





## 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 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 information may be referred to the Police for investigation
  6. This report will be forwarded by the insurers of the GAA 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 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 firm/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 envelopes and 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' law firm/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 law firm/law firms), which may be situated outside of Singapore, for one or more of the above Purposes.

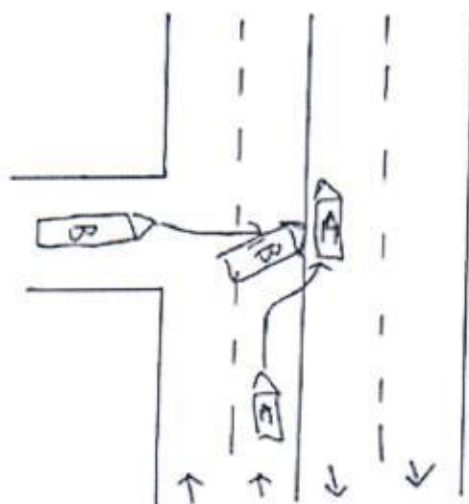
POO SEE YEOW BUS SERVICES PTE LTD  
 No. 25A Hillview Ave  
 #05-12 Glendale Park  
 Singapore 669617  
 Tel & Fax: 6310 1979 HP: 9843 0003  
 Reg. 201530592E

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 7/20220927/2089

Declaration

POO SEE YEOW BUS SERVICES PTE LTD. in every respect  
 No. 25A Hoon 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 Reporting Centre Personnel

*[Signature]* 29/09/2022





**SINGAPORE  
POLICE FORCE**



T/20220927/2089

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

1 of 3

Report No. T/20220927/2089

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/09/2022 21:48	Video 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  
POLICE FORCE**



T/20220927/2089

2 of 3

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

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.





**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 Interpreter:  
Not applicable

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

Signature Of Informant:

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

Classification Of Case:

NP168

Road surface: Dry / Wet

Weather condition: Clear / Raining

Speed: \_\_\_\_\_

Usage of veh during of accident:

Driver IC:

Driver Name :

Driver Pass date :

Driver Birth date :

Does driver own a vehicle: yes / no

If yes, veh number plate: -

veh insurance co: \_\_\_\_\_

Relationship with insured: Employee 3 employer

Witness (if any): yes / no

Witness name: -

Witness hp: \_\_\_\_\_

Witness email (if any): -

Witness add: -

Witness IC no: \_\_\_\_\_

Third party veh number: XE 61393

Name of third party driver: -

IC of third party driver: -

HP of third party driver: -

Address of third party driver: \_\_\_\_\_

Insured/Co name of third party vehicle: -

Contact number of insured/Co: -

Insurance co of third party vehicle: Sompo

Police report (if any): yes / no

Police report reported at which police station: Bukit Panjang NPC

Any intended prosecution given: yes / no

if yes, against whom: veh A / veh B driver

Action taken: claiming third party claiming own damage / reporting only

No of Pax: 1

- Male

- Female

Connect3 client vehicle no: CB9118P

Owner contact no: 9722 9678

Date of accident: 27/9/2022

Location of accident: Gul Way

Time of accident: 1815hrs

Any Injury: yes / no (if yes, must have police report)

Email Address: James@addseven.com.sg

CONNECT3 CAR@GMAIL.COM





Motor Bus

MZ601

N SN

AN0580A

Cov. Type:C

**CERTIFICATE OF INSURANCE**  
Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)  
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1980  
Road Transport Act, 1987 (Malaysia)  
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMB1SNW00012712200

Engine No.: N04CUH16159

Cha. No.: JTGF538903500373

1. Index Mark and Registration  
Number of Vehicle

CB9118P

AUTOSAFE

\*\*\*\*\*

2. Name of Policy Holder

POO SEE YEOW BUS SERVICES PTE LTD

3. Effective date of the Commencement of  
insurance for the purposes of the Regulations,  
Ordinance or Enactment

26/07/2022  
(13:15:06)

Excess Sect. I. S\$2,000.00

Excess Sect. II S\$1,000.00

EX ON WINDSCREEN. S\$500.00

4. Date of Expiry of Insurance

25/07/2023

5. Persons or Classes of Persons entitled to drive\*

Any person provided he is in the Policyholder's employ and is driving on their order or with their permission or any person driving with policyholder's permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.

The Policy does not cover

(1) Use for racing, pace-making, reliability trial or speed-testing.

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By:

ODDS & EVEN  
Authorised Officer

Authorised Signatory

# Annex A

Transaction ref 20130912140728649798

The owner and vehicle particulars for Vehicle No. CB9118P as at 12 Sep 2013 are as follows:

1. Name	: POO SEE YEOW @ FOO SHI YAW
2. Identification No. Type	: Singapore NRIC
3. Identification No.	: S2548333B
4. Place Of Passport Issue	: -
5. Vehicle No.	: CB9118P
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 12 Sep 2013
8. Original Registration Date	: 20 Sep 2012
9. First Registration Date	: 20 Sep 2012
10. Vehicle Type	: S20 - School Transport Bus/Coach/Minibus
11. Vehicle Scheme	: School Bus with AWC
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: TOYOTA
16. Vehicle Model	: COASTER 19 SEATER ABS
17. Year of Manufacture	: 2012
18. Primary Colour	: White
19. Secondary Colour	: -
20. Passenger Capacity	: 19
21. Chassis/Trailer Chassis No.	: JTGFP538903500373 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: N04CUH16159 / -
24. Engine Capacity(cc)/Power Rating(kw)	: 4009 / -
25. Unladen Weight(kg)	: 3380



## Annex A

Transaction ref 20130912140728649798

The owner and vehicle particulars for Vehicle No. CB9118P as at 12 Sep 2013 are as follows:

26. Maximum Laden Weight(kg)	: 4790
27. Open Market Value	: \$73,632.00
28. PARF Eligibility	: No
29. PARF Eligibility Expiry Date	: -
30. Minimum PARF Benefit	: \$0.00
31. No. of Transfers	: 1
32. IU Label No.	: 1550255632
33. COE No.	: -
34. COE Expiry Date	: -
35. COE Category	: -
36. Quota Premium/Prevailing Quota Premium	: -
37. Actual Quota Premium/PQP Paid	: -
38. Actual ARF Paid	: \$3,682.00
39. CO2 Emission(g/km)	: -
40. Actual CEVS Rebate Utilised	: -
41. CEVS Surcharge Paid	: -
42. Actual Green Vehicle Rebate Utilised	: -
43. Vehicle Lifespan Expiry Date	: 19 Sep 2032
44. Road Tax Amount	: \$192.00
45. Road Tax Start Date	: 20 Sep 2013
46. Road Tax End Date	: 19 Mar 2014
47. Remarks	: The vehicle will be de-registered upon reaching its statutory lifespan on 19 Sep 2032. This is a public service vehicle.

**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: SNEP22970001-01 Vehicle Registration No: CB 9118 P  
 Name (as shown in NRIC): HARIF BIN RAHIM 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: Quek Way  
 Insurance Company: Citibank

**(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: