

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 26/01/2022 18:15 (SGT)
Date of Accident 25/01/2022 14:11 (SGT)
Exact Location of Accident Singapore
Additional Location Information WHAMPOA RD TUEN RIGHT TO BLK 112A
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB6286G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TOK'S SCHOOL BUS SERVICE
Company Reg No 201117597D
Email Address FINANCE@EZBUZZ.COM.SG
Mobile Phone No (Phone) +65-89420568
Alternative Phone No (Home) +65-89420568

VEHICLE PARTICULARS

Manufacturer Toyota
Model Coaster
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Bus
Transmission Auto
CC 1

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage -
Fleet Policy No
Policy Number CN125708
Cover Note Number -

DRIVER

Name of Driver BU LI
Work Permit No G2505564R

Date Of Birth	17/06/1989
Occupation	Outdoor
Date Of Driving Pass	14/11/2019
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-89420568
Alt. Phone Number	-
Email Address	FINANCE@EZBUZZ.COM.SG
Address	23 KAKI BUKIT RD 4 #01-22 SYNERGY@KB
Address complement	-
Postcode	417801
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 - Change/cross lane
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)	7
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Male

PASSENGER 3

Name	PASSENGER
Gender	Male

PASSENGER 4

Name	PASSENGER
Gender	Male

PASSENGER 5

Name	PASSENGER
Gender	Male

PASSENGER 6

Name	PASSENGER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	River Valley Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18002789999

Alt. Police Station Phone No	(Fax) +65-62786427
Police Station Address	Blk 4 Delta Avenue #01-02 Singapore 161004
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBR9245H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' 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.



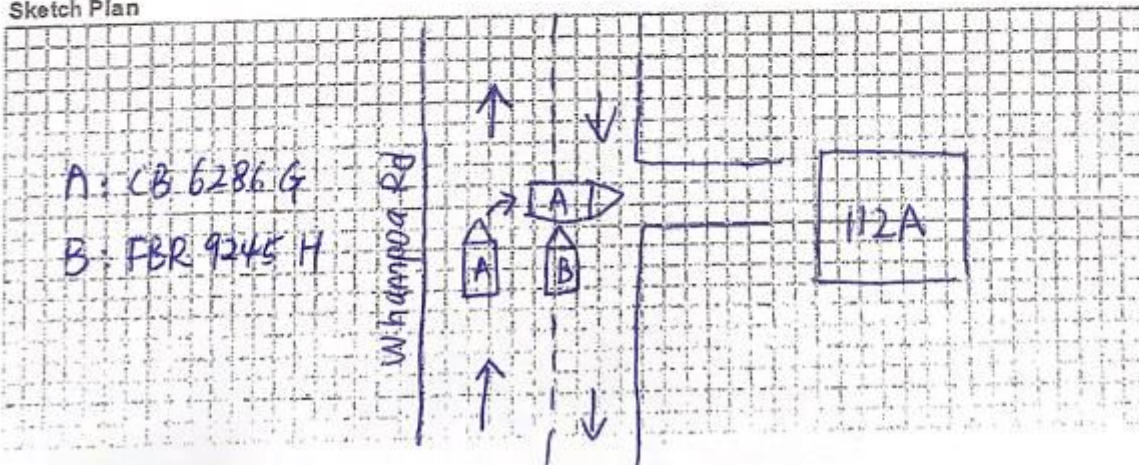
Policyholder's Signature / Date & Time

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

SHUYI

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

While I was at Whampoa Rd and ready to turn right to the Bk 112A, suddenly have a motorcycle FBR 9245 H drive from back and he wanted to drive straight, so he hit into my right side of CB6286 G.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

SHUYI

Witnessed by Reporting Centre Personnel



























CONFIDENTIAL

Annex E

NOTICE OF REPORTING

This is to confirm that Bu Li, NRIC/FIN G2505564R, has reported to the Police a non-injury traffic accident which occurred at Whampoa Road towards Kim Keat Road on 25/01/2022 at 1410hrs involving the following vehicles:

V1) CB6286G (Informant)
V2) FBR9245H

Facts:

On the above mentioned date and time, I was driving (CB6286G) straight along Whampoa Rd towards Kim Keat Rd and as I was turning right towards the carpark of Blk 112 Whampoa Rd, I signalled and wanted to turn right. As I checked and there was no oncoming vehicle, I made the right turn and out of a sudden, there was a motorcycle (FBR9245H) which came from my rear right and wanted to go straight, as such knocked onto the right side of my vehicle.

I exited from my vehicle to inspect the damage. The motorcycle had caused a dent at the lower right side of my vehicle and scratched the paint. I made a check on the motorist, however no visible injuries on him and does not need medical attention at the point of time. I took photographs of the damages. I am lodging this for record purposes. At the point of time, there was 6 students in the vehicle and all of them are not injured.

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT (2) T160143 Chan Wei Jie

Date: 26/01/2022 Time: 1730 hrs

S/D Ref: 05

Police Post/Unit: River Valley NPP / Tanglin Police Division

RIVER VALLEY NEIGHBOURHOOD POLICE POST
BLK 4 DELTA AVENUE #01-02
SINGAPORE 161004

Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

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