

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 28/10/2021 12:00 (SGT)
Date of Accident 28/10/2021 06:30 (SGT)
Exact Location of Accident Bedok North Street 2, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PA3373J

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner HUP HOE COACH SERVICE
Company Reg No 52879439J
Email Address huphoecoach2@hotmail.com
Mobile Phone No (Phone) +65-96881679
Alternative Phone No (Office) +65-96881679

VEHICLE PARTICULARS

Manufacturer Toyota
Model Hiace
Variant AUTO
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 Commercial vehicle
Transmission Auto
CC 2985

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number DMB1SNW00003562103
Cover Note Number -

DRIVER

Name of Driver LIM CHEW GUEK (LIN QIUYUE)
NRIC No S7613505C

Date Of Birth	14/05/1976
Occupation	Outdoor
Date Of Driving Pass	16/04/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97689488
Alt. Phone Number	-
Email Address	huphoecoach2@hotmail.com
Address	BLK 135 BEDOK NORTH STREET 2 #06-123
Address complement	-
Postcode	460135
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 - Major/Minor Rd
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)	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	Bedok North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002449999
Alt. Police Station Phone No	(Fax) +65-62447258
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SHC7506B
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi

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)	3

PASSENGER 1

Name	Passenger A
Gender	Male

PASSENGER 2

Name	Passenger B
Gender	Female

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Passenger A
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7506B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

INJURED 2

Name of injured person	Passenger B
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHC7506B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

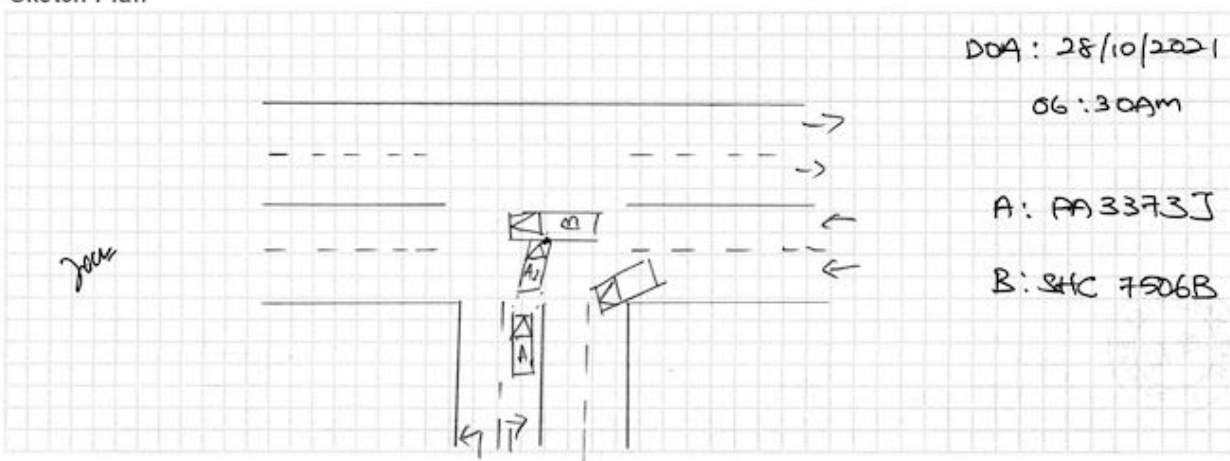


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Describe Circumstances of the Accident

PLEASE REFER TO POLICE REPORT.

[Handwritten signature]

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Handwritten signature]
96881679

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

[Handwritten signature]
11.12pm am 28/10/2021

Witnessed by Reporting Centre Personnel

[Handwritten signature]











