

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 | 26/07/2022 15:48 (SGT) |
| Reported by | Driver |
| Date of Accident | 25/07/2022 18:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | ALONG PETIR ROAD JUNCTION OF BUKIT PANJANG BUS INTERCHANGE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC9995P |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|-----------------------------|
| Is company? | Yes |
| Name Of Registered Owner | NANYANG E-TRANSIT PTE. LTD. |
| Company Reg No | 201108666G |
| Email Address | JOANNE@RUIFENG.COM.SG |
| Mobile Phone No | (Phone) +65-85003882 |
| Alternative Phone No | - |

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 | 6200 |

INSURANCE COMPANY

| | |
|---|--|
| Name of Insurance Company | NTUC Income Insurance Co-operative Ltd |
| Policy Number / Cover Note Number | - |

DRIVER

| | |
|----------------------|----------------|
| Name of Driver | PNG CHUAN PENG |
| NRIC No | S1679253E |
| Date Of Birth | 11/03/1964 |

| | |
|--|--|
| Occupation | Outdoor |
| Date Of Driving Pass | 04/04/1996 |
| Driving experience | 26 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-96485166 |
| Alt. Phone Number | - |
| Email Address | JOANNE@RUIFENG.COM.SG |
| Address | BLK 409 CHOA CHU KANG AVENUE 3 #07-317 |
| Address complement | - |
| Postcode | 680409 |
| 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 | Side Swipe |
| 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 |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

I HAD ABOUT 4 - 5 PASSENGERS ON BOARD HOWEVER NO INJURIES SUSTAINED TO THE PASSENGERS.

ATTACHMENT(S)

| | |
|---|---|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | ADVISE OI TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|---------|
| Vehicle Registration Number | UNKNOWN |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Bus |
| Name of Driver | UNKNOWN |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the Insurers to 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

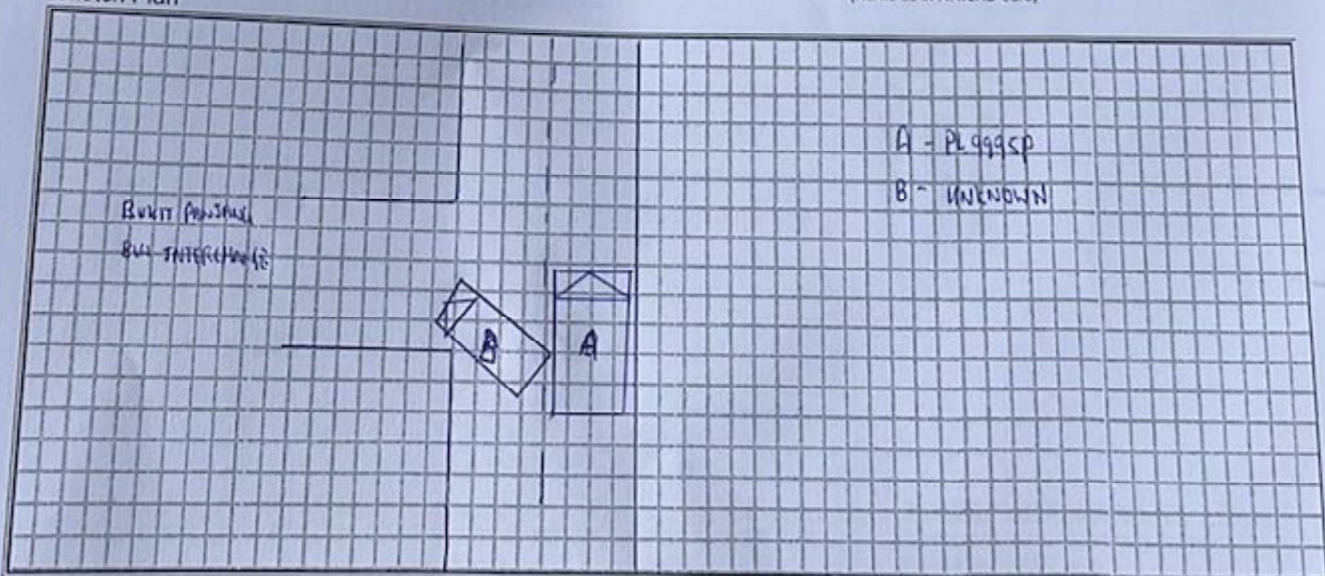
25/12/2020

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)


MURIMPHIL GABRIEL BIN MARZUKI

Sketch Plan



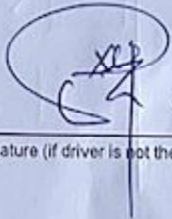
REFER TO GROUP

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



25/01/2022

Policyholder's Signature / Date & Time



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

THANOMAR GEORGE and MARZUKI

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)















SINGAPORE POLICE FORCE



J/20220726/7039

1 of 2

POLICE REPORT (NP299)

Report No. J/20220726/7039

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No:1800-7910000

| | | |
|--|---|-------------------|
| Date/Time Report Made 26/07/2022 15:26 | Vide Report No. | Station Diary No. |
| Name Of Informant PNG CHUAN PENG | Address 409 CHOA CHU KANG AVENUE 3 #07-317 SINGAPORE 680409 | |
| ID Type / ID No. NRIC NO / S1679253E | Contact No. Home/Office: Mobile: 96485166 | |
| Nationality SINGAPORE CITIZEN | Email Address joanne@ruifeng.com.sg | |
| Occupation Bus driver | Sex Male | Age 58 |
| Institution/School Name | Date of Birth 11/03/1964 | Race Chinese |
| Date/Time Of Incident 25/07/2022 18:45 - 25/07/2022 19:00 | Location Of Incident PETIR ROAD | |

Brief details.

Please be informed that on 25.07.2022 around 06:54:54pm I was driving my company vehicle plate number PC9995P along the Bukit Panjang Rd exact location was at Petir Road when a SMRT double decker bus came and hit behind of my bus when he trying to make a turn into Bukit Panjang Interchange and just left without stopping his vehicle (Hit and Run as per seen in the attached CCTV Footage - Provided to Insurance Company) . We have informed this to the SMRT hotline and currently waiting for their information regarding the bus detail as I didn't notice the plate number when the accident happened . Please be also informed no one was injured during the accident .

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:
26/07/2022 15:26

Officer In-Charge Of Case:

Classification Of Case:



**SINGAPORE
POLICE FORCE**



J/20220726/7039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220726/7039

| | | | |
|---|----------------|---------------------------|---|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | PNG CHUAN PENG | | |
| ID Type | NRIC NO | ID No | S1679253E |
| Gender | Male | Age | 58 |
| Race | Chinese | Language | English |
| Occupation | Bus driver | Address | 409 CHOA CHU KANG AVENUE 3 #07-317 SINGAPORE 680409 |
| Mobile No | 96485166 | Is Informant A Victim? | Yes |
| Person Name PNG CHUAN PENG (Informant) | | | |

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:

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

Date/Time:
26/07/2022 15:26

Classification Of Case:

