

### 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 12:02
Date Of Accident	27/01/2016 18:00
Exact Location Of Accident	PIE TOWARDS BUKIT BATOK ROAD
Country/State of Loss	Singapore

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA2713T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH PING SONG TRANSPORT SERVICE
Co Reg No	53141066L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-92483300
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Bus
<b>Insurance Company</b>	
Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5069506677
Cover Note Number	
<b>Driver</b>	
Name of Driver	TANG KOK KENG
NRIC No	S0900939F
Date Of Birth	10/10/1946
Occupation	Outdoor
Date Of Driving Pass	26/09/1980
Driving Experience	35 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-92483300
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 20 TEBAN GARDENS ROAD  
#22-97

Postcode S600020

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 Unknown - REFER TO POLICE REPORT

Weather Conditions Clear

Road Surface Dry

**Other Information**

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? Yes

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 4

**Details of Police Action**

Was the accident reported to the police? Yes

If Yes, Please state which Police Station

Police Station Name [Other] AYER RAJAH NEIGHBOUR POLICE POST

Was notice of intended Prosecution given? No

If Yes, against whom?

**Circumstances of Accident**

PLEASE SEE ATTACHED POLICE REPORT. ATTENDEDE BY : SUSAN

Are accident photos available for attachment? Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number CB7030X

Vehicle Make/Model/Colour BUS

Details Of Properties

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

**DETAILS OF INJURED PERSON 1**

Name MUTHUSAMY THANGARAJ

Approximate Age

Injuries Sustain REFER TO POLICE REPORT

Injured person in which vehicle? PA2713T

Were seat belts worn?

Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? PA2713T  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name WANG DONG  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? PA2713T  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

**DETAILS OF INJURED PERSON 3**

Name 1 PASSENGER - FEMALE  
Approximate Age  
Injuries Sustain REFER TO POLICE REPORT  
Injured person in which vehicle? PA2713T  
Were seat belts worn?  
Was injured conveyed to hospital by ambulance? Yes  
Address  
Postcode

SKETCH PLAN

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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)

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.



*[Handwritten signature]*

- 2 FEB 2016

*[Handwritten signature]* - 2 FEB 2016

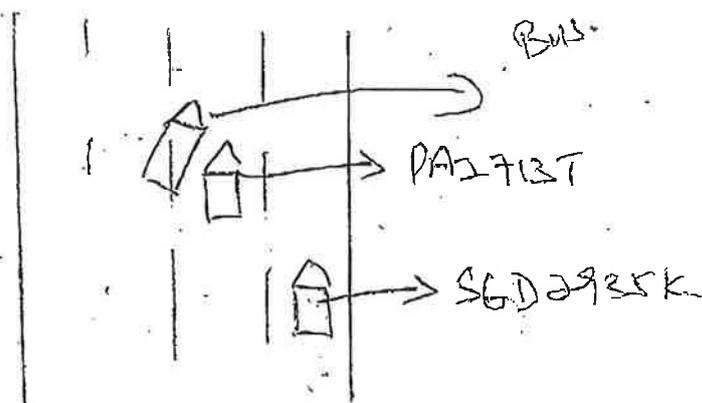
IDAC SIN MING (VAC)  
385 Sin Ming Drive  
Singapore 575718  
Tel: 6455 5358 (ARC)  
Fax: 6452 5621

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

Large lined area for describing the accident circumstances. A diagonal line is drawn across the page, and the handwritten text "P.M.U. Report" is written across it.

Declaration

We declare the foregoing particulars are true in every respect.



Handwritten signature of the policyholder.

Policyholder's Signature / Date & Time



Handwritten signature of the driver.

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

-2 FEB 2016

-2 FEB 2016

IDAC SIN MING (PAC)  
 385 Sin Ming Drive  
 Singapore 575718  
 Tel: 6455 5358 (ARC)  
 Fax: 6452 5521

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20160128/2070

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

1 of 3

Report No. T/20160128/2070

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/01/2016 14:23	Video Report No.:	Station Diary No.: 7
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**Informant's Particulars**

Name of Informant: TANG KOK KENG		Address: APT BLK 20 TEBAN GARDENS ROAD #22-97 SINGAPORE 600020	
ID Type / ID No.: NRIC NO / S0900939F		Contact No.:	Mobile: 92483300
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 10/10/1946	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 3	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/01/2016 18:00	Type of Location: Straight Road
Location: Along Road 1 Travelling Toward Road 2 PAN ISLAND EXPRESSWAY  Along PIE towards Bukit Batok near Pioneer Road exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No. of
PA2713T	Van				Seriously Damaged	3
SGD2935K	Car				Seriously Damaged	0

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20160128/2070

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

2 of 3

Report No. T/20160128/2070

## CONTINUATION OF REPORT

Driver			
Name	TANG KOK KENG		ID No. S0900939F
Related Vehicle	PA2713T (Van)		Contact No. 92483300
Hospital/Clinic	Ng Teng Fong Hospital		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2016	Date Discharge	27/01/2016
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Li Ling		ID No. NIL
Related Vehicle	NIL		Contact No. 98227115
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

On 27/1/2016 at about 1800hrs, I was driving my white Toyota van(Reg no.PA2713T) and travelling on the 2nd lane along PIE towards Bukit Batok Rd near Pioneer Road exit sending the workers back home. At that time, there was one red Toyota Corolla Altis(Reg no. SGD2935K) behind my vehicle. There was also a white private bus travelling on the 3rd lane beside my vehicle.

All of a sudden, the said white private bus switched to my lane without signaling and had knocked onto the left side of my vehicle causing my vehicle to swerve to the centre divider and hitting onto the tree. The red Toyota Corolla Altis had also knocked onto the white private bus and causing it to also swerve to the right and hit onto the centre divider. I then came out of my van to checked with the car's driver if he was injured. The said driver then told me he sustain pain on his hand.

Subsequently, 02 ambulance arrived and conveyed my workers, the Toyota Corolla Altis's driver and myself to hospital for check-up. I wish to state that due to this accident, I sustain pain on my left hand, chest area and my both legs.



**SINGAPORE  
POLICE FORCE**



T/20160128/2070

Police Station Of Origin:  
Ayer Rajah NPP  
43 Teban Gardens Road #01-388  
SINGAPORE 600043  
Tel No: 1800-5659999

3 of 3

Report No. T/20160128/2070

**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:  
D /  
LAU WEI REN 

Signature Of Informant:  


Signature Of Interpreter:  
Not applicable

Date/Time:  
28/01/2016 14:23

Officer In Charge Of Case:  
TP / GIT /  
MOHAMMAD SUFYAN S/O MOHD SHAFIE  
Contact No: 65476428

Classification Of Case:

 **Signature Stamp**  
Signature:   
**Singapore Police Force**  
SN 035

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : \_\_\_\_\_ Vehicle Registration No : PA 2713T

Name(as shown in NRIC): Tang Kok Ieng

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

NRIC/Passport No : S0900939F

Address : \_\_\_\_\_

Contact (Tel) : \_\_\_\_\_ (H/P): 92483300

(Email) : \_\_\_\_\_

Date of Accident : 27/1/16 Time of Accident : 18:00

Place of Accident : PTE hwy Bulent Bukit Rd

Insurance Company : NTUC

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third party vehicle number is CB 7030X

Claiming against third party

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Signature]

Signature of Vehicle Owner / Driver

Date: 04 FEB 2016