

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	05/07/2022 11:57 (SGT)
Reported by	Driver
Date of Accident	03/07/2022 16:05 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	JUNCTION WITH BOON LAY WAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7498E
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HUP HOE COACH SERVICE
Company Reg No	5XXXX439J
Email Address	huphoecoach2@hotmail.com
Mobile Phone No	(Phone) +65-96881679
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Higer
Model	KLQ6728
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	Manual
CC	3800

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003102205

DRIVER

Name of Driver	CHIA KIAN TIONG
NRIC No	SXXXX523G
Date Of Birth	17/07/1963
Occupation	Indoor

Date Of Driving Pass	29/10/1983
Driving experience	38 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90685980
Alt. Phone Number	-
Email Address	cs8558cs@gmail.com
Address	BLK 34 UPPER CROSS STREET #20-134
Address complement	-
Postcode	050034
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 - Cross Junction
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?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	13
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	ELDERLY
Gender	Male

PASSENGER 2

Name	ELDERLY
Gender	Male

PASSENGER 3

Name	ELDERLY
Gender	Male

PASSENGER 4

Name	ELDERLY
Gender	Female

PASSENGER 5

Name	ELDERLY
Gender	Female

PASSENGER 6

Name	ELDERLY
Gender	Female

PASSENGER 7

Name	ELDERLY
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/20220704/7011

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2445B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
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	CHIA KIAN TIONG
Gender	Male
Phone No	(Phone) +65-90685980
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	CB7498E
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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 law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



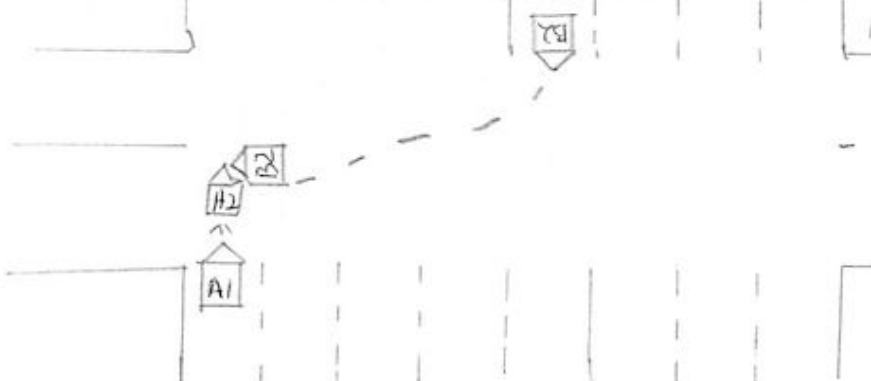
Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

02/07/2022
JUNCTION OF PASIR RIS ROAD NORTH / BOON LAY WAY



A) CB7498E
B) SM2445B

Describe Circumstances of the Accident


Refer to police Report 7/20220704/7011

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time



 07/07/2022
Driver's Signature (If driver is not the policyholder) / Date & Time

 04/07/2022
Witnessed by Reporting Centre Personnel

























**SINGAPORE
POLICE FORCE**



T/20220704/7011

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

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Report No. T/20220704/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2022 11:25	Vide Report No.: J/20220703/0140	Station Diary No.:
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Informant's Particulars				
Name of Informant: CHIA KIAN TIONG			Address: 34 UPPER CROSS STREET #20-134 SINGAPORE 050034	
ID Type / ID No.: NRIC NO / S1623523G			Contact No.: Home/Office: Mobile: 90685980	
Nationality: SINGAPORE CITIZEN			Email: kenheng2299@gmail.com	
Sex: Male	Age: 58	Date of Birth: 17/07/1963	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Bus Driver			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: 03/07/2022 16:05	Type of Location: X-Junction
Location: PIONEER ROAD NORTH				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
CB7498E	Van				Seriously Damaged	12
SLM2445B	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20220704/7011

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

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Report No. T/20220704/7011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHIA KIAN TIONG	ID No.	S1623523G
Related Vehicle	CB7498E (Van)	Contact No.	90685980
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	03/07/2022	Date	03/07/2022
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was traveling along Pioneer Road North towards AYE, while I'm reaching the Junction of Boon Lay Way, I slowed down and check before I enter into the junction, suddenly a car (SLM2445B) did not stop and check while making a right and collided onto my bus.

Traffic Police and Ambulance were on the accident scene.

I wish to mention there are 12 Passenger in my bus during the accident.

I feel pain at my body area after the accident, I went Mount Alvernia Hospital for treatment and was given 5days MC.

**SINGAPORE
POLICE FORCE**

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



T/20220704/7011

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Report No. T/20220704/7011

CONTINUATION OF REPORTSketch 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 /
MUHAMMAD AFIQ BIN RAHMAT
Contact No.: 65476171

NP168

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

Date/Time:
04/07/2022 11:25

Classification Of Case: