

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 Actual 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	13/08/2022 16:29 (SGT)
Reported by	Driver
Date of Accident	11/08/2022 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHAI CHEE STREET TURNING ONTO BEDOK NORTH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB8448T
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MAHA BODHI SCHOOL BUS SERVICE
Company Reg No	37880000X
Email Address	andrewtan.jielun@gmail.com
Mobile Phone No	(Phone) +65-96625022
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / HIACE 3.0 DX DIESEL TURBO AT 2WD
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	2982

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5111077578-03-000003 (C) 27.07.22-26.07.23

DRIVER

Name of Driver	NEO SOON HO
NRIC No	S0172988H
Date Of Birth	06/02/1954
Occupation	Outdoor

Date Of Driving Pass 20/04/1976
 Driving experience 46 YEARS AND 4 MONTHS
 Gender Male
 Mobile Number (Phone) +65-96625022
 Alt. Phone Number -
 Email Address andrewtan.jielun@gmail.com
 Address BLK 63 CHAI CHEE ROAD #11-810 S460063
 Address complement -
 Postcode -
 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 - Head to Rear
 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) 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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO ATTACHED REPORT

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 THE FILE IS WITH INSURED

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLT3553D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver LOW BOON KENG

Contact Number (Phone) +65-94571469
 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 NEO SOON HO
 Gender Male
 Phone No (Phone) +65-96625022
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? CB8448T
 Were seat belts worn? Yes
 Was this injured conveyed to hospital by ambulance? No



SKETCH PLAN

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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

[Handwritten signature]

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

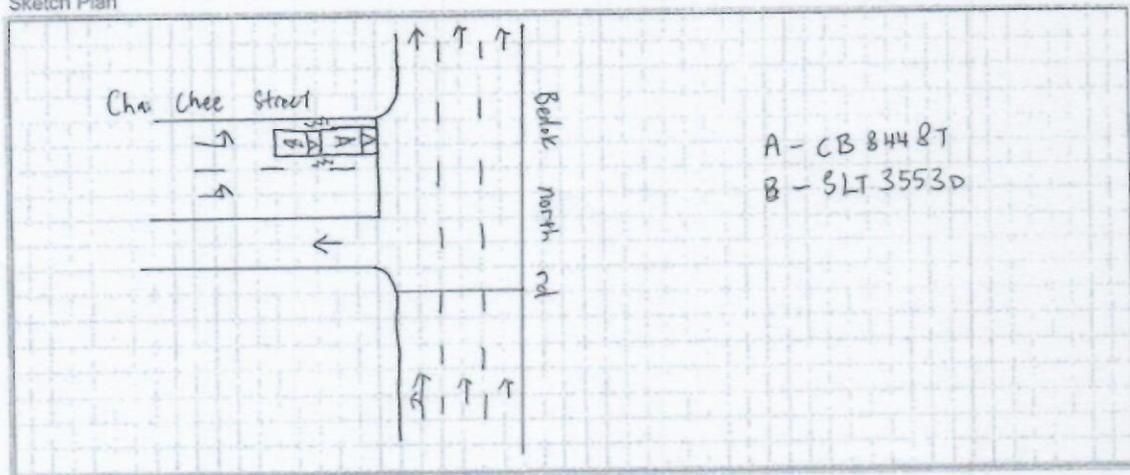
[Handwritten signature]

11-45
13/8/22



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

Sketch Plan



Describe Circumstance of the Accident

As per above date and time, I was driving CB2448T along Chai & Chee street on the extreme left lane heading onto Bedok north rd. Before turning left onto Bedok north rd, I slowed down and stopped my vehicle to give way to oncoming vehicles. Out of sudden, I felt an impact from the rear. I alighted and discovered Veh(B) SLT3553D front portion collided onto my vehicle rear portion.

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



[Signature]

Policyholder's Signature / Date & Time

[Signature]

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

11-45

13/8/22



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