

# 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 .....	24/01/2022 17:33 (SGT)
Date of Accident .....	21/01/2022 17:05 (SGT)
Exact Location of Accident .....	Newton Rd, Singapore
Additional Location Information .....	TOWARDS NEWTON CIRCUS
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PA6854T
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	HENG HUAT BUS TRANSPORT
Company Reg No .....	5XXXX996W
Email Address .....	tobytnngis@gmail.com
Mobile Phone No .....	(Phone) +65-97890926
Alternative Phone No .....	+65-83999361

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Auto
CC .....	2982

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	DMB1SNW00011662100
Cover Note Number .....	-

### DRIVER

Name of Driver .....	KOH HUP HUAT
NRIC No .....	SXXXX175C

Date Of Birth .....	22/08/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	11/03/1975
Driving experience .....	46 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83999361
Alt. Phone Number .....	-
Email Address .....	tobytnngis@gmail.com
Address .....	BLK 123A RIVERVALE DRIVE #06-127
Address complement .....	-
Postcode .....	541123
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 to Rear
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	PEH AH CHOO
Gender .....	Female

#### PASSENGER 2

Name .....	STUDENT
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Tanglin Division Headquarters
Police Station Phone No .....	(Phone) +65-18003910000
Alt. Police Station Phone No .....	(Fax) +65-63964900
Police Station Address .....	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT E/20220123/7021

#### 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 .....	SHC7221Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	KOH HUP HUAT
Gender .....	Male
Phone No .....	(Phone) +65-83999361
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	PA6854T
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

### INJURED 2

Name of injured person .....	PEH AH CHOO
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT INJURY
Injured person in which vehicle? .....	-
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN****IMPORTANT NOTICE**

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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

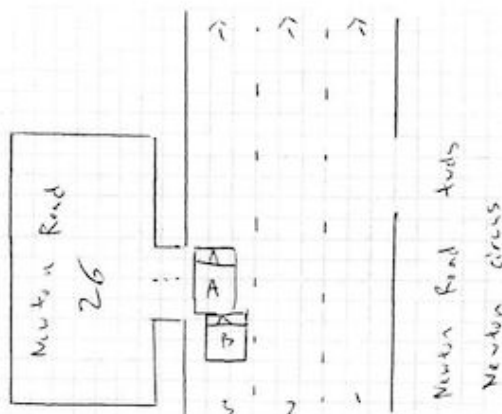
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

Veh A: PA 6854T

Veh B: SHC 7221Y

Describe Circumstances of the Accident

Refer to police report E/20220123/7021

*(The remaining lines of the form are crossed out with a large diagonal line.)*

Declaration

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

Witnessed by Reporting Centre Personnel





























**SINGAPORE  
POLICE FORCE**



E/20220123/7021

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**POLICE REPORT (NP299)**

Police Station Of Origin  
Tanglin Division HQ  
21 Kampong Java Road SINGAPORE  
228892  
Tel No:1800-3910000

Report No. E/20220123/7021

Date/Time Report Made 23/01/2022 20:03	Vide Report No.	Station Diary No.
Name Of Informant KOH HUP HUAT	Address 123A RIVERVALE DRIVE #06-127 SINGAPORE 541123	
ID Type / ID No. NRIC NO / S0146175C	Contact No. Home/Office:	Mobile: 83999361
Nationality SINGAPORE CITIZEN	Email Address kohhuphuat@icloud.com	
Occupation Bus driver	Sex Male	Age 68
	Date of Birth 22/08/1953	Race Chinese
Institution/School Name	Language English	
Date/Time Of Incident 21/01/2022 17:05	Location Of Incident NEWTON ROAD	

**Brief details.**

On the stated date and time I was driving vehicle PA6854T with my bus conductor Peh Ah Choo and a student.

I was travelling straight on lane 3 of a 3 lane road and as the vehicle in front of me stopped to turn left I gradually came to a stop behind him. Suddenly there was a huge impact from behind. The impact causes both my knees to hit onto the dashboard, I was lunged forward by the force only to be pulled back by my seatbelt. Ah Choo hit her head and knee onto the back of my seat.

I alighted and realised that SHC7221Y had hit onto my vehicle's rear portion.

TP and ambulance came to the scene and the taxi driver that hit me was conveyed to the hospital.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2022 20:03
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



E/20220123/7021

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20220123/7021

The next day the pain on our bodies worsen so me and my bus conductor proceeded to Pow Family Clinic and Surgery to seek treatment and we were both given 3 days MC.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/01/2022 20:03
Officer In-Charge Of Case:	Classification Of Case: