

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 03/10/2022 10:27 (SGT)
Reported by Driver
Date of Accident 30/09/2022 14:23 (SGT)
Exact Location of Accident Xilin Ave, Singapore
Additional Location Information Towards Tanah Merah
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4833G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner At
Company Reg No 1XXXXX108G
Email Address atlantictravel14@gmail.com
Mobile Phone No (Phone) +65-93381882
Alternative Phone No (Office) +65-90929568

VEHICLE PARTICULARS

Manufacturer Isuzu
Model LT434P
Variant Black
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 Auto
CC 7790

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D19MFL0006758_02

DRIVER

Name of Driver Kwek Yong Lee
NRIC No SXXXX302B
Date Of Birth 18/05/1961
Occupation Outdoor

| | |
|--|----------------------------|
| Date Of Driving Pass | 07/07/2005 |
| Driving experience | 17 YEARS AND 2 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-90929568 |
| Alt. Phone Number | (Office) +65-93381882 |
| Email Address | atlantictravel14@gmail.com |
| Address | Blk 174C |
| Address complement | Hougang Avenue 1 #08-1559 |
| Postcode | 533174 |
| 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) | 30 |
| 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 | NA |
| Gender | Male |

PASSENGER 2

| | |
|--------------|------|
| Name | NA |
| Gender | Male |

PASSENGER 3

| | |
|--------------|------|
| Name | NA |
| Gender | Male |

PASSENGER 4

| | |
|--------------|------|
| Name | NA |
| Gender | Male |

PASSENGER 5

| | |
|--------------|--------|
| Name | NA |
| Gender | Female |

PASSENGER 6

| | |
|--------------|--------|
| Name | NA |
| Gender | Female |

PASSENGER 7

| | |
|--------------|--------|
| Name | NA |
| Gender | Female |

DETAILS OF POLICE ACTION

| | |
|---|--|
| Was the accident reported to the police? | Yes |
| Police Station Name | Telok Blangah Neighbourhood Police Post |
| Police Station Phone No | (Phone) +65-18002729999 |
| Alt. Police Station Phone No | (Fax) +65-63776526 |
| Police Station Address | Blk 51 Telok Blangah Drive #01-116/ 118 Singapore 100051 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

Refer to police report T/20220930/2037

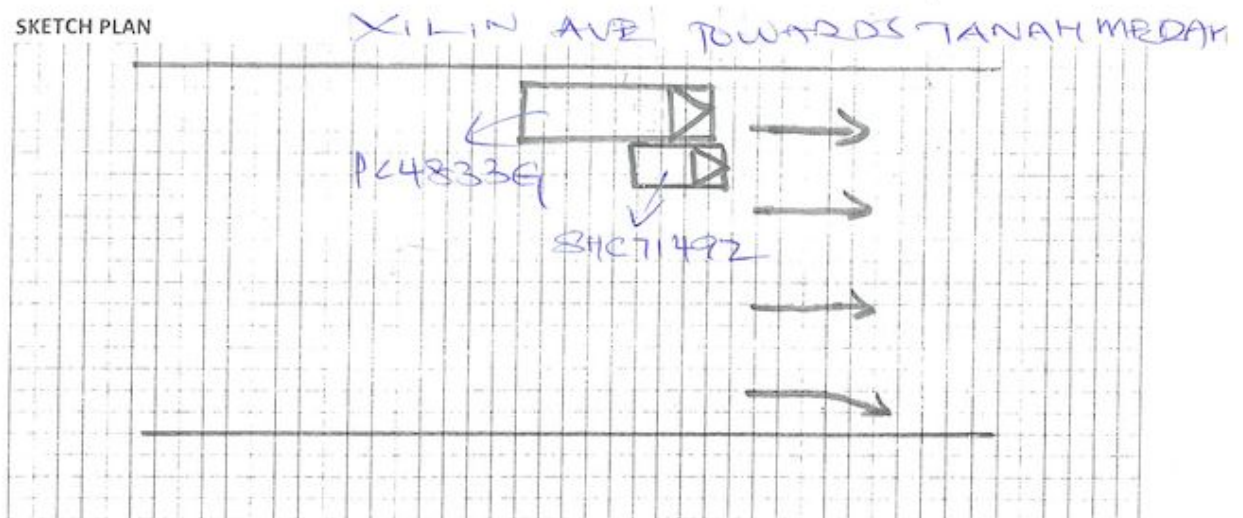
ATTACHMENT(S)

| | |
|---|----------------------------------|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | Yes |
| Reasons for not uploading a video of the accident | Too big,send to III thruy email. |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|---|-----------------------|
| Vehicle Registration Number | SHC7149Z |
| Vehicle Manufacturer | Hyundai |
| Vehicle Model | I40 |
| Vehicle Variant | - |
| Vehicle Colour | Yellow |
| Vehicle Category | Taxi |
| Name of Driver | NA |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | AXA Insurance Pte Ltd |
| Nature Of Damage | NA |
| Details of property damaged in accident | NA |
| No. Of Passenger (Including Driver) | - |

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Radar to police report: T/20220930/2037

DECLARATION

I/We declare the foregoing particulars are true in every respect.

