SG0F21C80002 / GOLDBELL ENGINEERING PTE LTD
ENTRY DATE & TIME: 08/12/2021 18:00 (SGT)
SUBMITTED BY: Kon Yin Siew
VERSION: 1 (08/12/2021 18:00 (SGT))

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	08/12/2021 18:00 (SGT)
Date of Accident	07/12/2021 15:55 (SGT)
Exact Location of Accident	Petain Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8961T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YONG BUS TRANSPORT
Company Reg No	53254734M
Email Address	SHIRLEY.SYM5033@GMAIL.COM
Mobile Phone No	(Phone) +65-98958398
Alternative Phone No	(Home) +65-98958398

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Fuso rosa
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D21MCV0004802
Cover Note Number	-

DRIVER

Name of Driver	JIN PING
Work Permit No	G3229321U

Date Of Birth	15/05/1972
Occupation	Outdoor
Date Of Driving Pass	30/03/2016
Driving experience	5 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98958398
Alt. Phone Number	-
Email Address	SHIRLEY.SYM5033@GMAIL.COM
Address	641 ANG MO KIO AVE 4
Address complement	#08-836
Postcode	560641
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)	19
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LILA
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

PASSENGER 8

Name	UNKNOWN

Gender	Female

PASSENGER 9

Name	UNKNOWN
Gender	Female

PASSENGER 10

Name	UNKNOWN
Gender	Female

PASSENGER 11

Name	UNKNOWN
Gender	Female

PASSENGER 12

Name	UNKNOWN
Gender	Female

PASSENGER 13

Name	UNKNOWN
Gender	Female

PASSENGER 14

Name	UNKNOWN
Gender	Female

PASSENGER 15

Name	UNKNOWN
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

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	SGV2118H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

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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.

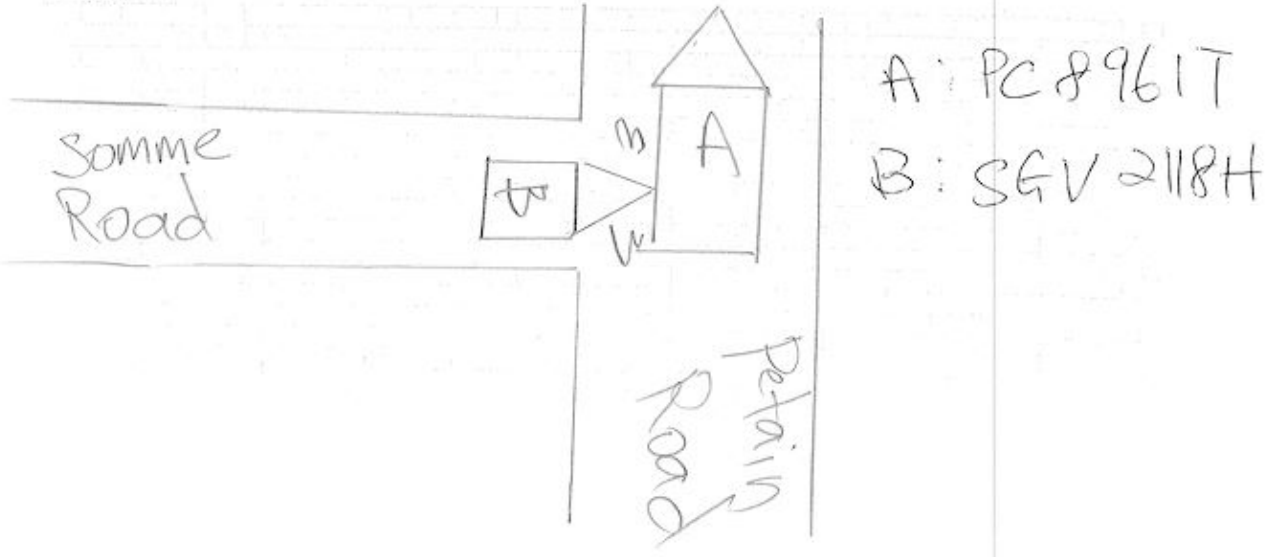
YONG BUS TRANSPORT

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 my Statement attached.

I (Owner/ In -charge/ Driver) Sim Pay ,Nric No: G3279321M Vehicle no: PC 8961T

will be sending my above stated damaged vehicle to Company name: Serve You Motor Pte Ltd for my vehicle damaged repairs and insurance claims.

GSE had clearly informed me on new GIA rules. I accepted all liabilities and discharged Goldbell Engineering Pte Ltd

Declaration

We declare the foregoing particulars are true in every respect.

YONG BUS TRANSPORT

GOLDBELL ENGINEERING PTE LTD

Accident Date: 7/12/2021

Accident Time: 3:55 pm

Accident Location:

Vehicles Number: (A) PC 8961 T

(B) SGV 2118 H

On 7/12/2021 at 3:55pm, I was driving my motorbus PC 8961 T with 17 students and a bus attendant on board along Petain Road going straight towards Serangoon Road direction.

A motorcar SGV 2118 H came out from a side road on my left failing to stop and gave way to me and collided into the left middle part of my bus.

His right-hand corner was also damaged. As can be seen in the on-site photos.

I tried to exchange particulars with him, but he refused.

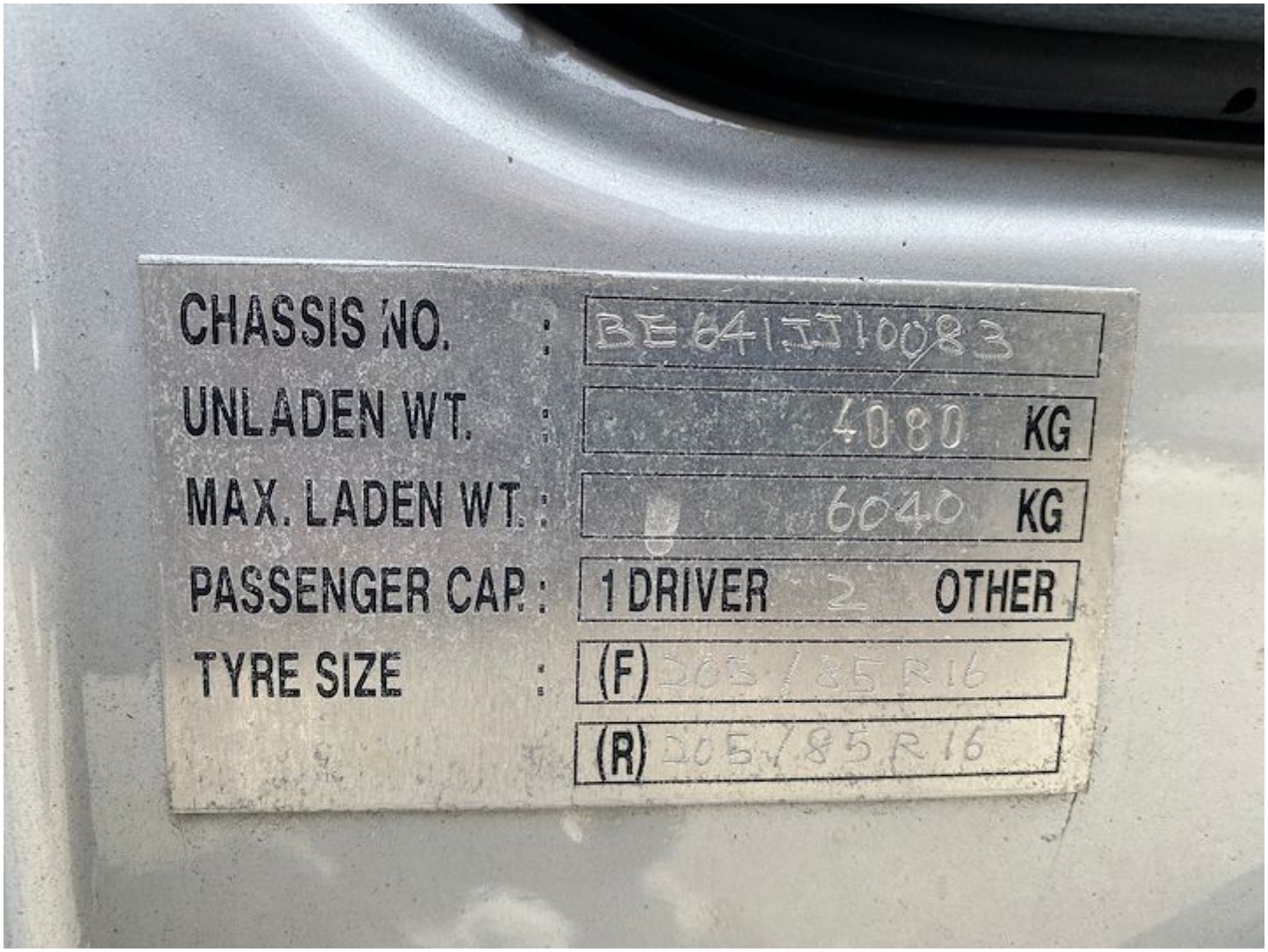
A passer-by called for police and both police and ambulance came. The medic came up to my bus and check my passengers. The ambulance left the scene without conveying anybody. The police recorded both of our particulars and ask us to leave the scene after relating to him how the accident happen.

The police gave me a card with the report number: A/20211207/0087, AIO Christepher 65575076

Driver of PC 8961 T,

IMAGES

IMAGES #2


CHASSIS NO. : BE641JJ10083
UNLADEN WT. : 4080 KG
MAX. LADEN WT. : 6040 KG
PASSENGER CAP. : 1 DRIVER 2 OTHER
TYRE SIZE : (F) 205/85R16
(R) 205/85R16

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13