

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 14/10/2022 16:12 (SGT)
Reported by Driver
Date of Accident 14/10/2022 10:05 (SGT)
Exact Location of Accident Singapore
Additional Location Information BKE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4641T

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner COMFORTDELGRO BUS PTE. LTD
Company Reg No 1XXXXX256W
Email Address lucychin@comfordelgrobus.com.sG
Mobile Phone No (Phone) +65-91014602
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yutong
Model Zk6122he9
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? Yes
Vehicle Category Bus
Transmission Manual
CC 8880

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D20MFL0003256_02

DRIVER

Name of Driver GOH CHOR HIONG
NRIC No SXXXX902G
Date Of Birth 16/07/1953
Occupation Outdoor

Date Of Driving Pass	20/10/1989
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-93644464
Alt. Phone Number	-
Email Address	lucychin@comfordelgrobust.com.sg
Address	BLK 257 JURONG EAST ST 24 #06-423
Address complement	-
Postcode	600257
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	Clementi Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008729999
Alt. Police Station Phone No	(Fax) +65-68728039
Police Station Address	No. Singapore 129858
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

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	SMK3655D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD6488S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	YP5799R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK3655D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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.
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.

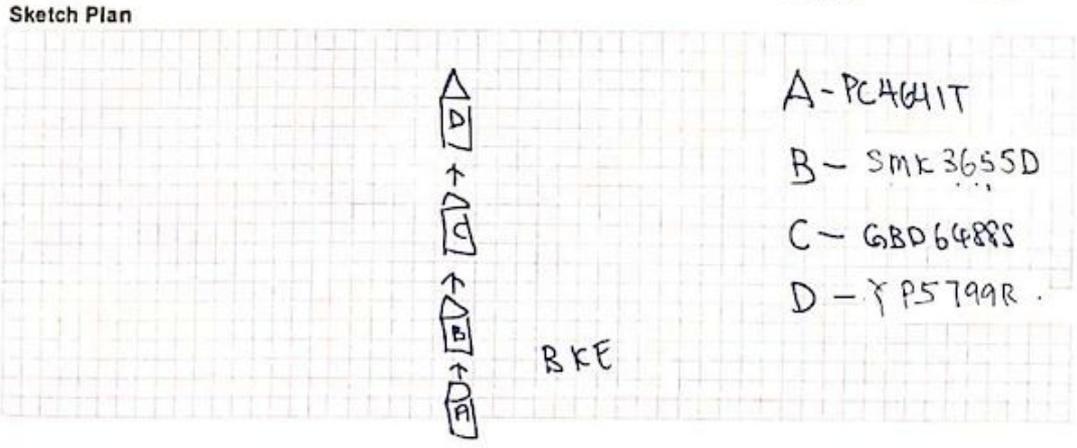
Policyholder's Signature / Date & Time

Y JOH

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

[Signature]

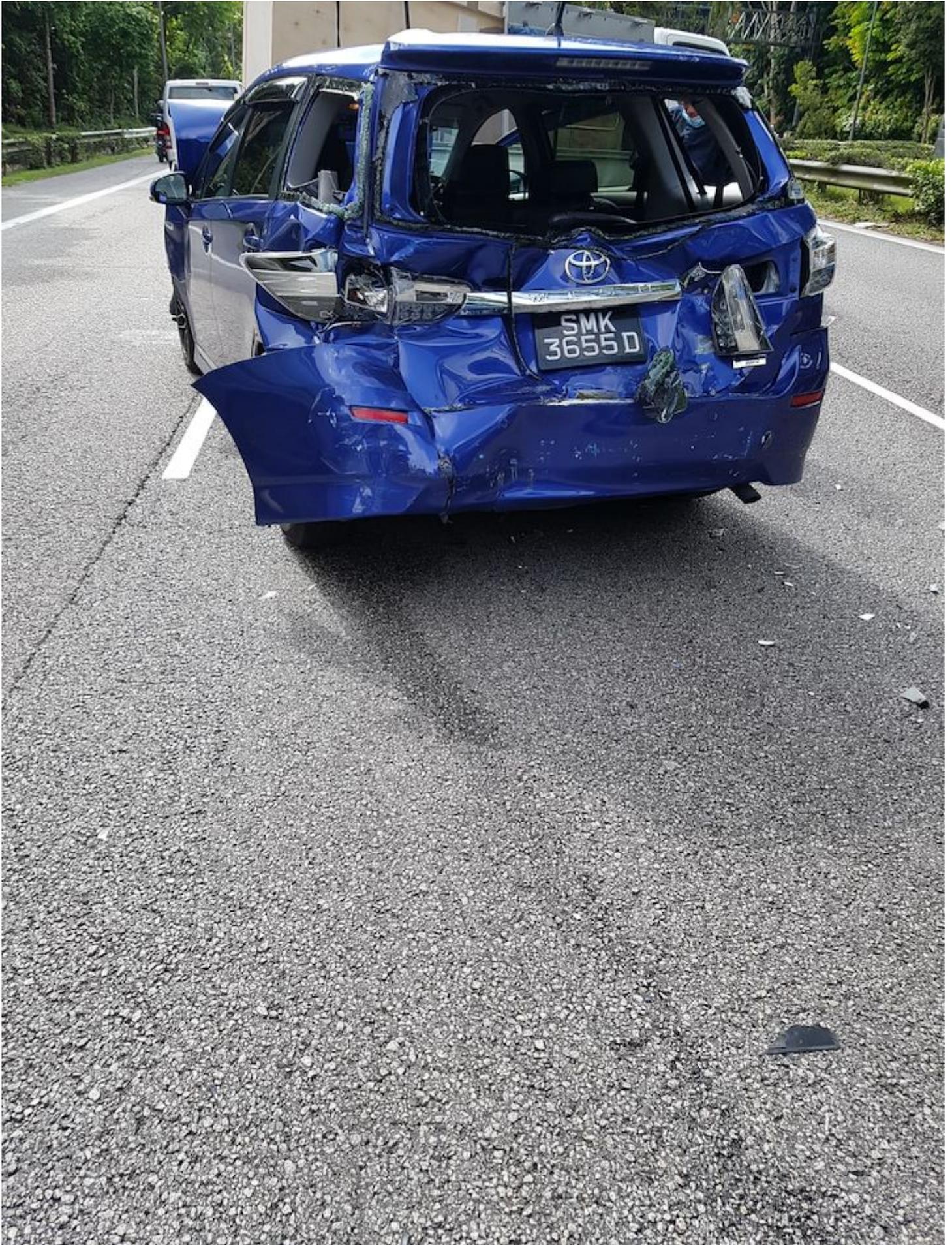
Witnessed by Reporting Centre Personnel









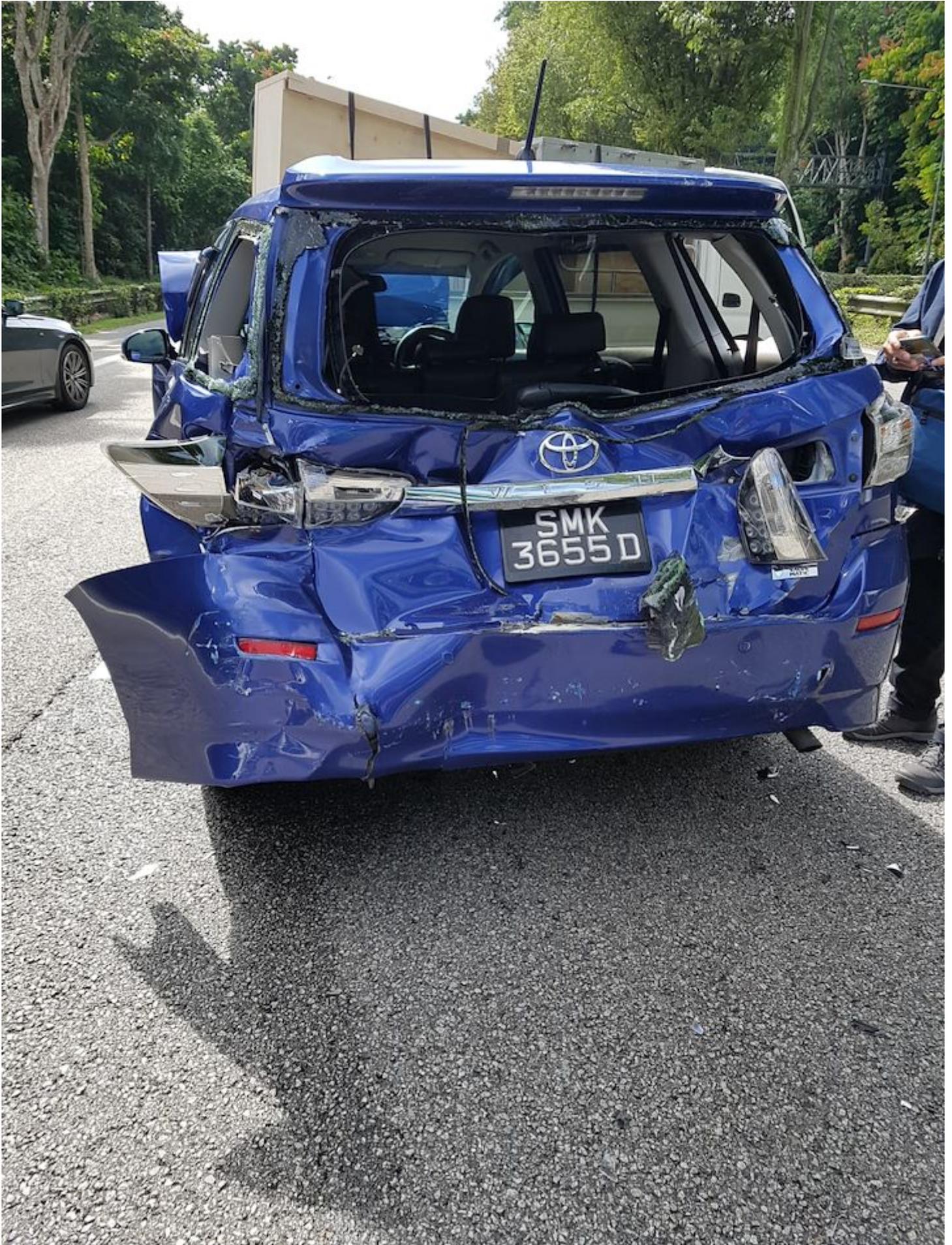






























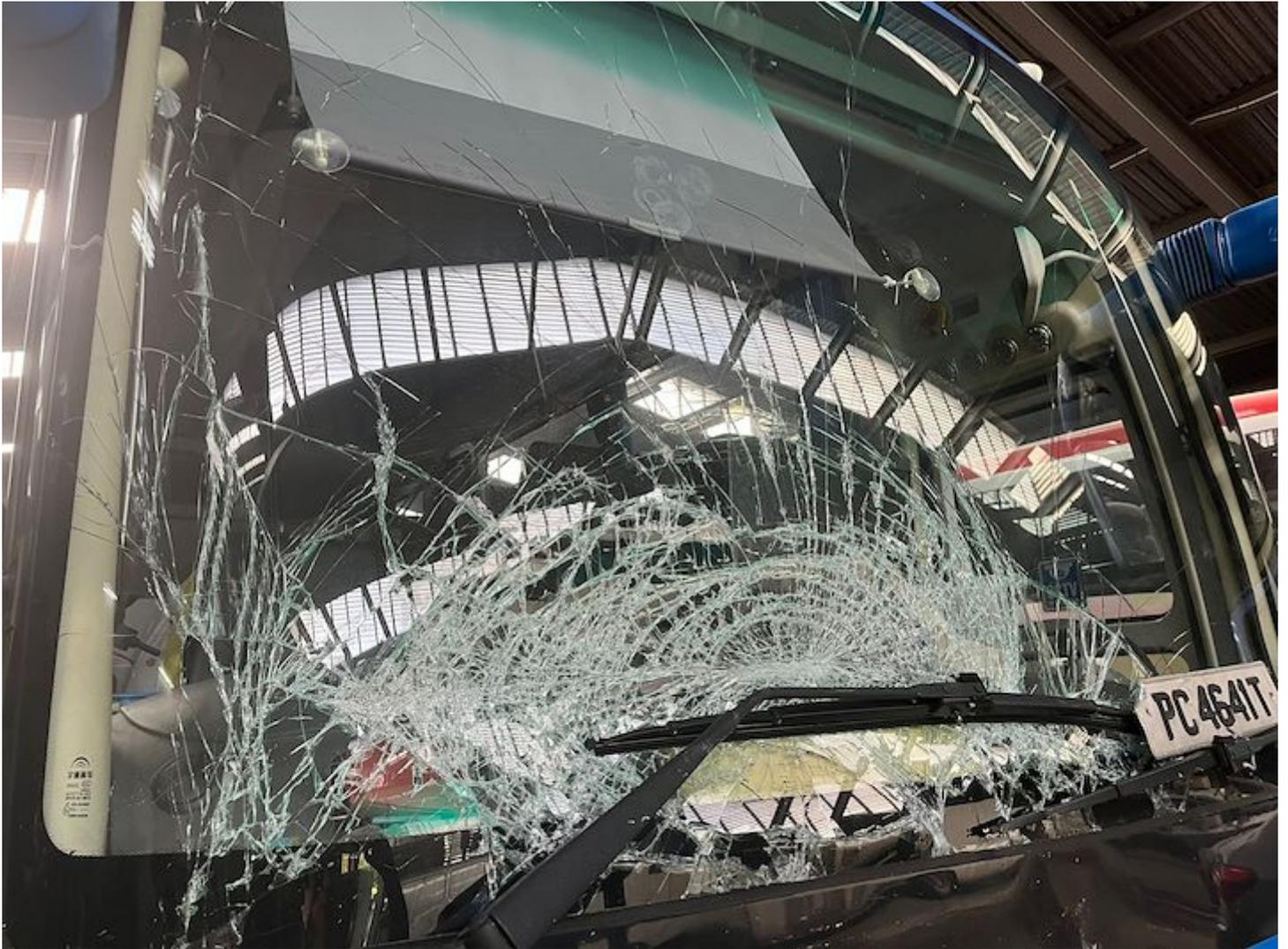


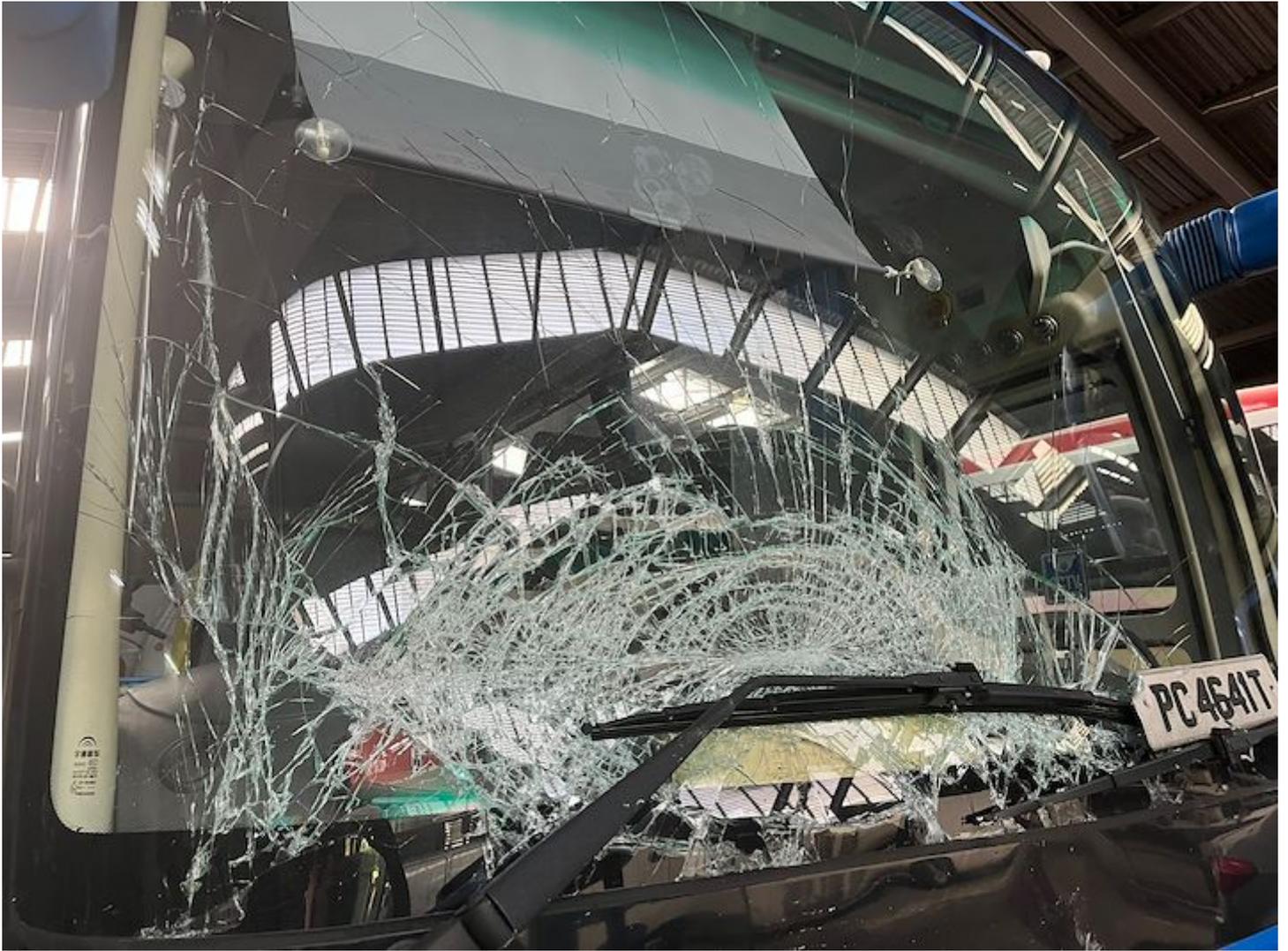


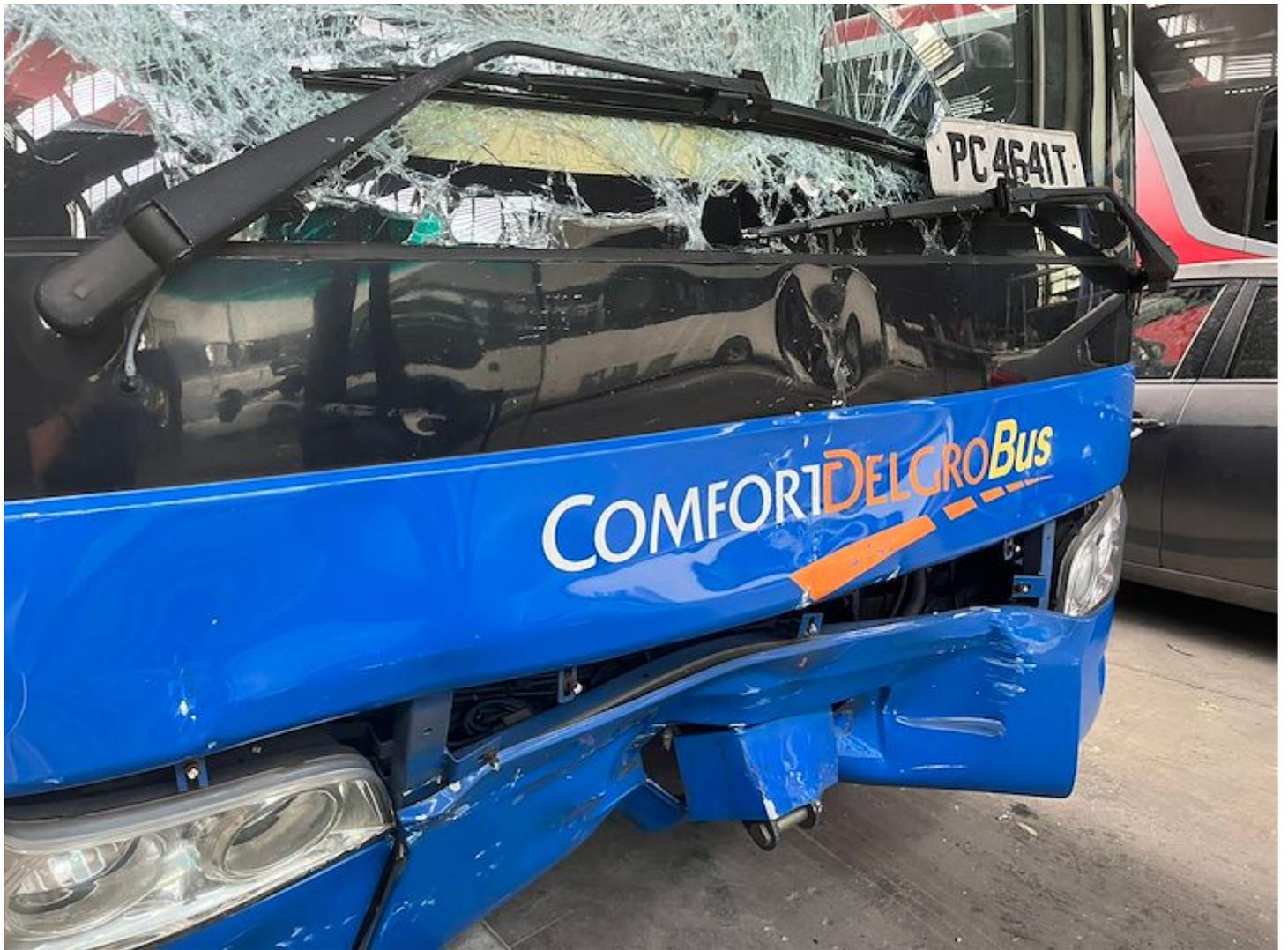


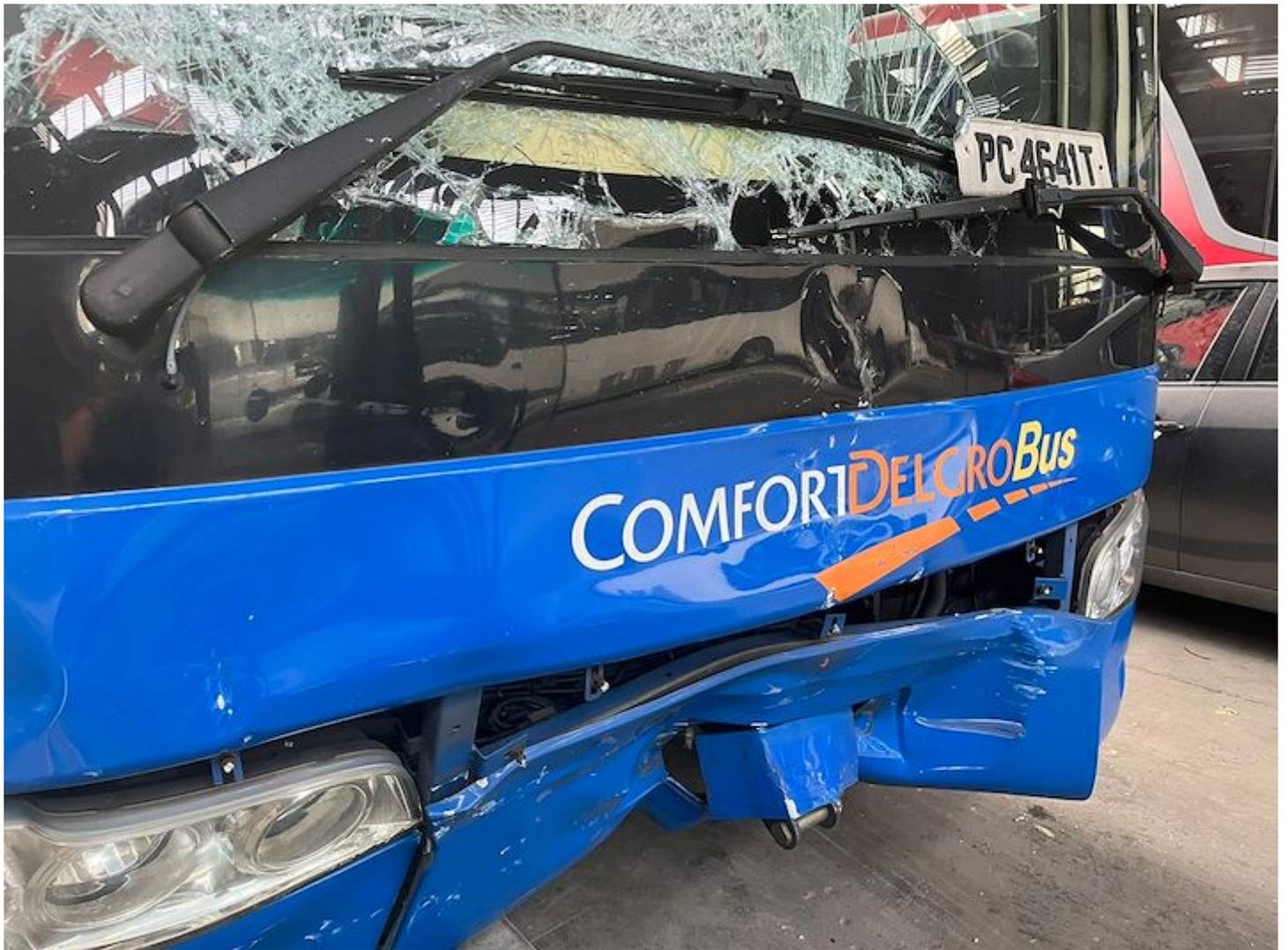






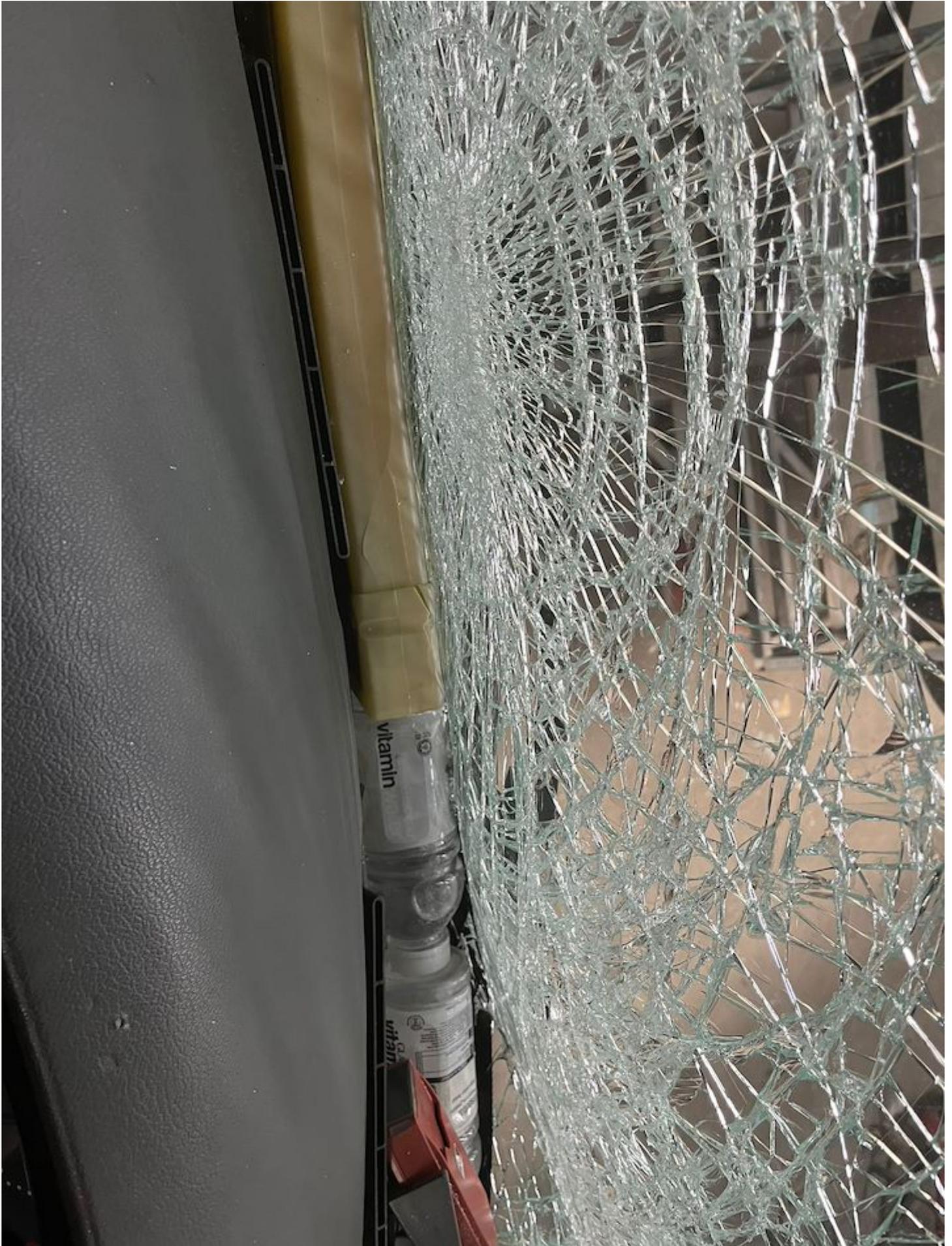


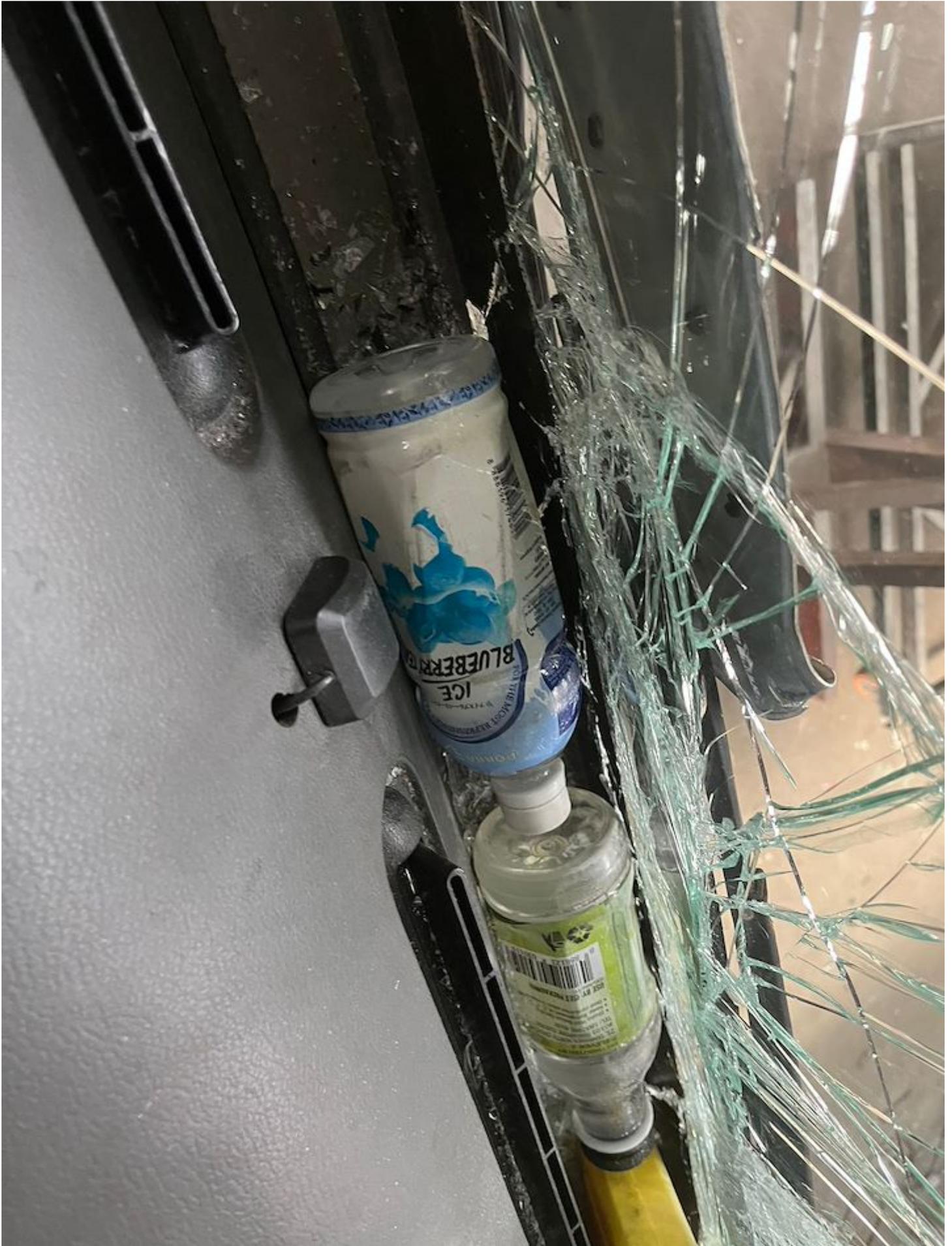


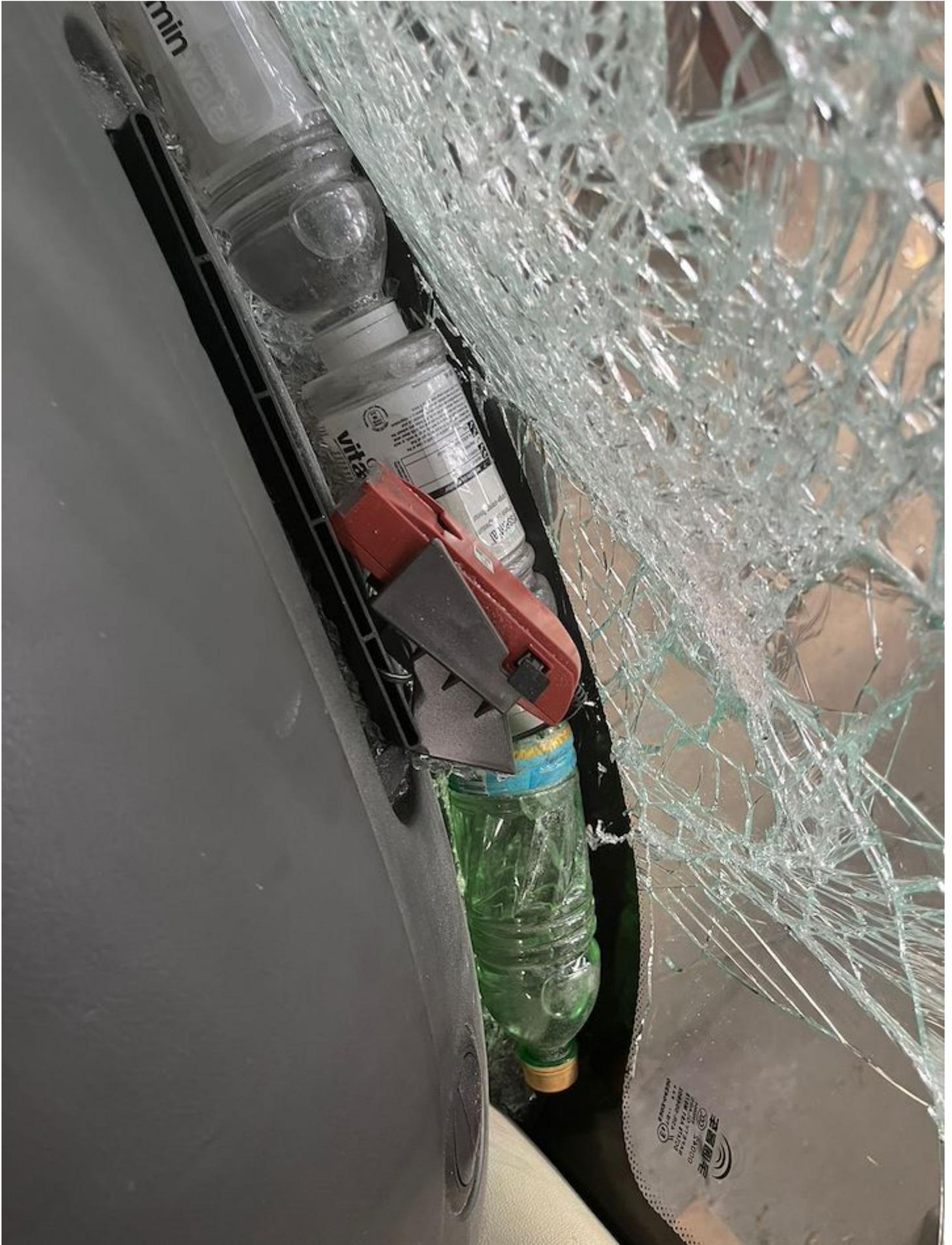


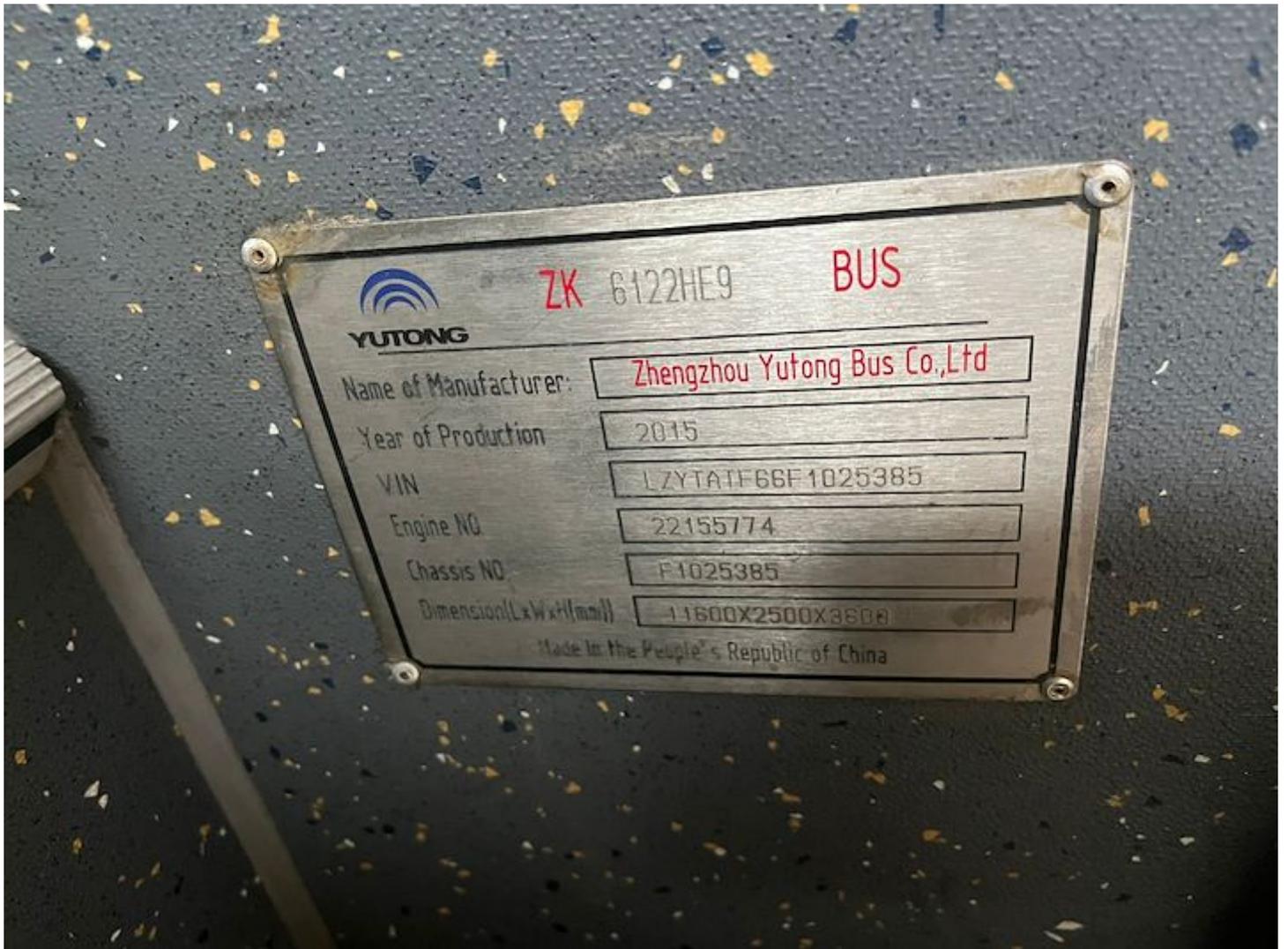



















**SINGAPORE
POLICE FORCE**


T/20221014/2045

1 of 4

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

Report No. T/20221014/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/10/2022 14:23	Vide Report No.: F/20221014/0066	Station Diary No.: 55
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Informant's Particulars

Name of Informant: GOH CHOR HIONG		Address: APT BLK 257 JURONG EAST STREET 24 #06-423 SINGAPORE 600257	
ID Type / ID No.: NRIC NO / S0988902G		Contact No.:	Mobile: 93655564
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 16/07/1953	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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/10/2022 10:05	Type of Location: Straight Road
Location: BUKIT TIMAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6488S	Lorry				Seriously Damaged	3
PC4641T	Bus/Coach/Mi nibus				Seriously Damaged	0
SMK3655D	Car				Totally Damaged	1
YP5799R	Lorry				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T702210147045

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129958
Tel No: 1800-8729999

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Report No. T702210147045

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	GOH CHOR HIONG	ID No.	S0988902G
Related Vehicle	PC4641T (Bus/Coach/Minibus)	Contact No.	93655564
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
Driver			
Name	MOHMAD IBRAHIM BIN KARIM	ID No.	S1186758I
Related Vehicle	SMK3655D (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 14/10/2022 at about 1004hrs, I was driving my company's ComfortDelGro Bus bearing license plate no. PC4641T along Bukit-Timah Expressway (BKE) heading towards Pan-Island Expressway. I wish to state that there was a heavy traffic-flow in the direction, and I was positioned on the second lane at said time. There was one motorcar vehicle bearing license plate no. SMK3655D ahead of me during said time. As I was travelling straight ahead, I had noticed that SMK3655D had braked hard and came to a stop ahead of me. Thus, I had needed to brake hard and came to a stop as well to avoid a collision. However, due to the heavy traffic that led to the extent of standstill traffic, despite braking hard, I was unable to stop in time. Thus, I had collided into the motorcar vehicle ahead of me being SMK3655D. Due to the impact, I believe that SMK3655D had surged forward thereafter. I wish to state that there were no passengers onboard with me in the bus at said time. I wish to state that I am uninjured from the accident.

Upon alighting the vehicle, I had then realized that the whole accident had took place in a chain collision, involving four vehicles inclusive of myself. Aside from SMK3655D, there was also a lorry ahead of the motorcar vehicle bearing license plate no. GBD6488S whose rear had been collided from SMK3655D. GBD6488S had also surged forward and collided into another lorry ahead of it bearing license plate no. YP5799R. I wish to state that I had noticed one Female passenger of SMK3655D being conveyed in an ambulance. I had exchanged particulars with SMK3655D's driver who was directly involved in my collision, in the front of me. However, I had not took down his contact details.

I wish to state that there is an in-car camera installed in my company's bus. However, I would need to



**SINGAPORE
POLICE FORCE**



T120221014/0066

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999

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Report No. T120221014/0066

CONTINUATION OF REPORT

review and liaise with my company in order to playback or retrieve the footages. My company's bus was observed to have a smashed windscreen and major damages such as broken parts and dents to its front side of the bus. I observed that SMK3655D who I had collided with suffered major damages to its entire front portion of the vehicle, which includes external and internal damages. GBD6488S was observed to have suffered damages to its front and rear involving cracks, scratches and dents which includes the rear license plate, rear compartment door and exhaust pipe to be broken off. I observed that YP5799R suffered damages to its rear such as a minor scratches and crack to its rear back door. SMK3655D whom I collided with had also suffered damages to its rear as well.

I have informed my supervisors on the matter. Traffic Police had arrived shortly and handed over a case card reference to F/20221014/0066.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Clementi N.P.C
20 Clementi Avenue 5 SINGAPORE 129858
Tel No: 1800-8729999



T/20221014/2045

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Report No. T/20221014/2045

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 2 MUHAMMAD MIQDAD BIN FISALL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/10/2022 14:23
Officer In Charge Of Case: TP / GIT / STAFF SGT YAN MINGSHENG DANIEL Contact No.: 65476252	Classification Of Case:

NP168



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours Monday to Friday, 09 00 – 17 00
 UEN: S66350020G / GST Reg. No.: N1400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

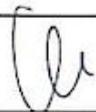
Original Report No : SC1U22AE 0003 Vehicle Registration No: PC 46417
 Name (as shown in NRIC) : Goh Chor Hong NRIC/FIN/Passport No -
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : - Singapore ()
 Contact (Tel) : - Mobile No. : -
 Email Address : -
 Date of Accident : 14/10/2022 Time of Accident : -
 Place of Accident : BKE
 Insurance Company: Indra International Insurance Pte Ltd.

(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:

1st veh - YP 5799R
2nd veh - GBD 6488S
3rd veh - SMT 3675D
last veh - PC 46417

Policyholder / Driver's Signature
 Date:



 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.
 Date: