# 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 witholding 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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 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.

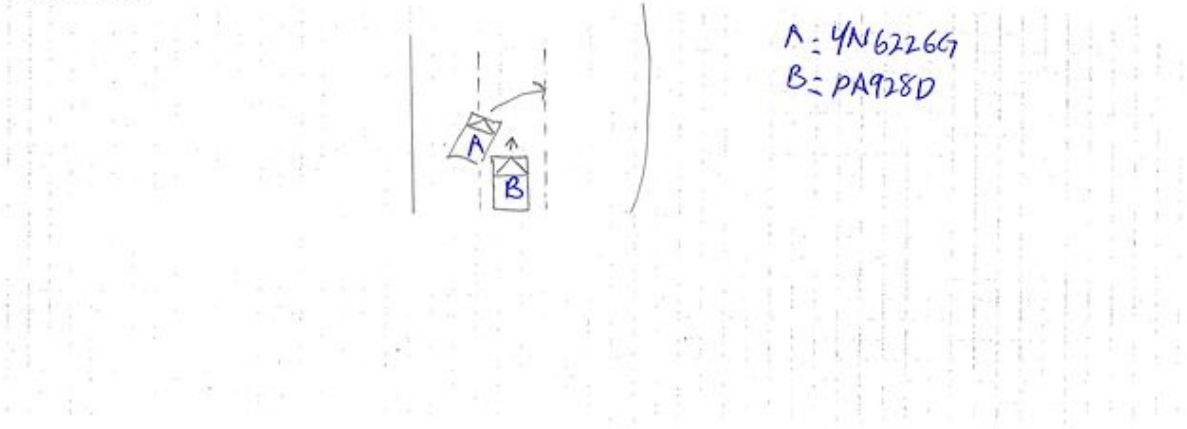
CITYLINE TRAVEL PTE LTD REG. NO. 201520027D

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

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to police report T/20220618/2025

**Declaration**

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

CITYLINE TRAVEL PTE LTD REG. NO. 201620027D

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

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4


TYPE
DRIVE
WB
APPROVAL NO.
VEHICLE ID. NO.
G.V.W
G.C.W
AXLE LOAD
PROD TYPE
TURN TABLE LOAD
VOLVO
24750 KG
1
2
3
4
KG
CHASSIS NO :YV3T2T126DA160829
U.W. :16,660 KG
M.L.W. :24,350 KG
TYRE SIZE :F.295/80R-22.5
:R.295/80R-22.5(D)
PASS. CAP. :1 DRIVER ONLY
花
开
富

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15

IMAGES #16

IMAGES #17

IMAGES #18

IMAGES #19

SINGAPORE POLICE FORCE

T/20220618/2025

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



Report No. T/20220618/2025

**REPORT OF A TRAFFIC ACCIDENT**

| Date/Time Report Made: | Vide Report No.: | Station Diary No.: |
|---|---|---|
| 18/06/2022 10:17 | | 14 |

**Informant's Particulars**

| | | | | |
|---|---|---|---|---|
| Name of Informant:<br>WANG ZHIQIANG | | | Address:<br>APT BLK 31 HOUGANG AVENUE 7 #01-09 EVERGREEN PARK SINGAPORE 538800 | |
| ID Type / ID No.:<br>FIN NO / G2208352Q | | | Contact No.:<br>Home/Office: Mobile: 83213552 | |
| Nationality:<br>CHINESE | | | Email: | |
| Sex:<br>Male | Age:<br>28 | Date of Birth:<br>28/01/1994 | Type of Informant:<br>Driver | |
| Race:<br>Chinese | | | Language: | Institution / School Name: |
| Occupation:<br>Bus driver | | | Driving Licence Information:<br>Class: 3,4 | Date of Expiry: 25/10/2025 |

**General Information of the Accident**

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

**Details of Vehicle Involved**

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|---|---|---|---|---|---|---|
| PA928D | Bus/Coach/Minibus | VOLVO | B11R | Multi-Colored | Slightly Damaged | 0 |
| YN6226G | Lorry | ISUZU | NNR85UH4A | White | | 0 |

**Details of Person Involved**

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

SINGAPORE POLICE FORCE

T/20220618/2025



Report No. T/20220618/2025

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

CONTINUATION OF REPORT

| Driver | | | |
|---|---|---|---|
| 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<br>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



Report No. T/20220618/2025

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

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:<br>G /<br>SGT 2 CHUA KUN ER | Signature Of Informant:<br>王志强 |
| Signature Of Interpreter:<br>Not applicable | Date/Time:<br>18/06/2022 10:17 |
| Officer In Charge Of Case:<br>TP / HRT /<br>SI STEPHANIE, CHEUNG TSZ YING<br>Contact No.: 96208032 | Classification Of Case: |

NP168