

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 27/05/2022 12:42 (SGT)
Date of Accident 26/05/2022 18:19 (SGT)
Exact Location of Accident Bukit Batok West Ave 2, Singapore
Additional Location Information BUS STOP 43471
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PZ808K

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner YZ TRANSPORT SERVICE
Company Reg No 5XXXX806J
Email Address yztransportservice@gmail.com
Mobile Phone No (Phone) +65-90884418
Alternative Phone No +65-90884418

VEHICLE PARTICULARS

Manufacturer Scania
Model KIB4X2
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 11705

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMB1SNA00009772100
Cover Note Number -

DRIVER

Name of Driver WONG YOW ZHONG (HUANG YAOZHUANG)
NRIC No SXXXX059H

Date Of Birth	31/10/1983
Occupation	Outdoor
Date Of Driving Pass	31/05/2021
Driving experience	1 YEAR
Gender	Male
Mobile Number	(Phone) +65-90884418
Alt. Phone Number	-
Email Address	yztransportservice@gmail.com
Address	BLK 268 BUKIT BATOK EAST AVENUE 4 #11-248
Address complement	-
Postcode	650268
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?	Yes
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	23
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN PAX
Gender	Male

PASSENGER 2

Name	UNKNOWN PAX
Gender	Male

PASSENGER 3

Name	UNKNOWN PAX
Gender	Male

PASSENGER 4

Name	UNKNOWN PAX
Gender	Female

PASSENGER 5

Name	UNKNOWN PAX
Gender	Female

PASSENGER 6

Name	UNKNOWN PAX
Gender	Female

PASSENGER 7

Name	UNKNOWN PAX
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220527/7004

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	17689
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	ELECTRIC-BIKE
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	UNKNOWN RIDER
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	17689
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


SKETCH PLAN


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7. By the lodging 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

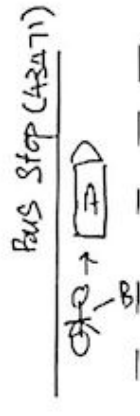
- (a) My insurer, my workmate and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/are 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time


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


 Reporting Centre Personnel's Signature
 Name
 NRIC/ID No.

SKETCH PLAN



A - PZ808 &

B - E-bike (17689)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police Report T20220527/7004

DECLARATION

I/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

Responsible Centre Personnel's Signature
Name
NIC/TIN No.























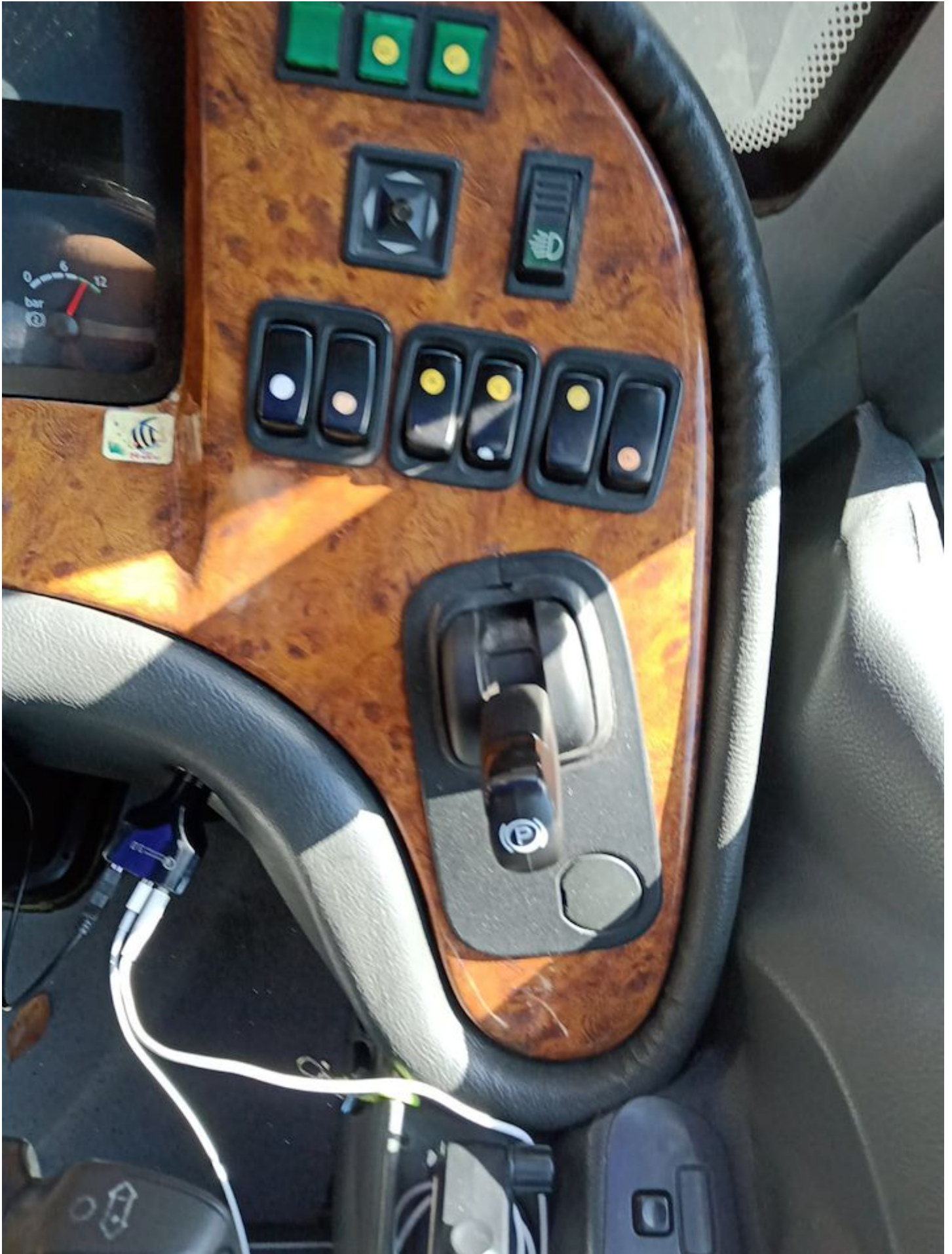


















**SINGAPORE
POLICE FORCE**



T/20220527/7004

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3
Report No. T/20220527/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/05/2022 10:08		Vide Report No.: J/20220520/0101		Station Diary No.:	
Informant's Particulars					
Name of Informant: WONG YOW ZHONG			Address: 268 BUKIT BATOK EAST AVENUE 4 #11-248 SINGAPORE 650268		
ID Type / ID No.: NRIC NO / S8335059H			Contact No.: Home/Office: Mobile: 90884418		
Nationality: SINGAPORE CITIZEN			Email: YZTRANSPORTSERVICE@GMAIL.COM		
Sex: Male	Age: 38	Date of Birth: 31/10/1983	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2022 18:20	Type of Location: BUS STOP
Location: BUKIT BATOK WEST AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
PZ808K	Van					0
	Power-assisted Bicycle					0



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220527/7004

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Report No. T/20220527/7004

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WONG YOW ZHONG	ID No.	S8335059H
Related Vehicle	PZ808K (Van)	Contact No.	90884418
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL
Rider			
Name	Unknown Rider	ID No.	NIL
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	Slight

Brief Details.

ON 26/5/2022 AROUND 1819HRS, MY BUS PZ8080K WAS STATIONARY AT THE BUS STOP (43471) BUKIT BATOK WEST AVE 2, ALIGHTING MY PASSENGERS. SUDDENLY I FELT AN IMPACT FROM THE REAR, ELECTRIC BIKE (17689) COLIDED ONTO MY BUS REAR PORTION. I CHECKED WITH ALL MY PASSENGER THEY ARE ALRIGHT. THE ELECTRIC BIKE (17689) RIDER SEEN TO BE SUBCONSCIOUS. SO I CALLED POLICE AND 1 OF THE WITNESS CALLED AMBULANCE. THE ELECTRIC BIKE (17689) RIDER CONVERY TO HOSPITAL.
I AM UNABLE TO UPLOAD THE PHOTOS TAKEN AT THE TIME OF ACCIDENT



SINGAPORE POLICE FORCE

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220527/7004

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Report No. T/20220527/7004

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

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: 27/05/2022 10:08
Officer In Charge Of Case: TP / TP1B / MUHAMMAD SYAKIR BIN ADANAN Contact No.: 65476236	Classification Of Case:

NP168