

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 03/12/2021 11:00 (SGT)
Date of Accident 03/12/2021 07:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information WOODLANDS MRT WORKER PICK UP POINT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC8388Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JAMES BUS SERVICES
Company Reg No 2XXXX800C
Email Address JBSALEX1112@GMAIL.COM
Mobile Phone No (Phone) +65-97982038
Alternative Phone No +65-97982038

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
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 4009

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number D21MCV0002664
Cover Note Number -

DRIVER

Name of Driver TAN SOO GUAN
NRIC No SXXXX114G

Date Of Birth	26/03/1962
Occupation	Outdoor
Date Of Driving Pass	18/11/1988
Driving experience	33 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-97982038
Alt. Phone Number	-
Email Address	JBSALEX1112@GMAIL.COM
Address	BLK 739 JURONG WEST STREET 73 #07-62
Address complement	-
Postcode	640739
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 - Head on collision
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)	12
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Male

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

ON 03/12/2021 AROUND 0705HRS MY BUS PC8388Z WAS PICKING UP PASSENGERS AT THE WOODLANDS MRT WORKER PICK UP POINT. VEH B PC1013B WAS STOPPED IN FRONT OF MY BUS WITH HIS HAZARD LIGHT BLINKING. BEFORE I MOVED OFF I HONKED VEH B, I SEE HIS BUS HAS NO INTENTION OF MOVING OFF, AS SUCH I OVERTAKE HIS BUS. SUDDENLY I FELT AN IMPACT FROM THE LEFT FRONT PORTON, VEH B MOVED OFF FROM STATIONARY AND HIT ONTO MY BUS.

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 PC1013B
 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) -

SKETCH PLAN**IMPORTANT NOTICE**


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7. By the lodgment 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.
- (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.


 Policyholder's Signature *
 Date & Time: _____

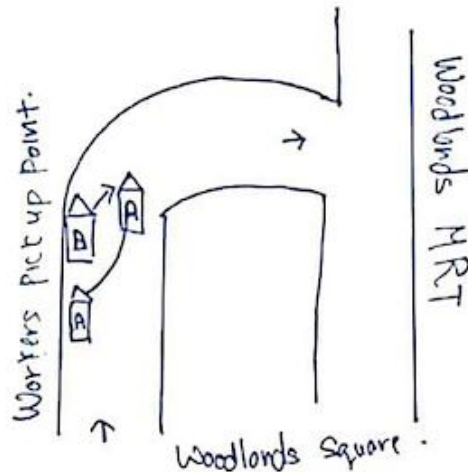



 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: _____


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



SKETCH PLAN



A - PC 83882

B - PC 1013B.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

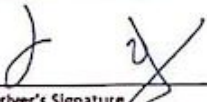
ON 3/12/2021 around 0705hrs. My Bus PC 83882 was picking up passenger at the Woodlands Mrt Workers Pick up point. Veh B PC 1013B was stopped in front of my Bus with his hazard light blinking. Before I move off, I Hunt veh B. I see his bus has no intention of moving off, I overtake his Bus. Suddenly I felt an impact from the left front portion. veh B moved off from stationary and hit onto my Bus.

DECLARATION

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


Policyholder's Signature
Date & Time:




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



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

















