

# 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 .....	08/06/2022 14:48 (SGT)
Date of Accident .....	04/06/2022 04:13 (SGT)
Exact Location of Accident .....	Ang Mo Kio Street 32, Singapore
Additional Location Information .....	HEAVY VEHICLE CARPARK
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC3031K
-----------------------------------	---------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	AMARJIT & SONS COACH SERVICES PTE. LTD.
Company Reg No .....	2XXXXX698N
Email Address .....	amarjitsinghsons@gmail.com
Mobile Phone No .....	(Phone) +65-87888896
Alternative Phone No .....	+65-81611761

### VEHICLE PARTICULARS

Manufacturer .....	Isuzu
Model .....	LV434R
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 .....	7790

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage .....	ThirdPartyFireTheft
Fleet Policy .....	No
Policy Number .....	DMB1SNW00003212200
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SUKHJINDER SINGH
Passport No/FIN .....	GXXXX774P

Date Of Birth .....	24/04/1991
Occupation .....	Outdoor
Date Of Driving Pass .....	23/04/2018
Driving experience .....	4 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81611761
Alt. Phone Number .....	-
Email Address .....	amarjitsinghsons@gmail.com
Address .....	BLK 314 ANG MO KIO AVENUE 3 #10-2342
Address complement .....	-
Postcode .....	560314
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 .....	Hit and run / Vandalism / Damaged whilst parked
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? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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/20220606/7005

#### 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 .....	YP6447A
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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. 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 lodgment 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.
- (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/TIN No.:

*[Signature]* 08/06/2022

A-PC3031K

B-YP6447A



Ang Moku S'33

Heavy Veh C.P.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report T/20220608/7005

DECLARATION

I/We declare the foregoing particulars are true in every respect.



*[Signature]*

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

*[Signature]* 08/06/2022  
Reporting Centre Personnel's Signature  
Name:  
MOBILE NO.:









































**SINGAPORE  
POLICE FORCE**



T/20220608/7005

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

1 of 3

Report No. T/20220608/7005

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 08/06/2022 11:24		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: SUKHJINDER SINGH			Address: 314 ANG MO KIO AVENUE 3 #10-2342 SINGAPORE 560314		
ID Type / ID No.: FIN NO / G3126774P			Contact No.: Home/Office: Mobile: 81611761		
Nationality: INDIAN			Email: SUKHYSAINI38@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 24/04/1991	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation:			Driving Licence Information: Class:		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 04/06/2022 04:15	Type of Location: Car Park
Location:  ANG MO KIO STREET 32				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC3031K	Van					0
YP6447A	Lorry					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**

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



T/20220608/7005

2 of 3

Report No. T/20220608/7005

**CONTINUATION OF REPORT**

Driver			
Name	SUKHJINDER SINGH	ID No.	G3126774P
Related Vehicle	PC3031K (Van)	Contact No.	81611761
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

**Brief Details.**

ON 03 JUNE 2022 AROUND 2300HRS, I PARKED MY BUS PC3031K AT ANG MO KIO ST 32 HEAVY VEHICLE CAR PARK, I WENT HOME. ON 4 JUNE AROUND 0500HRS I WENT TO COLLECT MY BUS I DROVE TO PENJURU TO PICK UP MY PASSENGER TO BENOI, AFTER THAT I CONTINUE MY 2ND JOB FROM PENJURU TO TANAH MERAH COAST ROAD AFTER ALL MY PASSENGER ALIGHT. I PARKED MY BUS AT THE ROADSIDE I ALIGHT AND SMOKE AND I SAW THERE ARE SOME DAMAGES ON RIGHT PANEL NEXT TO DRIVER WINDOW. I QUICKLY CALL MY BOSS AND INFORM HIM ON THE DAMAGES. MY BOSS WHEN TO LOOK THROUGH THE CCTV, HE SAW ON THE 04 JUNE 2022 AROUND 0413HRS THERE IS A LORRY PARKED BESIDE MY BUS EXITING THE LOT AND BRUSHED AGAINST MY BUS RIGHT SIDE PORTION.

CCTV UNABLE TO UPLOAD IN THE POLICE REPORT.

**SINGAPORE  
POLICE FORCE**

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



T/20220608/7005

3 of 3

Report No. T/20220608/7005

**CONTINUATION OF REPORT**Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPIB /  
IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by Singpass. No signature is  
required.

Date/Time:  
08/06/2022 11:24

Classification Of Case: