

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 05/10/2021 12:05 (SGT)
Date of Accident 02/10/2021 22:12 (SGT)
Exact Location of Accident Singapore
Additional Location Information SEMBAWANG ROAD X CANBERRA LINK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7536D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner AEGIS COACH PTE LTD
Company Reg No 2XXXXX133M
Email Address OPS@BTNTAN.COM
Mobile Phone No (Phone) +65-83206242
Alternative Phone No (Office) +65-83206242

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv350
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 2488

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNW00001792106
Cover Note Number -

DRIVER

Name of Driver UMAR BIN HAMZAH
NRIC No SXXXX837A

Date Of Birth	08/04/1983
Occupation	Outdoor
Date Of Driving Pass	27/06/2003
Driving experience	18 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83206242
Alt. Phone Number	-
Email Address	OPS@BTNTAN.COM
Address	BLK 120B CANBERRA CRESCENT
Address complement	#02-365
Postcode	752120
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 - Cross Junction
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WIFE
Gender	Female

PASSENGER 2

Name	CHILD 1
Gender	Male

PASSENGER 3

Name	CHILD 2
Gender	Female

PASSENGER 4

Name	CHILD 3
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Woodlands Division Headquarters
Police Station Phone No	(Phone) +65-18004660000
Police Station Address	1 Woodlands St 12 Singapore 738622
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT NO: L/20211003/7040

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 SMH4849X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name NTUC Income Insurance Co-operative Ltd
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UMAR BIN HAMZAH
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,BACK,HEAD,LEFT SHOULDER AND CHEST.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No

INJURED 2

Name of injured person HASANAH BINTE ABDUL HALIM
 Gender Female
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,SHOULDER,BACK AND JAW.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

INJURED 3

Name of injured person FUAD
 Gender Male
 Phone No -
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained NECK,HEAD AND BACK.
 Injured person in which vehicle? CB7536D
 Were seat belts worn? -

Was this injured conveyed to hospital by ambulance?

-

INJURED 4

Name of injured person

ATIQA H

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

FACE,MOUTH,NECK AND BACK.

Injured person in which vehicle?

CB7536D

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

INJURED 5

Name of injured person

MELISSA

Gender

Female

Phone No

-

Address

-

Address Complement

-

Post Code

-

Approximate Age Years Old

-

Injuries Sustained

FACE,HEAD,CHIN,NECK AND BACK.

Injured person in which vehicle?

CB7536D

Were seat belts worn?

-

Was this injured conveyed to hospital by ambulance?

-

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:

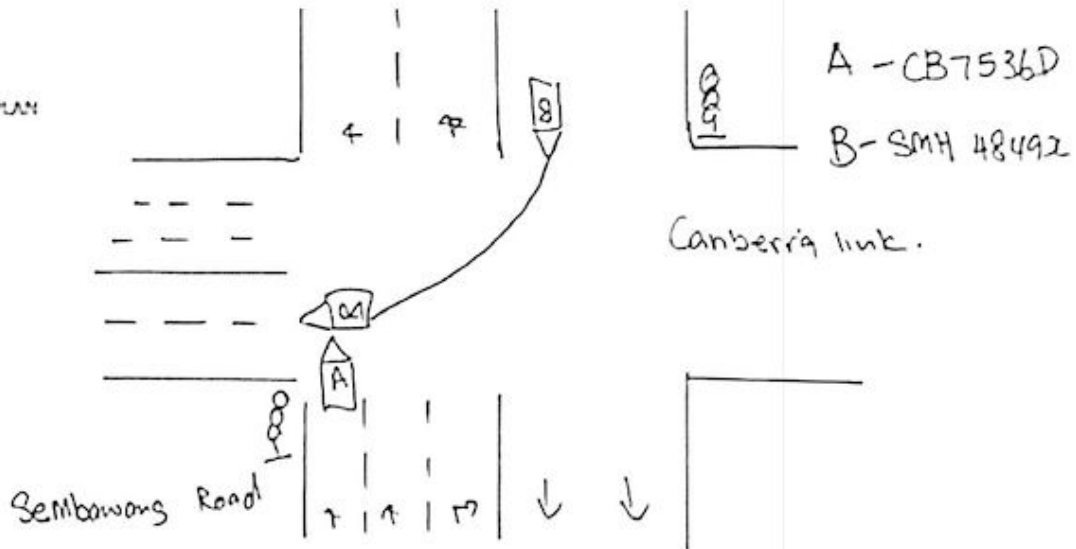
- (a) My insurers, my workshop and the General Insurance Association of Singapore ("GIA") have permitted to us full, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and trust that 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 their use 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 said notices to me via 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 have 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 for GIA to the third party service providers or agents (including their lawyers/law firms), which may be sent 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, settling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated; and
 - (iii) 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
Date & Time

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report.

DECLARATION

I declare that the particulars are true to the best of my knowledge.



