

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/claims.
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 GAN (Traffic 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)
 - (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' law firms/law firms, the Ministry Authority of Singapore and any relevant government agency/authorities (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 mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) collectively the "Purposes";
 - (c) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
 - (d) my Personal Information may/are be disclosed by any of the Insurers and/or GIA to any third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

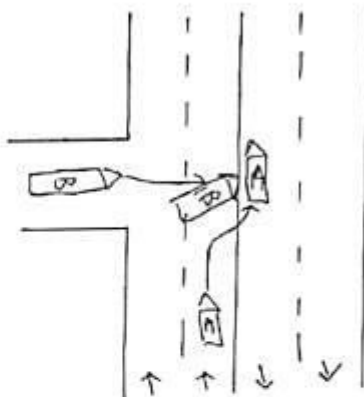
POO SEE YEOW BUS SERVICES PTE LTD
No. 25A Hillview Ave
#05-12 Glendale Park
Singapore 659517
Tel & Fax: 6310 1979 HP: 9843 0003
Reg. 201530582E

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



Gal Way.

A - CB9118P

B - XF 6139J

Describe Circumstances of the Accident

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

Declaration

POO SEE YEOW & SONS 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

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

Witnessed by Mediating Centre
 Perishanet

[Signature] 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

1 of 1

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
--	------------------	--------------------------

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

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
POLICE FORCE**

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



T/20220927/2089

2 of 3

Report No. T/20220927/2089

CONTINUATION OF REPORT

Driver			
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
Driver			
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.

**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

3 of 3

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 applicableDate/Time:
27/09/2022 21:48Officer In Charge Of Case:
TP / GIA /
SI CHONG GUAN FATT
Contact No.: 65472077

Classification Of Case:

NP168



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: SN08229T0001-01 Vehicle Registration No: CB9118P
 Name (as shown in NRIC): SHARIF BIN PUGHIS NRIC/FIN/Passport No: SXXXXX768B
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 27/09/2022 Time of Accident: 18:15
 Place of Accident: GUL WAY
 Insurance Company: CHINA

(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:

CHANGE BACK TO THIRD PARTY

Policyholder / Actual Driver's Signature
Date:

29/09/2022
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: