

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	03/11/2022 18:04 (SGT)
Reported by	Driver
Date of Accident	02/11/2022 09:10 (SGT)
Exact Location of Accident	SLE, Singapore
Additional Location Information	SLE TOWARDS BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PH5115M
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	FEIDA BUS CONSORTIUM PTE LTD
Company Reg No	2XXXXX228M
Email Address	YOHEY@GOHTPT.COM.SG
Mobile Phone No	(Phone) +65-98536808
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	FTBCI
Model	LEXBUILD
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Bus
Transmission	Manual
CC	0

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V12546/VBS/R01

DRIVER

Name of Driver	ONG THIAM GUAN
NRIC No	SXXXX598C
Date Of Birth	03/08/1957
Occupation	Outdoor

Date Of Driving Pass 07/06/1984
 Driving experience 38 YEARS AND 5 MONTHS
 Gender Male
 Mobile Number (Phone) +65-98536808
 Alt. Phone Number -
 Email Address YOEY@GOHTPT.COM.SG
 Address APT BLK 660A JURONG WEST STREET 64 #07-396
 Address complement -
 Postcode 641660
 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 - Head to Rear
 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) 2
 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
 Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
 Police Station Name Nanyang Neighbourhood Police Centre
 Police Station Phone No (Phone) +65-18007929999
 Alt. Police Station Phone No (Fax) +65-67912972
 Police Station Address No. 2 Jurong West Avenue 5 Singapore 649482
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

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	FBQ3686M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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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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 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

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

CHAI KAR YEE

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

Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20221102/2087

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20221102/2087

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2022 19:43	Vide Report No.:	Station Diary No.: 152
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Informant's Particulars

Name of Informant: ONG THIAM GUAN	Address: APT BLK 660A JURONG WEST STREET 64 #07-396 SINGAPORE 641660		
ID Type / ID No.: NRIC NO / S2166598C	Contact No.: Home/Office: Mobile: 98536808		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 65	Date of Birth: 03/08/1957	Type of Informant: Driver
Race: Chinese	Language:		Institution / School Name:
Occupation: Bus driver	Driving Licence Information: Class: 3,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/11/2022 09:10	Type of Location: Expressway
Location: SELETAR EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
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
FBQ3686M	Motorcycle				Slightly Damaged	0
PH5115M	Bus/Coach/Minibus (School Children)				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20221102/2087

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Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20221102/2087

CONTINUATION OF REPORT

Rider			
Name	AMR RAMLAN	ID No.	T0037977D
Related Vehicle	FBQ3686M (Motorcycle)	Contact No.	87422273
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	Slight
Driver			
Name	ONG THIAM GUAN	ID No.	S2166598C
Related Vehicle	PH5115M (Bus/Coach/Minibus (School Children))	Contact No.	98536808
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 02/11/2022 at about 0909hrs, I was driving a private hirer bus (registration plate: PH5115M) along SLE towards BKE before Woodlands Ave 12. While I was driving along second lane, a motorcycle (registration plate: FBQ3686M) rode up from my rear and hit onto the rear right side of my bus. Upon impact, the rider lost his balance and skidded on the road. My passenger (bus attendant) and I were not injured.

The rider refused any medical attention. Traffic police attended to us. I had informed my insurance company and they advised me to lodge a traffic accident report. My bus has an in-car-camera.