

# 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 ..... 20/06/2022 15:40 (SGT)  
Date of Accident ..... 17/06/2022 21:12 (SGT)  
Exact Location of Accident ..... Opp Eastern Lagoon II, Singapore  
Additional Location Information ..... BEDOK SOUTH AVENUE 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... PA928D

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CITYLINE TRAVEL PTE LTD  
Company Reg No ..... 2XXXXX027D  
Email Address ..... THONGJESSIE@HOTMAIL.COM  
Mobile Phone No ..... (Phone) +65-96606888  
Alternative Phone No ..... (Office) +65-96606888

### VEHICLE PARTICULARS

Manufacturer ..... Volvo  
Model ..... B11r  
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 ..... 10837

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA587993/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... WANG ZHIQIANG  
Work Permit No ..... GXXXX352Q

Date Of Birth .....	28/01/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	14/08/2018
Driving experience .....	3 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83213552
Alt. Phone Number .....	-
Email Address .....	THONGJESSIE@HOTMAIL.COM
Address .....	31 HOUGANG AVE 7
Address complement .....	#01-09
Postcode .....	538800
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 - Major/Minor Rd
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) .....	1
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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON THE 17/06/2022 AT ABOUT 2112HRS, I WAS DRIVING ALONG BEDOK SOUTH AVENUE 1 BEFORE ENTERING ECP NEAR THE BUS STOP ON THE SECOND LANE AT ABOUT 43KM/HR WHEN THIS WHITE COLOURED LORRY (YN6226G) THAT WAS ON THE BUS LANE SWERVE RIGHT AND COLLIDED ONTO MY LEFT SIDE MIRROR AND CHANGE 2 LANES TO THE RIGHT AND TURNED RIGHT TOWARDS MARINE PARADE ROAD. I THEN STOPPED THE BUS AND COME OUT AND CHECK THE DAMAGES AND TOOK PICTURE. THE BUS LEFT SIDE MIRROR WAS DAMAGED AS A RESULT OF THE COLLISION. I WISH TO STATE THAT I HAVE CAMERA'S AROUND THE BUS. I WAS NOT INJURED.

#### 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 .....	YN6226G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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) ..... -

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.



Policyholder's Signature / Date & Time 20/6/2022

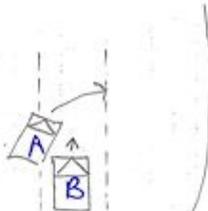
*[Signature]*

Driver's Signature (if driver is not the policyholder) / Date & Time 20/6/2022

*[Signature]*

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A: 4N6226G  
B: PA928D

Describe Circumstances of the Accident

Refer to police report T/20220616/2023

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time 20/6/2022

Driver's Signature (if driver is not the policyholder) / Date & Time 20/6/2022

Witnessed by Reporting Centre Personnel



**SINGAPORE  
POLICE FORCE**



T/20220618/2025

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

1 of 3

Report No. T/20220618/2025

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 18/06/2022 10:17		Vide Report No.:		Station Diary No.: 14	
<b>Informant's Particulars</b>					
Name of Informant: WANG ZHIQIANG			Address: APT BLK 31 HOUGANG AVENUE 7 #01-09 EVERGREEN PARK SINGAPORE 538800		
ID Type / ID No.: FIN NO / G2208352Q			Contact No.: Home/Office:                      Mobile: 83213552		
Nationality: CHINESE			Email:		
Sex: Male	Age: 28	Date of Birth: 28/01/1994	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4		Date of Expiry: 25/10/2025

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 17/06/2022 21:10	Type of Location: Straight Road
Location: BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PA928D	Bus/Coach/Minibus	VOLVO	B11R	Multi-Colored	Slightly Damaged	0
YN6226G	Lorry	ISUZU	NNR85UH4 A	White		0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20220618/2025

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

2 of 3

Report No. T/20220618/2025

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	WANG ZHIQIANG		ID No. G2208352Q
Related Vehicle	PA928D (Bus/Coach/Minibus)		Contact No. 83213552
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: 25/10/2025
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 17/06/2022 at about 2112hrs, I was driving along Bedok South Avenue 1 before entering ECP near the bus stop on the second lane at about 43km/hr when this white coloured lorry (YN6226G) that was on the bus lane swerve right and collided onto my left side mirror and change 2 lanes to the right and turned right towards Marine Parade Road. I then stopped the bus and came out and check the damages and took pictures. The bus left side mirror was damaged as a result of the collision. I wish to state that I have in car camera's around the bus. I was not injured.



**SINGAPORE  
POLICE FORCE**



T/20220618/2025

Police Station Of Origin:  
Geylang N.P.C  
1 Cassia Link SINGAPORE 397618  
Tel No: 1800-8486999

3 of 3

Report No. T/20220618/2025

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:

G /  
SGT 2 CHUA KUN ER

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
18/06/2022 10:17

Officer In Charge Of Case:  
TP / HRT /  
SI STEPHANIE, CHEUNG TSZ YING  
Contact No.: 96208032

Classification Of Case:

NP168

