

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	08/11/2021 17:04 (SGT)
Date of Accident	08/11/2021 07:35 (SGT)
Exact Location of Accident	Woodlands Ave 2, Singapore
Additional Location Information	EXIT 10 TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA7416T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	THE BUSLINE CONNENTION
Company Reg No	5XXXX043C
Email Address	kpoi323@gmail.com
Mobile Phone No	(Phone) +65-91131010
Alternative Phone No	+65-91131010

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6900K
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	6700

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	DMB1SNW00014462005
Cover Note Number	-

DRIVER

Name of Driver	LEE KOON POI
NRIC No	SXXXX171Z

Date Of Birth	01/10/1953
Occupation	Outdoor
Date Of Driving Pass	17/01/1984
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91131010
Alt. Phone Number	-
Email Address	kpoi323@gmail.com
Address	BLK 323 SERANGOON AVENUE 3 #09-232
Address complement	-
Postcode	550323
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	Side Swipe
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)	13
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNKWON
Gender	Male

PASSENGER 2

Name	UNKNKWON
Gender	Male

PASSENGER 3

Name	UNKNKWON
Gender	Male

PASSENGER 4

Name	UNKNKWON
Gender	Male

PASSENGER 5

Name	UNKNKWON
Gender	Male

PASSENGER 6

Name	UNKNKWON
Gender	Male

PASSENGER 7

Name	UNKNKWON
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 SKETCH PLAN

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 SHC8832C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name AXA Insurance Pte Ltd
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLANIMPORTANT NOTICE

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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.
- (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.

The BusLine Connection

Policyholder's Signature
Date & Time:

The BusLine Connection

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

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

SKETCH PLAN



A - PA 7416 T

B - SHC 8832C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 8/11/2021 around 0735hrs. I was driving my Bus PA 7416 T along Woodlands Ave 2 Exit 10 Towards SLE. My Bus was on the right lane going to the merging lane, Veh B SHC 8832C on the left lane. My Bus was ahead of veh B. Veh B brushed against my Bus.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

The BusLine Connection

Policyholder's Signature
Date & Time:

The BusLine Connection

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

08/11/2021
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:















