

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	02/11/2022 16:22 (SGT)
Reported by	Driver
Date of Accident	29/10/2022 21:30 (SGT)
Exact Location of Accident	Tanah Merah Coast Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6552D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TAN BUS TRANSPORT
Company Reg No	5XXXX308C
Email Address	tan.bus.transport@gmail.com
Mobile Phone No	(Phone) +65-85257163
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT434P
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	Auto
CC	7790

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0008844

DRIVER

Name of Driver	PETER WANG CHOR SENG
NRIC No	SXXXX171Z
Date Of Birth	06/01/1957
Occupation	Indoor

Date Of Driving Pass	12/03/1986
Driving experience	36 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85257163
Alt. Phone Number	-
Email Address	tan.bus.transport@gmail.com
Address	BLK 455A ANG MO KIO STREET 44 #19-01
Address complement	-
Postcode	561455
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)	59
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	UNKNOWN WORKER
Gender	Male

PASSENGER 2

Name	UNKNOWN WORKER
Gender	Male

PASSENGER 3

Name	UNKNOWN WORKER
Gender	Male

PASSENGER 4

Name	UNKNOWN WORKER
Gender	Male

PASSENGER 5

Name	UNKNOWN WORKER
Gender	Male

PASSENGER 6

Name	UNKNOWN WORKER
Gender	Male

PASSENGER 7

Name	UNKNOWN WORKER
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Ang Mo Kio South Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18004519999
Alt. Police Station Phone No	(Fax) +65-65535679
Police Station Address	81 Ang Mo Kio Ave 3 Singapore 569929
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221030/2065

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	WITH OWNER

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH9382Y
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)	-

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

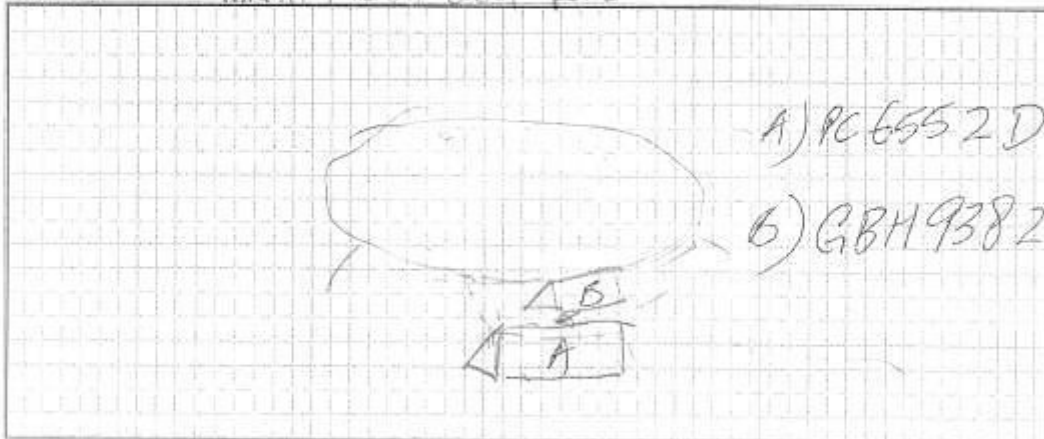
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

TANAH TIKRAT (CAR) ROAD



Describe Circumstance of the Accident

Refer to my police report T/2022/030/2025

Was there any video captured by Car Camera? ☒ Yes / ☐ No Video is too big to upload

Has the driver been approached by unknown person(s)? ☐ Yes / ☒ No


Number of Passengers (Including Driver)? 54 (All male workers unknown names)


Name _____ Gender: MALE


Name _____ Gender: _____

Name _____ Gender: _____

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

Policyholder's Signature  Time _____

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

Witnessed by Reporting Centre Personnel (Write as in NR/CND card)  08/11/2022























**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20221030/2065

1 of 1

Report No.: T/20221030/2065

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
30/10/2022 21:02

Vide Report No.:
G/20221029/0204

Station Diary No.:
128

Informant's Particulars

Name of Informant: PETER WANG CHOR SENG			Address: APT BLK 455A ANG MO KIO STREET 44 #19-01 SINGAPORE 561455		
ID Type / ID No.: NRIC NO / S1229171Z			Contact No.: Home/Office: Mobile: 85257163		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 06/01/1957	Type of Informant: Driver		
Race: Chinese			Language:		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:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/10/2022 21:30	Type of Location: Roundabout
Location: TANAH MERAH COAST ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Controlled by Others e.g. Workmen		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBH9382Y	Lorry				Slightly Damaged	1
PC6552D	Bus/Coach/Mi nibus				Slightly Damaged	57

Details of Person Involved

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



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Report No. T/20221030/2065

CONTINUATION OF REPORT

Driver			
Name	PETER WANG CHOR SENG		ID No. S1229171Z
Related Vehicle	NIL		Contact No. 85257163
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	ALI HASSAN		ID No. G7030143T
Related Vehicle	NIL		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 29/10/2022 at about 2130hrs, I was driving a bus (PC6552D) and I was driving Tanah Merah Coast Road and exiting the slip road going towards Changi East pass office to exchange my pass. Before stopping at the roundabout, I checked on the road and it was clear. As such, I moved my vehicle. I stayed at the extreme left lane.

Subsequently, after driving off, I saw a fast-moving lorry (GBH9382Y) drove past me and side swiped my vehicle. The lorry had to stop on top of the side curb.

After the collision, I stopped my vehicle further forward.

I exited my vehicle and talked to the other driver and passenger to check on them.

Subsequently, the ambulance and traffic police came to scene. TP asked me to make a traffic accident report.

I wish to state that I have in car camera for my vehicle.

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81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999



T/20221030/2065

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Report No: T/20221030/2065

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:
F /
SGT 2 AHMAD ZAKIR BIN
NOORDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
30/10/2022 21:02

Officer In Charge Of Case:
TP / GIT /
SI VILTON HIA WEE SIANG
Contact No.: 65476232

Classification Of Case:

NP168