

# 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 ..... 29/09/2022 10:20 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 27/09/2022 18:15 (SGT)  
Exact Location of Accident ..... Gul Way, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... CB9118P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... POO SEE YEOW @ FOO  
NRIC No ..... SXXXX333B  
Email Address ..... Connect3lau@gmail.com  
Mobile Phone No ..... (Phone) +65-97229678  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Coaster  
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 ..... Manual  
CC ..... 4009

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Policy Number / Cover Note Number ..... DMB1SNW00012712200

### DRIVER

Name of Driver ..... SHARIF BIN PINGIN  
NRIC No ..... SXXXX768B  
Date Of Birth ..... 20/07/1955  
Occupation ..... Outdoor

Date Of Driving Pass .....	02/07/1980
Driving experience .....	42 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96450935
Alt. Phone Number .....	-
Email Address .....	Connect3lau@gmail.com
Address .....	BLK 512 JELAPANG ROAD #09-38
Address complement .....	-
Postcode .....	670512
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 - Major/Minor Rd
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 .....	Bukit Panjang Neighbourhood Police Centre
Police Station Address .....	No.1 Segar Road #01-05 Singapore 677738
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20220927/2089

#### 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 .....	XE6139J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	RATHINAM BALAKRISHNAN VIJAYKUMAR
Passport No/FIN .....	GXXXX748W
Contact Number .....	(Phone) +65-98685231
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	Sompo Insurance Singapore Pte. Ltd.
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

**IMPORTANT NOTICE**

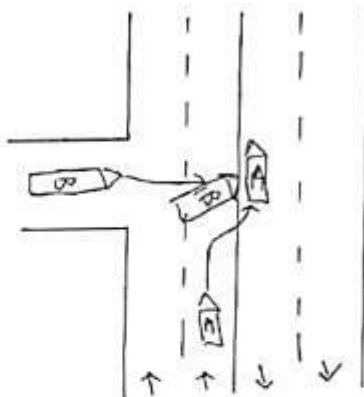
1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to rescind the policy.
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 information may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the CAA Negligence Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that some of the 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 access of the report being made available afterwards.
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 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' law firms, the Ministry of Transport, the Ministry of Police 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 correspondence (envelopes) 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' 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 one third party service providers or agents (including their law firms/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

POO SEE YEOW BUS SERVICES PTE LTD  
No. 25A Hillview Ave  
#05-12 Glendale Park  
Singapore 659517  
Tel & Fax: 6310 1979 HP: 9843 0003  
Reg. 201530582E

Policyholder's Signature / Date & Time  
Sketch Plan

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

Witnessed by Reporting Centre Personnel



A - CB9118P

B - XF 6139J

Gul Way

Describe Circumstances of the Accident

Please refer to Police Report 7/2022-09227/2029

Declaration

POO SEE YEO WAH SERVICES PTE LTD, in every respect  
No. 25A Havelock Ave  
#05-12 Glendale Park  
Singapore 669617  
Tel & Fax: 6310 1979 HP: 9843 0003  
Reg: 201530592E

Policyholder's Signature / Date & Time

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

Witnessed by Insuring Centre Representative

29/09/2022

























































# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220927/2089

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Report No. T/20220927/2089

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2022 21:48	Vide Report No.:	Station Diary No.: 94
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### Informant's Particulars

Name of Informant: SHARIF BIN PINGIN			Address: APT BLK 512 JELAPANG ROAD #09-38 SINGAPORE 670512	
ID Type / ID No.: NRIC NO / S1103768B			Contact No.:	Mobile: 96450935
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 67	Date of Birth: 20/06/1955	Type of Informant: Driver	
Race: Javanese			Language: English	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,2A,2,3,4,5		
		Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/09/2022 18:15	Type of Location: Straight Road
Location: GUL WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB9118P	Bus/Coach/Minibus				Seriously Damaged	0
XE6139J	TOW HEAD				Slightly Damaged	0

### Details of Person Involved

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




**SINGAPORE  
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1 Sagar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



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Report No. T/20220927/2089

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	SHARIF BIN PINGIN		ID No. S1103768B
Related Vehicle	CB9118P (Bus/Coach/Minibus)		Contact No. 96450935
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	RATHINAM BALAKRISHNAN VIJAYKUMAR		ID No. G7150748W
Related Vehicle	XE6139J (TOW HEAD)		Contact No. 98685231
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 27/09/2022 at about 1815hrs, I was driving my vehicle (one white TOYOTA COASTER 19-seater bus, bearing vehicle no. CB9118P) along Gul Way towards Pioneer Road.

Suddenly, another vehicle (one gold trailer with tow head bearing vehicle no. XE6139J, and trailer tail bearing vehicle no. TRD7275T) exited from an estate along Gul Way and I felt an impact on the left side of my vehicle. The front-right of XE6139J had collided into the middle-left of my vehicle CB9118P. I alighted my vehicle and noticed that one glass window on the left side of my vehicle was shattered. There were multiple dents on the middle-left body of my vehicle. Some gold paints were transferred from XE6139J onto my vehicle.

At the time of the accident, there were no passengers in my vehicle. No one was injured.

I exchanged particulars with the driver of XE6139J. The driver is one Rathinam Balakrishnan Vijaykumar (FIN: G7150748W, HP: 98685231), who works for Po San Transport Pte Ltd.

That is all.





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1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999



T/20220927/2089

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Report No. T/20220927/2089

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature of Officer Recording The Report:  
J /  
INSP (1) LEE KAH KENG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
27/09/2022 21:48

Officer In Charge Of Case:  
TP / GIA /  
SI CHONG GUAN FATT  
Contact No.: 65472077

Classification Of Case:

NP168