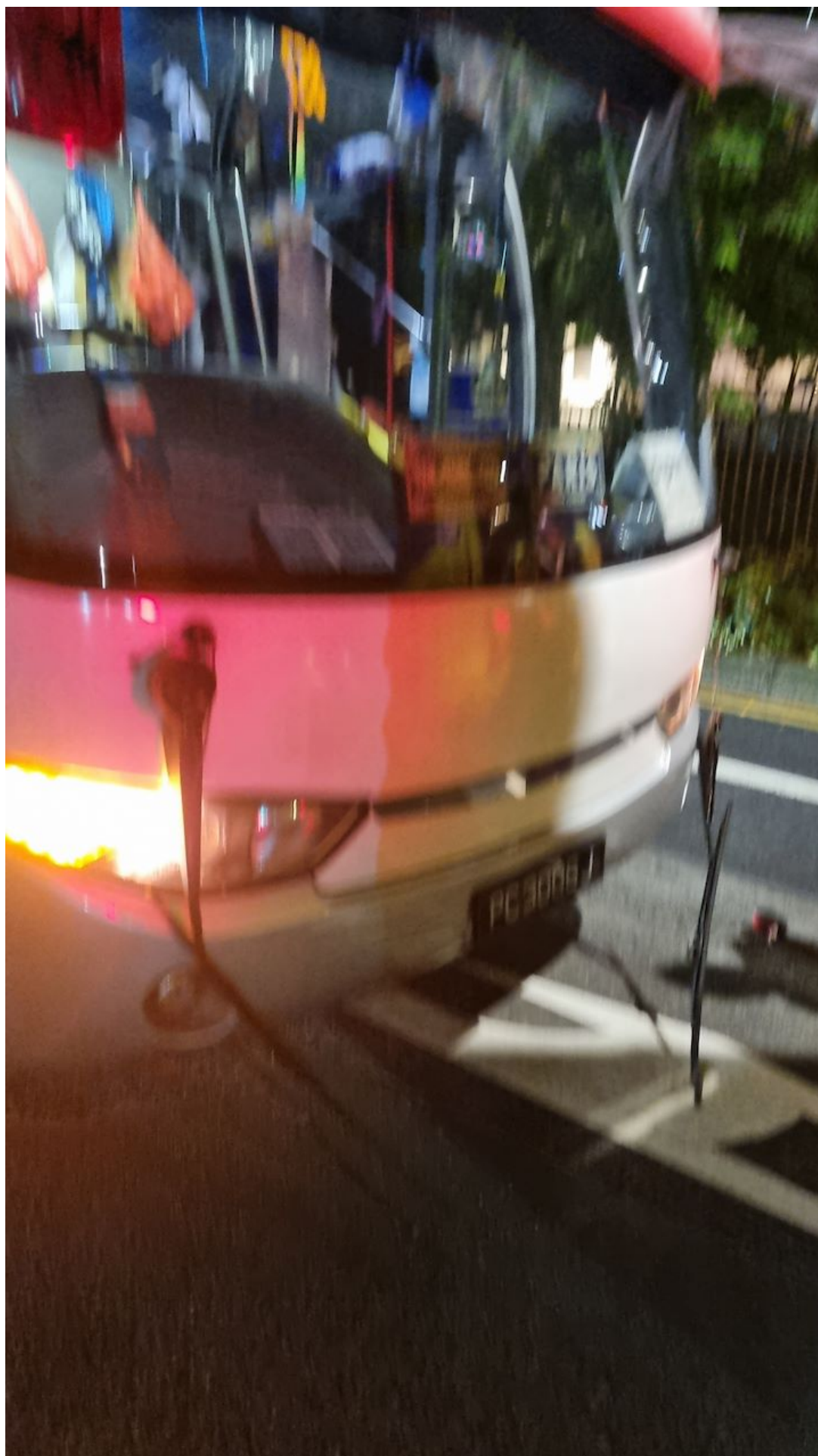




































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SC1K219U0001 Vehicle Registration No: PC3006J

Name (as shown in NRIC): \_\_\_\_\_ NRIC/FIN/Passport No: \_\_\_\_\_

(\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate

Address: \_\_\_\_\_ Singapore ( )

Contact (Tel): \_\_\_\_\_ Mobile No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Accident: 27/09/21 Time of Accident: 0935

Place of Accident: Junction of Stamford Road and North Bridge Road

Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION /AMENDMENTS:**

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

\_\_\_\_\_

\_\_\_\_\_

To amend company reg to read as 52922438X

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

  
Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: 30/09/21