[Signature]

[Signature]

[Signature]

Printed Name
Signature (Must be the same as the one above)
Date & Time

Page No.
Name
Date & Time





















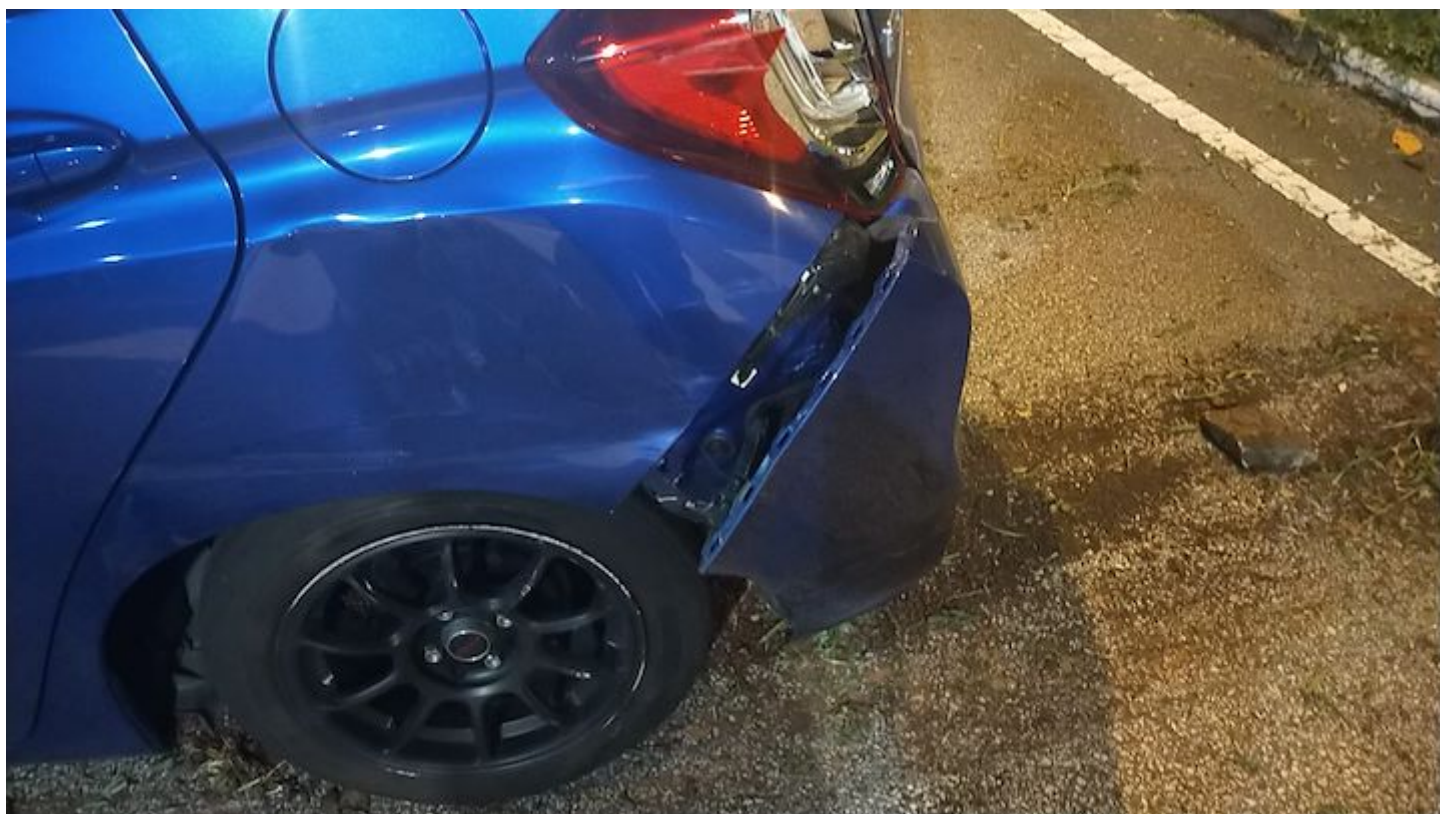














**SINGAPORE
POLICE FORCE**



L/20211003/7040

1 of 2

POLICE REPORT (NP299)

Report No. L/20211003/7040

Police Station Of Origin
Woodlands Division HQ
1 Woodlands Street 12 SINGAPORE 738622
Tel No:1800-4660000

Date/Time Report Made 03/10/2021 22:02		Vide Report No.		Station Diary No.	
Name Of Informant UMAR BIN HAMZAH		Address 120B CANBERRA CRESCENT #02-365 SINGAPORE 752120			
ID Type / ID No. NRIC NO / S8310837A		Contact No. Home/Office: Mobile: 83206242			
Nationality SINGAPORE CITIZEN		Email Address papahensem1983@gmail.com			
Occupation Bus driver		Sex Male	Age 38	Date of Birth 08/04/1983	Race Javanese
Institution/School Name		Language English			
Date/Time Of Incident 02/10/2021 22:45		Location Of Incident SEMBAWANG ROAD			

Brief details.

On the stated date and time I was driving my wife (Hasanah binte Abdul halim-front pax) and 3 children (Fuad Haziq - male, back passenger, 2nd row), (Atiqah Najwa- female, back passenger, 1st row), (Melissa Mysara- female, back passenger, 2nd row)

We were on board CB7536D and traveling on sembawang Road. As we approach the junction of Canberra link, I proceeded on as the traffic lights was in my favor, suddenly vehicle SMH4849X who was on my opposite direction (sembawang road) made a discretionary right turn to Canberra link did not stop.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2021 22:02
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



L/20211003/7040

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. L/20211003/7040

When I saw him I jammed brake but to no avail, I collided onto his vehicle left portion.
 Due to the impact I suffered pain on my neck and back, the back of my head hit against my headrest, my left shoulder and chest area was sore due to my seat belt.
 My wife suffered pain on her neck, shoulder, back and jaw.
 My son Fuad hit his head onto the front seat and felt pain on his neck, forehead and back.
 My daughter Atiqah face hit the engine compartment in front of her and felt pain on her face, mouth, neck and back.
 My daughter Melissa hit her face onto the back of the seat in front and felt pain on her head, chin, neck and back.
 The following day we went to Martin Medical Centre to seek treatment and me and my wife were given 3 days MC each.
 My children all received 4 days MC each.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/10/2021 22:02
Officer In-Charge Of Case:	Classification Of Case: