

### 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 ability.
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 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 Report	02/02/2016 19:04
Date Of Accident	27/01/2016 18:00
Exact Location Of Accident	PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7030X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AZ BUS PTE LTD
Co Reg No	200304649K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97480340

#### Vehicle Particulars

Manufacturer	GOLDEN DRAGON
Model	XML6957J14-6.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

#### Insurance Company

Name of Insurance Company	TENET SOMPO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

#### Driver

Name of Driver	MYO LWIN
Passport No/FIN	F2039478K
Date Of Birth	24/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2011
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address  
Postcode  
Was driver an employee of the Insured's Company YES  
If No, Relationship of the Driver with the Insured  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident COLLIDED INTO ROAD DIVIDER  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? NO  
Was any other material or property damaged? YES  
Was there any video captured by Car Camera? NO  
Number of Passengers (Including Driver) 23

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST  
Police Station Address **ROAD:** BLK 27 MARSILING DRIVE , **POSTCODE:** 730027 , **COUNTRY:** SINGAPORE  
Police Station Contact **TEL NO:** 1800-3689999 - **FAX NO:** 63682383  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO ATTACHED SKETCH/POLICE REPORT  
Are accident photos available for attachment? YES

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number  
Vehicle Make/Model/Colour  
Details Of Properties ROAD RAILINGS  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

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.

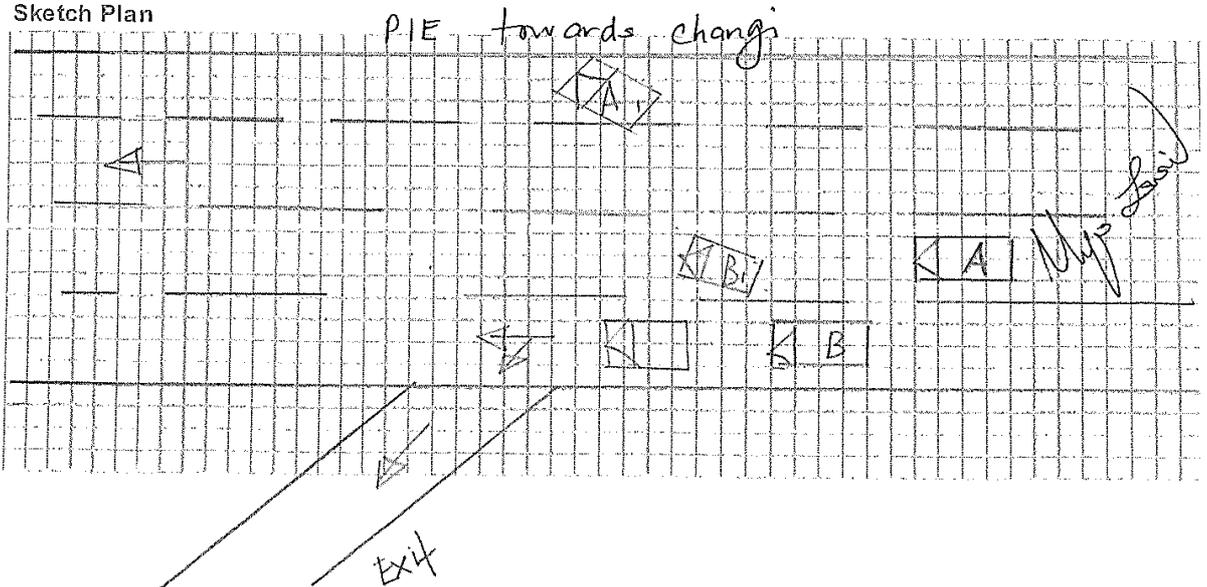
*X Myp Law*

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

Refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





**SINGAPORE  
POLICE FORCE**



T/20160129/2116

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

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Report No. T/20160129/2116

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MYO LWIN	ID No.	F2039478K
Related Vehicle	NIL	Contact No.	98704678
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/01/2016 at about 1800hrs along Pan Island Expressway towards Changi before Pioneer Road North Exit, I was driving my 43-seater bus (White/Green, Golden Dragon CB7030X) on the 3rd lane of a four lane expressway when suddenly a red bus (unknown plate number and model) on 4th lane which was avoiding a traffic accident on the 4th lane, had abruptly changed lane into my lane causing me to jammed break and I swerved my vehicle to the right side and cutting the 2nd and 1st lane to avoid the red bus, before my bus hit the center road railings. However I was able to control my bus and drove back into the 3rd lane. I then drove to Lot 1 Shopping mall to dropped of my passengers and I checked the damages on my bus. My bus sustained seriously dented rear right side and compartment and long scratch marks on it.

I wish to state that I have two witness whom are my passengers that saw that the red bus had changed abruptly into my lane, as he was avoiding an accident on the 4th lane.  
No injuries involved.



**SINGAPORE  
POLICE FORCE**



T/20160129/2116

Police Station Of Origin:  
Bukit Panjang North NPP  
27 Marsiling Drive #01-237 SINGAPORE  
730027  
Tel No: 1800-3689999

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Report No. T/20160129/2116

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: J/ MUHAMMAD SHAFUDIN SHAH
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / AEIT / LING ENG HA Contact No.: 65476414

Signature Of Informant:
Date/Time: 29/01/2016 15:18
Classification Of Case:

Authentication Stamp  
NP168

Accident Photo



Accident Photo



Accident Photo

