

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	09/11/2022 12:18 (SGT)
Reported by	Driver
Date of Accident	08/11/2022 13:50 (SGT)
Exact Location of Accident	Jln Bahar, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5414B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	EBUS EXPRESS PTE LTD
Company Reg No	2XXXXX275G
Email Address	scyz69@gmail.com
Mobile Phone No	(Phone) +65-91074917
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Rosa
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	Auto
CC	2998

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00017072104

DRIVER

Name of Driver	NG SAY CHOO
NRIC No	SXXXX739C
Date Of Birth	05/12/1956
Occupation	Outdoor

Date Of Driving Pass	20/06/1990
Driving experience	32 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91074917
Alt. Phone Number	-
Email Address	scyz69@gmail.com
Address	BLK 759 JURONG WEST STREET 74 #09-100
Address complement	-
Postcode	640759
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PAN

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 TRAFFIC POLICE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	-
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	TREE
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 later report may be referred to the Police for investigation.
 6. The report will be forwarded by the insurers of the C&A 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 signing 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 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' 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 making 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 claim as well as on the external cover of enveloped postal 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 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Sketch Plan

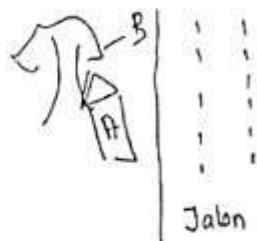


J. NSE

09/11/2022
Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time
Sketch Plan

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



Jabn Bahor

A-PC5414B

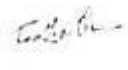
B-Tree

Describe Circumstances of the Accident

Please refer to Police Report T/20221108/7059

Declaration

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

X 
Policyholder's Signature / Date & Time




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

 09/11/2022
Witnessed by Reporting Centre Personnel


















































**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221108/7059

1 of 3

Report No: T/20221108/7059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2022 15:55	Vide Report No.: J/20221108/0114	Station Diary No.:
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Informant's Particulars

Name of Informant: NG SAY CHOO			Address: 759 JURONG WEST STREET 74 #09-100 SINGAPORE 640759		
ID Type / ID No.: NRIC NO / S1179739C			Contact No.: Home/Office: Mobile: 91074917		
Nationality: SINGAPORE CITIZEN			Email: SCYZ69@GMAIL.COM		
Sex: Female	Age: 65	Date of Birth: 05/12/1956	Type of Informant: Driver		
Race: Chinese			Language: English	Institution / School Name:	
Occupation:			Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/11/2022 13:50	Type of Location: Straight Road
Location: JLN BAHAR				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 40 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
PC5414B	Van					0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**

Police Station Of Origin;
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221108/7059

2 of 3

Report No. T/20221108/7059

CONTINUATION OF REPORT

Driver			
Name	NG SAY CHOO		ID No. S1179739C
Related Vehicle	PC5414B (Van)		Contact No. 91074917
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL

Brief Details.

ON 8/11/2022 AROUND 1350HRS, I WAS DRIVING MY BUS PC5414B ALONG JALAN BAHAR. I MAKE A U TURN THE JUNCTION, I WANTED TO BRAKE AND SLOWED DOWN BUT I ACCIDENTALLY STEP ON THE ACCELERATOR. AS SUCH MY BUS MOVE FORWARD AND COLLIDED ONTO THE TREE.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20221108/7059

3 of 3

Report No. T/20221108/7059

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476178

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
08/11/2022 15:55

Classification Of Case:



**SINGAPORE POLICE FORCE
ACKNOWLEDGEMENT SLIP**

To Generali
9619 2371 w/p

Ref: Report No: J/202108/0114

I, 81201, Ng Seng Joon
(Recipient's Name, Contact No. / NRIC or Passport No. / Rank and No.)
of No 10 Upp Ave 3 Zoffin. Reize Dept Sec 80855
(Address / Police Station / NPC / NPP)

hereby acknowledge receipt of the below mentioned items of:

- 1 one Micro 32-GB 8/10-GB 2GB 50 MP 12-1067
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

from Ng Seng Joon 1/2.5179734/c
(Name, NRIC or Passport No. / Rank and No.)
of Mk 754 Joon West 81 74 #09-L03 SC 640758
(Address / Police Station / NPC / NPP)
on 08/08/21 at 1550h
(Date) (Time)

Witnessed by / * Handed over by:
(* Delete if applicable)

Received by:

Ng Seng Joon
(Signature)
81201, Ng Seng Joon 31179734/c
(Name, NRIC or Passport No. / Rank and No.)

81201, Ng Seng Joon
(Signature)
(Name, Contact No. / NRIC or Passport No. / Rank and No.)

Other Remarks: I have taken back my P/L and 4c