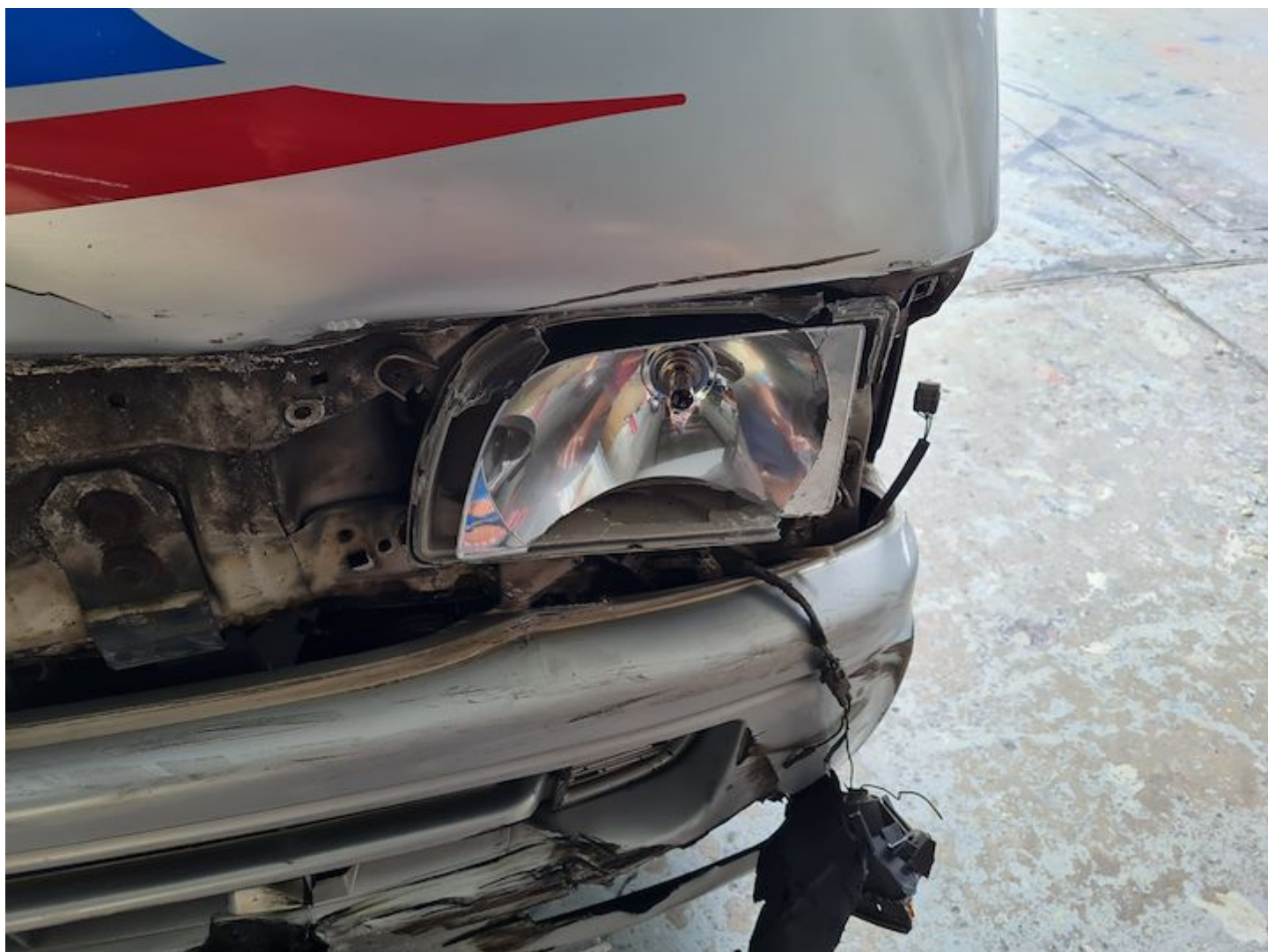


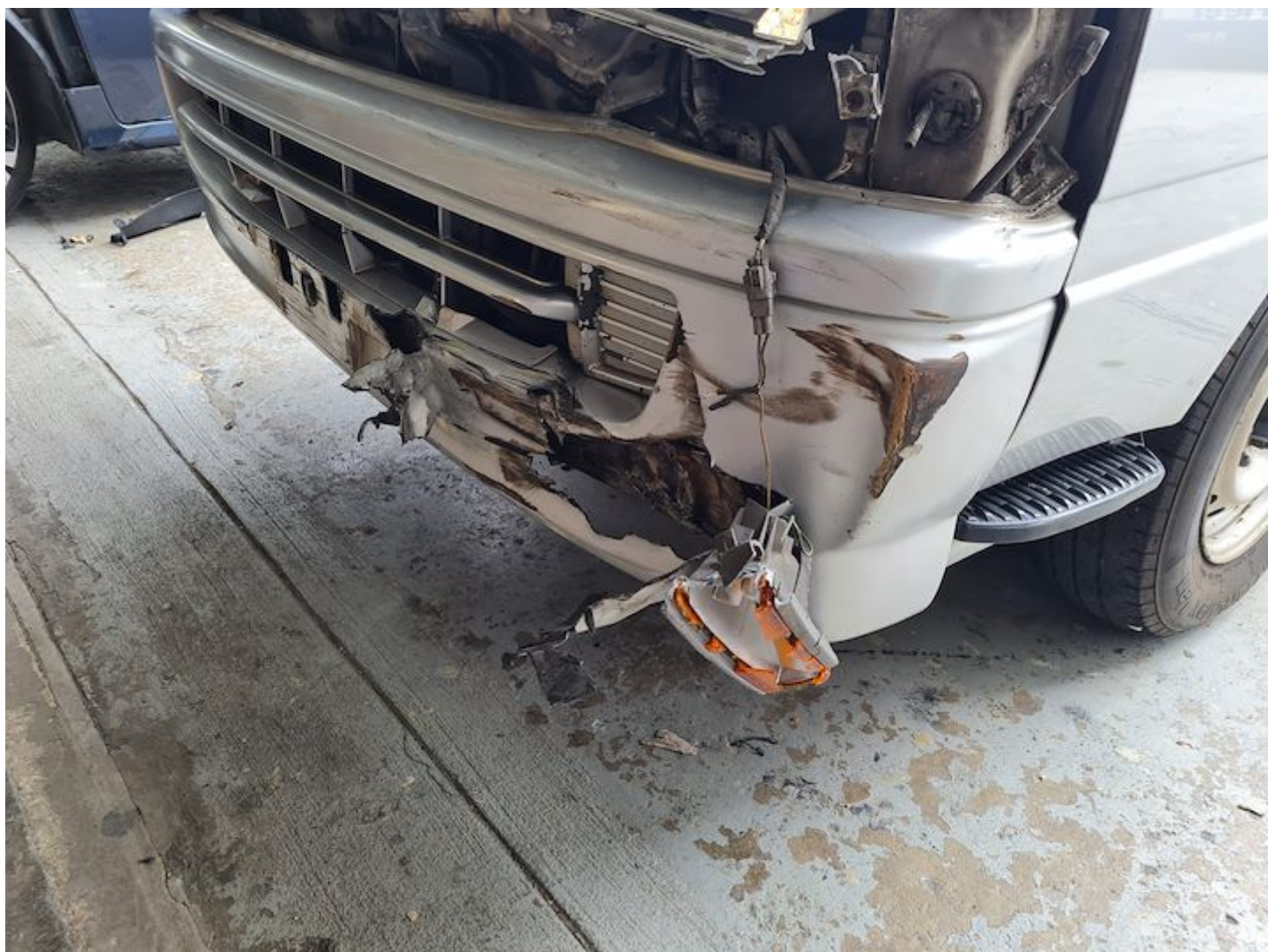




















**SINGAPORE
POLICE FORCE**



T/20211028/2018

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

1 of 3

Report No. T/20211028/2018

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/10/2021 10:25	Vide Report No.: G/20211028/0053	Station Diary No.: 31
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Informant's Particulars

Name of Informant: LIM CHEW GUEK			Address: APT BLK 135 BEDOK NORTH STREET 2 #06-123 SINGAPORE 460135	
ID Type / ID No.: NRIC NO / S7613505C			Contact No.: Home/Office: Mobile: 97689488	
Nationality: SINGAPORE CITIZEN			Email: JOANNACG@YAHOO.COM.SG	
Sex: Female	Age: 45	Date of Birth: 14/05/1976	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: PART TIME DRIVER			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/10/2021 06:30	Type of Location: T-Junction
Location: BEDOK NORTH STREET 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA3373J	Bus/Coach/Mi nibus	TOYOTA	HIACE AUTO	White	Slightly Damaged	0
SHC7506B	Car	TOYOTA	PRIUS 5DR HATCHBAC K (AUTO)	Yellow		2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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SINGAPORE
POLICE FORCE

T/20211028/2018

2 of 3

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

Report No. T/20211028/2018

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
PA3373J	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DMB1SNW000035 62103	03/04/2021	02/04/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM CHEW GUEK		ID No. S7613505C
Related Vehicle	PA3373J (Bus/Coach/Minibus)		Contact No. 97689488
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 28 October 2021 at about 0630hrs, I was driving my Minibus PA3373J along Bedok North Street 2 towards Bedok North Avenue 3. As I reached the T Junction of Bedok North Street 2 and Bedok North Avenue 3 beside Block 113. I stopped my minibus to check for oncoming vehicles on the left and right before I proceeded to make a right turn towards Bedok North Avenue 3 which leads to Pan Island Expressway (PIE).

After checking clear for oncoming traffic, I proceeded to make the right turn. All of a sudden, a taxi appeared on my right and collided into my minibus. As a result of the collision, the taxi moved forward and collided into the center green barrier. I then called my office to inform them, I had met with an accident. I then exited from my vehicle and approached the taxi driver who was a male Chinese. The said taxi driver then started to shout at me. He accused me that I had failed to check for oncoming traffic. However, I explained myself stating that I had indeed checked. The taxi driver then started making telephone calls and taking photos of the accident scene. I knew the taxi driver had called for police assistance. Hence, I waited.

Ambulance then arrived and assessed all of us who were affected by the accident (i.e. The two taxi passengers, the taxi driver and myself). I then saw the male taxi passenger walk towards the ambulance, followed by the female passenger. Both of them was then conveyed to Hospital. Traffic Police then arrived and interviewed us separately. I was then advised to lodge a Traffic Accident Report.

This is the first time, such an accident had occurred to me.



**SINGAPORE
POLICE FORCE**



T/20211028/2018

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

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Report No. T/20211028/2018

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 /
Staff Sgt TRAVINDER JIT SINGH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/10/2021 10:25

Officer In Charge Of Case:
TP / GIT /
SI NG BEIFENG
Contact No.: 65476845

Classification Of Case:

Authentication Stamp
NP168

