

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



Policyholder's Signature / Date & Time

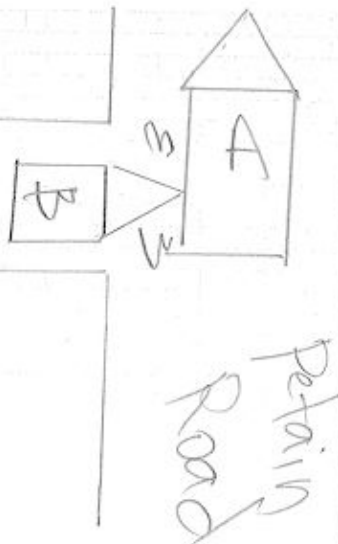
Sketch Plan

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



Witnessed by Reporting Centre Personnel

Somme Road



A: PC 8961T
B: SGV 2118H

Describe Circumstances of the Accident

Refer to my statement attached.

I (Owner/ In-charge/ Driver) Sin Poy Nric No. G 3229321U Vehicle no. PC 8961T

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

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

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]

[Signature]



Witnessed by Reporting Officer
[Signature]

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 Christopher 65575076

Driver of PC 8961 T,

