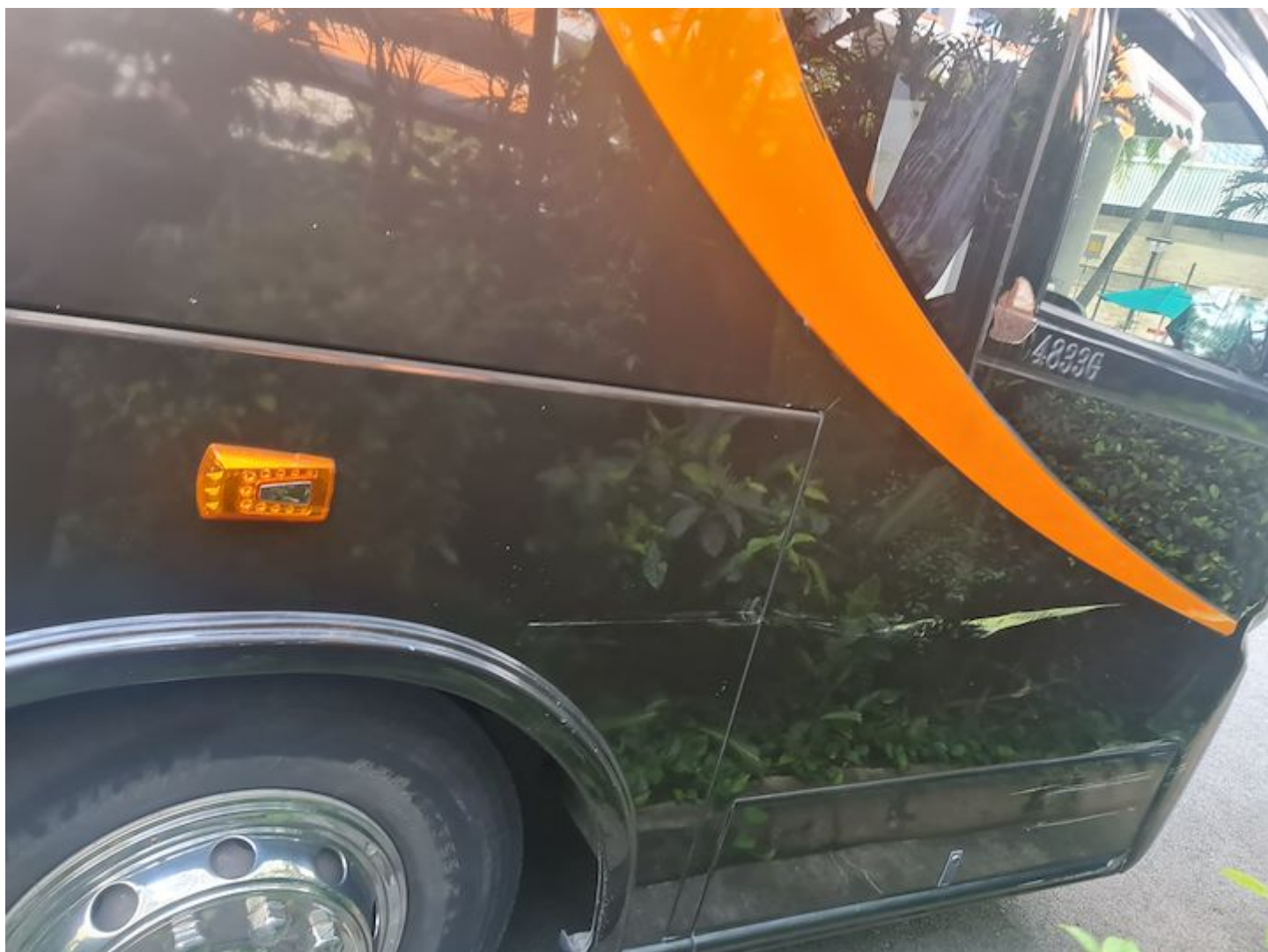
Policyholder's Signature
Date & Time:



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

Kwek

Reporting Centre Personnel's Signature
Name: Yilmaz
NRIC/EPF No: 810294162









**SINGAPORE
POLICE FORCE**



T/20220930/2037

1 of 3

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999

Report No. T/20220930/2037

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/09/2022 14:23 | Vide Report No.: | Station Diary No.: 10 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: KWEK YONG LEE ADDISON | | | Address: APT BLK 174C HOUGANG AVENUE 1 #08-1559 SINGAPORE 533174 | |
| ID Type / ID No.: NRIC NO / S1511302B | | | Contact No.: Home/Office: | Mobile: 90929568 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 61 | Date of Birth: 18/05/1961 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 2B,3,4,5 Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------------|------------------------------|--|-------------------------------------|
| Type of Accident: | Non-Injury | Drink Drive: No | Date/Time of Accident: 30/09/2022 08:00 | Type of Location: Straight Road |
| Location: XILIN AVENUE | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: 50 Km/h | | |
| Traffic Flow: Two Way | Traffic Control: Not Controlled | Traffic Volume: Light | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|-------|-------|---------------|---------------------|-----------------|
| PC4833G | Bus/Coach/Mi nibus | ISUZU | | Multi-Colored | Slightly Damaged | 30 |
| SHC7149Z | Car | | | | | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



T/20220930/2037

2 of 3

Report No. T/20220930/2037

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-----------------------------|--|--|
| Driver | | | |
| Name | KWEK YONG LEE ADDISON | ID No. | S1511302B |
| Related Vehicle | PC4833G (Bus/Coach/Minibus) | Contact No. | 90929568 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B,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 30/09/2022 at about 0800hrs, I was driving my company bus along Xilin Ave towards Tanah Merah. During that point of time, I was driving along the left most lane with about 30 to 40 passengers on board. I spotted a taxi to the right of me and suddenly, the taxi moved into my lane and I saw him colliding to the front right of my bus. The taxi did not stop and even wave at me and drove off. The taxi was seen exiting to the left towards Changi after Xilin Ave. I then immediately came out of my bus to make a check and discovered scratches to the front left side of my bus and I informed my company about the matter. I had a camera installed in my bus in which the accident could be seen. My passengers nor myself were not injured and I was advised by my company to lodge a police report.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Telok Blangah NPP
51 Telok Blangah Drive #01-116
SINGAPORE 100055
Tel No: 1800-2729999



T/20220930/2037

3 of 3

Report No. T/20220930/2037

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:

D /

SGT 3 LOW KONG WEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/09/2022 14:23

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT FAHKRUL RAZI BIN SUHAIME

Contact No.: 65470000

Classification Of Case:

NP168

SINGAPORE ACCIDENT STATEMENT

| | | |
|--|--|------------------------------|
| Accident Date & Time: 30/9/2022 @ 8:00am | | |
| Accident Location: Xilin Avenue | | |
| Vehicle Number: PC4833G | Make/Model: Isuzu/LT434P 7.8 SMT | |
| Policy Holder Name: Comet Travel Pte Ltd | | |
| NRIC/ROC: 199409108G | Mobile: 93381882 | |
| Email: atlantictravel14@gmail.com | | |
| Insurance Company: India International Insurance Pte Ltd | | |
| Policy Number: D19MFL0006758-02 | Policy Period: 01 Nov 2021 - 31 Oct 2022 | |
| Policy Coverage: Comprehensive (✓) | Third Party () | Third Party Fire & Theft () |
| State Action Taken: Claim Own Policy () | Claim Third Party (✓) | Reporting Only () |
| Driver Name: Kwek Yong Lee Addison | | |
| NRIC: S1511302B | Mobile: 9092 9568 | |
| Date Of Birth: 18/05/1961 | Driving Pass Date: 07/07/2005 | |
| Gender: Male (✓) Female () | Occupation: Indoor () Outdoor (✓) | |
| Address: APT BIK P4C Hougang Avenue 1 #08-1559, S533174 | | |
| Is driver an employee of the insured's company: Yes (✓) No () | | |
| If No, Relationship of the driver with the insured: | | |
| Owner () Spouse () Friend () Relative () Children () Sibling () Hirer () | | |
| Weather Conditions: Clear (✓) Raining () Others () | | |
| Road Surface: Dry (✓) Wet () Others () | | |
| Was any foreign vehicle involved in this accident? Yes () No (✓) | | |
| Was anybody injured in the Accident? Yes () No (✓) | | |
| Was there any video captured by Car Camera? Yes (✓) No () | | |
| Number of Passenger (Including Driver): 3 | | |
| 1) | 2) | 3) 4) |
| Was the accident reported to the police? Yes (✓) No () "attach Police Report, if any" | | |
| 3 rd Party Name: | | |
| Vehicle Number: SHC7149Z | Make & Model: | |
| NRIC: | Mobile No: | |
| Witness Details (if any): | | |
| NAME: | NRIC: | Mobile No: |
| Other remark: if any | | |

SKETCH PLANIMPORTANT NOTICE

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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 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Julian

NRIC/FIN No: S70292162