SN0822950001-01 / National Assessment Centre Services [159721]
ENTRY DATE & TIME: 05/09/2022 10:24 (SGT)
SUBMITTED BY: Rosli Bin Abdul Wahab
VERSION: 2 (29/09/2022 15:57 (SGT))

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 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	05/09/2022 10:24 (SGT)
Reported by	Driver
Date of Accident	02/09/2022 13:50 (SGT)
Exact Location of Accident	11 Kent Ridge Dr, Singapore 119244
Additional Location Information	JUNCTION WITH HENG MUI KENG TERRACE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1217E

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE BUS CHARTER
Company Reg No	5XXXX842J
Email Address	book@sgbus.com
Mobile Phone No	(Phone) +65-94579785
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LV434R
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	Manual
CC	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00003222200

DRIVER

Name of Driver	RAMESH KRISHNAN
NRIC No	SXXXX070D
Date Of Birth	25/04/1977
Occupation	Outdoor

Date Of Driving Pass	31/01/2018
Driving experience	4 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94579785
Alt. Phone Number	-
Email Address	book@sgbus.com
Address	BLK 250 BANGKIT ROAD #02-346
Address complement	-
Postcode	670250
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	DRIZZLING
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PA9894H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
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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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.

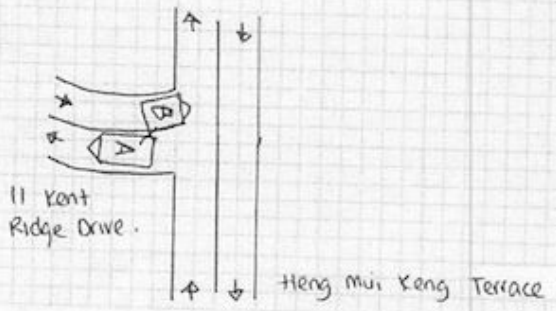
Policyholder's Signature / Date & Time

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

05/09/2022

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 02.09.2022 @ 13:50hrs, I was driving my bus PC 1217E along Heng Mui Keng Terrace turning into 11 Kent Ridge Drive. Upon turning in to Kent Ridge Drive, I saw a bus PA9804H which was intending to turn out from Kent Ridge Drive to Heng Mui Keng Terrace. The said bus stopped to give way to my bus before the stop line ahead of his bus. I was driving at a slow speed but there is insufficient space for my bus to turn in fully & the said bus move off to make way for my bus & the bus rear rh portion knocked against my bus rear rh portion as a result.

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

05/09/2022

Witnessed by Reporting Centre Personnel

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10

IMAGES #11

IMAGES #12

IMAGES #13

IMAGES #14

IMAGES #15


JALLV434CC7000010
16800 KG
F 12R-22.5-16
R 12R-22.5-16(D)
1 DRIVER ONLY
49 PASSENGERS

IMAGES #16

GENERAL INSURANCE ASSOCIATION

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel: (65) 6224 0010 Fax: (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: 966500205G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SN0822950001 Vehicle Registration No: PE1176

Name(as shown on NRIC) : Ramesh Krishnan NRIC/FIN/Passport No : —

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. :

Email Address :

Date of Accident : 2/9/2022 Time of Accident :

Place of Accident : 11 Kent Ridge Dr

Insurance Company : China Taiping Insurance (Singapore) Pte Ltd.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Mutual Settlement Settled.

From Third Party claim change to reporting only.

Policyholder / Driver's Signature
Date:

29/09/2022
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 29/09/2022

Private Settlement For Motor Accidents
This is a private settlement. Both parties agree to settle the matter amicably without [illegible] each other. It is a legally binding agreement.

PRIVATE SETTLEMENT

Details of Accident — Date/Time 2/9/2022 @ 1350hrs.
Location 11 Kent Ridge Dr

2. Motor vehicle registration no. PC1217E driven by Ramesh Krishnan (Name & NRIC no) and owned by Singapore Bus Charter (Name & NRIC)

3. Motor-vehicle registration no. PA 9894H driven by ______ (Name & NRIC no) and owned by Comfortdelgro Bus Pte Ltd. (Name & NRIC)

4. There are no personal injuries or death involved.

5. The parties have agreed to settle this matter amicably as follows: *delete a/b as applicable.

a. Neither party shall be liable to compensate the other party for any loss or damages (direct/indirect) incurred or to be incurred as a result of the accident.

b. Without any admission of liability, ______ (party paying compensation) has paid a sum of S$______ which ______ (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

6. Both parties have not and will not make a police report of this accident.

Name: Singapore Bus Charter
Tel: ______ NRIC/Passport no: ______
Signature: [signature] Date: ______

SINGAPORE BUS CHARTER

Name: Comfort delgro Bus Pte Ltd
Tel: 97915429 NRIC/Passport no: ______
Signature: [signature] Date: 29 Sep 2022

COMFORTDELGRO BUS PTE LTD

CamScanner