

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.

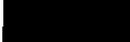
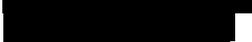
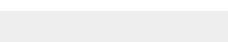
ACCIDENT STATEMENT

Date of Submission 07/04/2022 16:20 (SGT)
Date of Accident 06/04/2022 16:30 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7545C

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Dynacle Transportation and Workshop Pte Ltd
Company Reg No 
Email Address 
Mobile Phone No 
Alternative Phone No 

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Rosa
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 Commercial vehicle
Transmission Auto
CC 2998

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNA00009742101
Cover Note Number -

DRIVER

Name of Driver Chen Chong
Work Permit No G8515557T

Date Of Birth
 Occupation
 Date Of Driving Pass
 Driving experience
 Gender
 Mobile Number
 Alt. Phone Number
 Email Address
 Address
 Address complement
 Postcode
 Is the driver the policyholder?
 If No, Relationship of the Driver with the Insured
 Does Driver Own Other Vehicles?
 Vehicle Registration Number of Other Vehicle Owned by Driver
 Insurance Company of Other Vehicle Owned by Driver

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 (Phone) [REDACTED]
 -
 [REDACTED]
 -
 [REDACTED]
 No
 Employee
 No
 -
 -

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? Yes
 Was any other vehicle or property damaged? Yes
 Number of Passengers (Including Driver) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name unknown
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Ang Mo Kio South Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18004519999
 Alt. Police Station Phone No (Fax) +65-65535679
 Police Station Address 81 Ang Mo Kio Ave 3 Singapore 569929
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

Refer attached police report no. T/20220406/2097

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 SKB5216X
 Vehicle Manufacturer Honda

| | |
|---|-------------|
| Vehicle Model | Insight |
| Vehicle Variant | - |
| Vehicle Colour | Red |
| 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) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------|
| Name of injured person | unknown |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | CB7545C |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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.



chen

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan














**SINGAPORE
POLICE FORCE**


T/20220406/2097

1 of 3

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20220406/2097

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 06/04/2022 19:46 | Vide Report No.: F/20220406/0124 | Station Diary No.: 91 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|--|--|---|------------------------------|
| Name of Informant: CHEN CHONG | | Address: [REDACTED] | |
| ID Type / ID No.: FIN NO / [REDACTED] | Contact No.: Home/Office: [REDACTED] Mobile: [REDACTED] | | |
| Nationality: CHINESE | | Email: | |
| Sex: Male | Age: [REDACTED] | Date of Birth: [REDACTED] | Type of Informant: Driver |
| Race: Chinese | | Language: | Institution / School Name: |
| Occupation: BUS DRIVER | | Driving Licence Information: Class: 2B,3,4 Date of Expiry: | |

General Information of the Accident

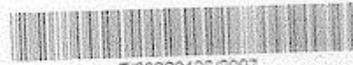
| | | | | |
|--|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 06/04/2022 16:30 | Type of Location: Straight Road |
| Location: CENTRAL EXPRESSWAY | | | | |
| Weather: Clear | | 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: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|--|------------|-----------------------------|-------|----------------------|-----------------|
| CB7545C | Bus/Coach/Mi nibus (School Children) | MITSUBISHI | ROSA BUS BE641JRMD EB | White | Slightly Damaged | 1 |
| SKB5216X | Car | HONDA | INSIGHT 1.3L IMA | Red | Seriously Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20220406/2097

2 of 3

Report No. T/20220406/2097

Police Station Of Origin:
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569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Brief Details.

On 06/04/2022 at about 1630hrs, I was driving my school bus bearing registration number CB7545C along CTE towards Chao Yang School. As I was travelling straight on the third lane of a four-lane road, I noticed that there was a lorry ahead of me, which breaks down and it is on the fourth lane. Hence, it has caused some traffic jam and many vehicles are changing lane to my lane, which is the third lane.

Due to that, I slowed down my vehicle. Suddenly, I felt an impact from the rear. A car bearing registration number SKB5216X, I have one passenger in my bus. As a result of the collision, she informed that a box which was placed on the bus floor had flown and hit her head. She does not have visible injury on her.

After which, I called my boss to inform about this accident and he told me to take photos of the accident. Hence, I exited my bus to check, and I took photos of the scene. After which, I noticed that a uniformed officer came forth and check on my well-being. I told him that I was okay, but my passenger was not too well.

I did not check with the car that collided onto my rear. I only knew that there was a driver and a passenger. I do not know their particulars.

Soon after, ambulance also came down and make a check on my passenger and the car driver. I do not know what injury the car driver sustains however both my passenger and the car driver were conveyed by ambulance.

My bus does not have any in built camera. My bus was able to drive off thereafter while the car had to be towed away.

I was handed over a case card by the police ref F/20220406/0124 and was advised to go down to police station to lodge a traffic accident report.

Hence, I am lodging this traffic accident report as instructed.



**SINGAPORE
POLICE FORCE**



T/20220406/2097

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

3 of 3
Report No. T/20220406/2097

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:
F /
Other KIAM JIN HUAT

Signature Of Informant:

Chen

Signature Of Interpreter:
Not applicable

Date/Time:
06/04/2022 10:46

Officer In Charge Of Case:
TP / GIT /
STAFF SGT MOHAMED SUFIAN BIN
MOHAMED JUNID
Contact No.: 65476247

Classification Of Case:

NP168