

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	22/08/2022 18:34 (SGT)
Reported by	Driver
Date of Accident	22/08/2022 16:50 (SGT)
Exact Location of Accident	Farrer Rd, Singapore
Additional Location Information	TOWARDS GALLOP GREEN
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5463J
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	AEDGE HOLDINGS PTE LTD
Company Reg No	2XXXXX323E
Email Address	william@aedge.com.sg
Mobile Phone No	(Phone) +65-91460806
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yutong
Model	Zk6107he
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 - Reporting only
Vehicle Category	Bus
Transmission	Auto
CC	6690

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNA00009072203

DRIVER

Name of Driver	CHOO LIANG MENG
NRIC No	SXXXX630I
Date Of Birth	22/02/1960
Occupation	Outdoor

Date Of Driving Pass	07/12/1983
Driving experience	38 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93729761
Alt. Phone Number	-
Email Address	william@aedge.com.sg
Address	BLK 445 ANG MO KIO AVENUE 10 #02-1625
Address complement	-
Postcode	560445
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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)	32
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	UNKNOWN
Gender	Male

PASSENGER 2

Name	UNKNOWN
Gender	Male

PASSENGER 3

Name	UNKNOWN
Gender	Male

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
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/20220820/7049

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	-
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	SHELTER
No. Of Passenger (Including Driver)	-


SKETCH PLAN

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized Person.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy or deny the claim.
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 police report may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the Civil Insurance Management Centre established by the General Insurance Association of Singapore (GIA) for processing and that copies of the report will be a) furnished to the relevant parties and b) retained by the insurers.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the centre and to the terms of the report being made available if required.
8. Consent under the Personal Data Protection Act (PDPA)
I understand, acknowledge, agree and consent that:
(a) the insurer, my employer and the General Insurance Association of Singapore ("GIA") may be 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 Highway Authority of Singapore and any relevant government agency's authority (such as the police), for the purpose(s) of:
(i) processing, handling and/or dealing with my claim, including the settlement of the claim, and any necessary investigation relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claim (including the making of correspondence, statements, invoices, receipts 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 and packages) and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 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 located outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time


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


Witness's Signature / Date & Time

Sketch Plan

A - PC 54637.

B - Shelter.



Farmer Road.

Describe Circumstances of the Accident

please refer to Police Report 9/20220822/70492

A large rectangular area with horizontal lines for sketching the accident scene. A diagonal line is drawn across the area from the bottom left towards the top right.

Declaration

We declare the foregoing particulars are true in every respect





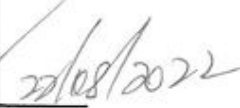
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

 22/08/2022















































SINGAPORE POLICE FORCE

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



T/20220822/7049

1 of 3

Report No. T/20220822/7049

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2022 17:36		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOO LIANG MENG		Address: 445 ANG MO KIO AVENUE 10 #02-1625 SINGAPORE 560445			
ID Type / ID No.: NRIC NO / S14566301		Contact No.: Home/Office:		Mobile: 93729761	
Nationality: SINGAPORE CITIZEN		Email: william@aedge.com.sg			
Sex: Male	Age: 62	Date of Birth: 22/03/1960	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation:		Driving Licence Information: Class:		Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Government Property	Drink Drive: No	Date/Time of Accident: 22/08/2022 16:50	Type of Location: Straight Road
Location: FARRER ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5463J	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

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



T/20220822/7049

2 of 3

Report No. T/20220822/7049

CONTINUATION OF REPORT

Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	PC5463J (Van)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	Slight
Driver				
Name	CHOO LIANG MENG		D No.	S14566301
Related Vehicle	PC5463J (Van)		Contact No.	93729761
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

ON 22/ 08/2022 AROUND 1650HRS, I WAS DRIVING MY BUS PC5463J ALONG FARRER ROAD TWDS GALLOP GREEN. WHEN I MAKE A RIGHT TURN TO GALLOP GREEN MY BUS HIT ONTO THE SHELTER, AS THE RESULT MY LEFT REAR 3 GLASSES ALL SHATTER.

**SINGAPORE
POLICE FORCE**

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



T/20220822/7049

3 of 3

Report No. T/20220822/7049

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 /
TAY CHUN KEEN
Contact No.: 65476436

NP168

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

Date/Time:
22/08/2022 17:36

Classification Of Case: