

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	12/09/2022 12:35 (SGT)
Reported by	Driver
Date of Accident	11/09/2022 17:45 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	TOWARDS PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6887M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ST LEE TRANSPORT PTE LTD
Company Reg No	2XXXXX388Z
Email Address	stlee.transport@gmail.com
Mobile Phone No	(Phone) +65-96868028
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Golden Dragon
Model	XML6126J18
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	8849

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00012892100

DRIVER

Name of Driver	SETHU NAGARAJAH MANIKANDAN
Passport No/FIN	GXXXX777U
Date Of Birth	25/01/1982
Occupation	Outdoor

Date Of Driving Pass	07/05/2013
Driving experience	9 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83609752
Alt. Phone Number	-
Email Address	stlee.transport@gmail.com
Address	BLK 1002 TOA PAYOH INDUSTRIAL PARK #07-1447
Address complement	-
Postcode	319074
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)	21
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	Male

PASSENGER 5

Name	UNKNOWN
Gender	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male



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? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKC686A
 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) -

SKETCH PLAN

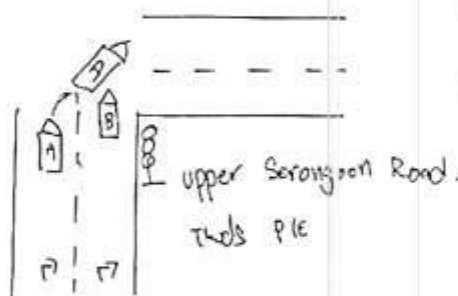
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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 claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
(iv) administering my claims (including the making 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.

ST LEE
TRANSPORT PTE LTD
83, 1002 Toa Payoh Industrial Park, #07-1443
Singapore 319074
Policyholder's Signature: [Signature] Date: 12/09/2022
Time: 12:00
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A-PC6887m

B-SKC686A

Describe Circumstances of the Accident

On 11/01/2022 around 1745hrs, I was driving my Bus PC6887M along Upper Serangoon Road towards PIE, Veh B - SC6886A on my right lane. Both vehicles making a right turn while making the turn my Bus brush against Veh B Front left portion.

Declaration

We declare the foregoing particulars are true in every respect.

ST LEE

TRANSPORT PTE LTD

BA 1002 100 Pawan Industrial Park #07-15-17

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

[Signature]

[Signature] 12/07/2022







































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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09229C0007 Vehicle Registration No: PC6887M
 Name (as shown in NRIC): SATHU NAGARATHAN NRIC/FIN/Passport No: GXXXX7774
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 82609752
 Email Address: _____
 Date of Accident: 11/09/2022 Time of Accident: 17:45
 Place of Accident: UPPER SUBBANHAW ROAD TOWARDS PM
 Insurance Company: CHINA TOWERS

(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:

INVERTED VEHICLE NUMBER TO PC6887M AND SKETCH OF SATHU NAGARATHAN?

Policyholder / Actual Driver's Signature
Date:

16/09/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

Block 1002 Toa Payoh Industrial Park #07-1447 Singapore 319074 (T) 62586188 (F) 62581677
Website: www.stlee.transport.com.sg Email: stlee.transport@gmail.com

ST LEE 
TRANSPORT PTE LTD

12 September 2022

TO WHOM IT MAY CONCERN

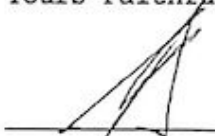
Dear Sir

REF: PC6887M

I hereby confirmed aware of this incident and authorised Mr Sethu Nagarajan Manikandan, G7714777U to lodge a report to your kind department. Our vehicle is insured under China Taiping Insurance

I thank you in advance for your kind consideration and understanding and hope to hear from your kind department as soon as possible.

Yours Faithfully



Lee Sin Tiong
Director

