

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	25/01/2022 17:21 (SGT)
Date of Accident	25/01/2022 07:45 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1889R
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHS HOLDINGS LTD.
Company Reg No	1XXXXX208Z
Email Address	kitchuimei@seehupseng.com.sg
Mobile Phone No	(Phone) +65-67902836
Alternative Phone No	(Office) +65-67902836

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv350
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	Bus
Transmission	Auto
CC	2488

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	GA552281
Cover Note Number	-

DRIVER

Name of Driver	NG PENG SOCK
NRIC No	SXXXX915H

Date Of Birth	28/02/1953
Occupation	Outdoor
Date Of Driving Pass	27/04/1978
Driving experience	43 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91389119
Alt. Phone Number	-
Email Address	kitchuimei@seehupseng.com.sg
Address	APT BLK 620 BEDOK RESERVOIR ROAD
Address complement	#11-1452
Postcode	470620
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	Chain 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	4
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

PASSENGER 8

Name	UNKNOWN
------------	---------

Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Jurong West Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18002689999
Alt. Police Station Phone No (Fax) +65-62672438
Police Station Address 700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Refer to the police report, ref no.: T/20220125/2045

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 PC3474R
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver KOH KIAN HENG
NRIC No SXXXXX964I
Contact Number (Phone) +65-96779960
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GX4781T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Commercial vehicle
Name of Driver YU GUOGUI
Passport No/FIN GXXXXX343T
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLB6458X

Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG LEE KOON
NRIC No	SXXXX169D
Contact Number	(Phone) +65-87951621
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PC1889R
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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 willful 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. 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.

  25/1/22
Policyholder's Signature / Date & Time

 25/1/22
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

	A - PC 1889R
	B - PL 3474R
	C - GK 4731T
	D - SLB 6453X

Describe Circumstances of the Accident

Refer to police report, ref no: T/ 2022 0125/ 2045

Refer to police report, ref no: T/ 2022 0125/ 2045

Declaration

We declare the foregoing particulars are true in every respect.



Q 25/1/22

Witnessed by Reporting Centre
Personnel



**SINGAPORE
POLICE FORCE**



T/20220125/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 4

Report No. T/20220125/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2022 11:43	Vide Report No.:	Station Diary No.: 66
--	------------------	--------------------------

Informant's Particulars

Name of Informant: NG PENG SOCK			Address: APT BLK 620 BEDOK RESERVOIR ROAD #11-1452 SINGAPORE 470620	
ID Type / ID No.: NRIC NO / S0092915H			Contact No.: Home/Office: Mobile: 91389119	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 68	Date of Birth: 28/02/1953	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: PAINT SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/01/2022 07:45	Type of Location: Straight Road
Location: PAN-ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GX4781T	Van				Seriously Damaged	1
PC1889R	Bus/Coach/Mi nibus				Seriously Damaged	8
PC3474R	Bus/Coach/Mi nibus				Seriously Damaged	10
SLB6458X	Car				Seriously Damaged	2



**SINGAPORE
POLICE FORCE**



T/20220125/2045

2 of 4

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20220125/2045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	Yu GuoGui	ID No.	G7778343T
Related Vehicle	GX4781T (Van)	Contact No.	NIL
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
Driver			
Name	NG PENG SOCK	ID No.	S0092915H
Related Vehicle	PC1889R (Bus/Coach/Minibus)	Contact No.	91389119
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Koh Kian Heng	ID No.	S1492964I
Related Vehicle	PC3474R (Bus/Coach/Minibus)	Contact No.	96779960
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



**SINGAPORE
POLICE FORCE**



T/20220125/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 4

Report No. T/20220125/2045

CONTINUATION OF REPORT

Driver			
Name	Ng Lee Koon	ID No.	S1596169D
Related Vehicle	SLB6458X (Car)	Contact No.	87951621
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 the 25/1/2022 at around 0745hrs, I was driving my bus V3)PC3474R along PIE towards Tuas approaching underpass at speed about 40km/h as there is heavy traffic along the road. The incident happened between four vehicles in sequence:

V1)GX4781T, Driver Yu GuoGui G7778343T (Union Forklift)

V2)SLB6458X TOYOTA, Driver Ng Lee Koon S1596169D HP:87951621

V3)PC1889R, Driver is me

V4)PC3474R BUS, Driver Koh Kian Heng S1492964I HP:96779960

V1's tire exploded, causing V2 to brake, I then braked V3 behind V2 and about 2 seconds later V4 behind V3 collided with V3. This caused V3 to collide with V2 and V2 collided with V1.

V1 is slightly damaged at the rear, driver is not injured.

V2 is slightly damaged at the front bumper and heavily damaged at the rear, dented and scratched. Driver is slightly injured as a observed a red mark at the shoulder area.

V3 is slightly damaged at the front, heavily damaged and the rear, dented and glasses broken. I was slightly injured at my head but I no longer feel any pain. 4 of my passenger is injured, 4 of them were conveyed to hospital by ambulance.

V4 is heavily damaged at the bumper, front glasses broken. Driver is not injured.

There is no camera installed on my vehicle. Traffic police came and ambulance came. Traffic police informed me to lodge a police report at the nearest station.



**SINGAPORE
POLICE FORCE**



T/20220125/2045

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

4 of 4

Report No. T/20220125/2045

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
J/
SCSGT(1) ZHANG YUNFAN

Signature Of Interpreter:
Not applicable

Signature Of Informant:

Date/Time:
25/01/2022 11:43

Officer In Charge Of Case:
TP / SINGAPORE
SI MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP108

SIGNATURE

Classification Of Case: