# **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 witholding 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 Date of Accident Exact Location of Accident Additional Location Information	18/11/2021 15:36 (SGT) 18/11/2021 04:15 (SGT) Singapore CENTRAL BOULEVARD TOWARDS SHEARES AVENUE AT BUS
	STOP (03339)
Country/State of Loss	Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number		PC8194R
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PUTRA TRANSPORT SG
Company Reg No	53393777M
Email Address	putra.transport02@gmail.com
Mobile Phone No	(Phone) +65-89528070
Alternative Phone No	+65-89528070

# VEHICLE PARTICULARS

Manufacturer  Model  Variant  Exact purpose for which vehicle was being used at time of	Toyota HIACE COMMUTER GL 2.8 AUTO -
accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Auto
CC	2754

## **INSURANCE COMPANY**

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No .
Policy Number	5122962024
Cover Note Number	05/08/2021 TO 04/08/2022

# DRIVER

Name of Driver MOHAMAD HELME IRWAN BIN JAILANI NRIC No S8709362Z Date Of Birth 18/04/1987 Occupation Outdoor Date Of Driving Pass 10/01/2017 Driving experience 4 YEARS AND 10 MONTHS Gender Mobile Number (Phone) +65-92216236 Alt. Phone Number Email Address helmeirwan87@gmail.com Address 297B CHOA CHU KANG AVENUE 2 #12-74 (S) 682297 Address complement Postcode Is the driver the policyholder? No If No, Relationship of the Driver with the Insured **Employee** Does Driver Own Other Vehicles? 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 Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Nο Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER WITH ATTACHED. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number PA4646R

Vehicle Manufacturer
Vehicle Model
Vehicle Variant
Vehicle Colour

Vehicle Category	Bus
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	MOHAMAD HELME IRWAN BIN JAILANI
Gender	Male
Phone No	(Phone) +65-92216236
Address	297B CHOA CHU KANG AVENUE 2 #12-74 (S) 682297
Address Complement	-
Post Code	-
Approximate Age Years Old	<del>-</del>
Injuries Sustained	<del>-</del>
Injured person in which vehicle?	PC8194R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Rease report correctly the details of the accident to speed up the claims process.
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- 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
- 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 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)

Lunderstand, 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

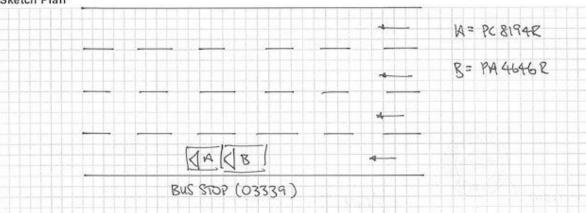
Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Time



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Refer to police report: T 200	F105 811114	
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are the foregoing particulars are true in every resp	DBG1.	(8)*
(2) (S)		(%)
10	F - 1500	12/

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

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel



























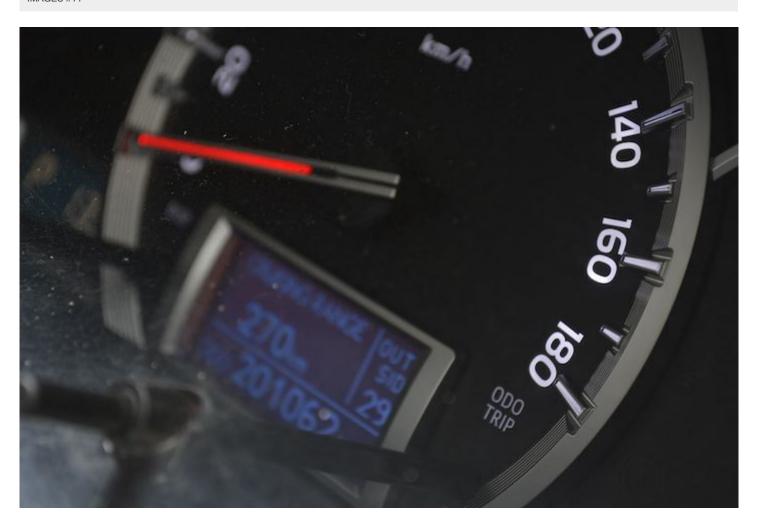
















Folice Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3 Report No. T/20211118/7017

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/11/2021 13:11		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partico	ulars			
	Informant: AD HELME	IRWAN BIN	Address: 297B CHOA CHU KANG A 682297	AVENUE 2 #12-74 SINGAPORE	
	/ ID No.: D / S87093	62Z	Contact No.: Home/Office: Mobile: 92216236		
National SINGAP	ity: ORE CITIZ	EN	Email: HELMEIRWAN87@GMAIL.COM		
Sex: Male	Age:	Date of Birth: 18/04/1987	Type of Informant: Driver		
Race: Malay			Language: English	Institution / School Name:	
Occupation: Driver			Driving Licence Informatio Class:	n: Date of Expiry:	

General Inform	mation of the Acci	dent		Sex of the first like	
Type of Accident:	Luners		Date/Time of Accident: 18/11/2021 04:15	Type of Location: Straight Road	
CENTRAL BO	DULEVARD	Road Surface:	R	toad Speed Limit:	
Weather: Clear		Dry		odd opddd ammi	
Traffic Flow: Dual Carriage	e Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear		a	nyone conveyed by mbulance: lo		

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PA4646R	Bus/Coach/Mi nibus					0
PC8194R	Van					0

Details of Person involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211118/7017

CONTINUATION OF REPORT

Driver					
Name	MOHAMAD HELME IRWAN BIN JAILANI			ID No.	S8709362Z
Related Vehicle	PC8194R (Van)			Contact	No. 92216236
Hospital/Clinic	NIL			Class of Driving Licence Expiry	Date of Expiry: NIL
Date	18/11/2021		Date	1	8/11/2021
No. of Days granted Medical Leave 03			Degree o		light

# Brief Details.

I was stationery in my mini-bus at bus stop (03339), waiting to pick up passenger when a bus (PA4646R) suddenly crashed into the rear of my mini-bus.

I came down of my mini-bus to check the damages and we both exchanged particulars. Subsequently I felt unwell and sought medical treatment at Internedical Kovan clinic and was given 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211118/7017

CONTINUATION OF REPORT

Sketch	Dian
SVETCH	rian

Informant is not able to provide sketch

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.  Date/Time: 18/11/2021 13:11		
Signature Of Interpreter: Not applicable			
Officer In Charge Of Case: TP / TPIB / BOON YEN KIAN Contact No.: 65476172	Classification Of Case:		

NP168

Cover : Comprehensive



### 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)

ROAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

#### Certificate Number : 5122962024

1. Index mark and Registration Number of Vehicle

Chassis Number

2. Name of Policyholder

3. Effective Date of Insurance

4. Expiry Date of Insurance

5. Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her 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.

: PC8194R

: 05 Aug 2021

: 04 Aug 2022

GDH2232001717

: PUTRA TRANSPORT SG

- 6. Limitations as to Use\*
  - (a) Use for the carriage of passengers in connection with the Policyholder's business.
  - (b) Limited to carry 14 passengers

#### This Policy does not cover

- (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
- \* Limitations rendered inoperative by Section 8 of the Motor Vehicle (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

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

GEOGRAPHICAL LIMIT : WITHIN THE REPUBLIC OF SINGAPORE ONLY EXCESS (SECTION I) : \$\$2,000

EXCESS (SECTION II) : \$\$3,000 WINDSCREEN EXCESS : \$\$500

INSURE WITH COE YES HIRE PURCHASE COMPANY : N/A SUM INSURED

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)

Agency : THINK ONE AUTOMOBILE & TRADING PTE LTD (00000571089)

Date of Issue : 15 Jul 2021 11:29 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Chief Executive

Accident report SK0L21BI0008