SN0922BH000C / National Assessment Centre Services [408933] ENTRY DATE & TIME: 17/11/2022 16:24 (SGT) SUBMITTED BY: Chew Hsiao Tong VERSION: 1 (17/11/2022 16:24 (SGT))

# **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 witholding 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 17/11/2022 16:24 (SGT) Reported by Driver Date of Accident 15/11/2022 10:00 (SGT) Exact Location of Accident Depot Ln, Singapore Additional Location Information OPEN SPACE CAR PARK Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number PA977I

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner AURORA WORLD PTE LTD Company Reg No 2XXXXX992D Email Address itestan@singnet.com.sg Mobile Phone No (Phone) +65-90811636 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? No - Claiming third party Vehicle Category Bus Transmission Auto CC 2998

**INSURANCE COMPANY** 

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V03495/VBZ/R03

DRIVER

Name of Driver SELVARASU RAJA Passport No/FIN GXXXX608P Date Of Birth 07/12/1986 Occupation Outdoor

Date Of Driving Pass 07/05/2019 Driving experience 3 YEARS AND 6 MONTHS Gender Mobile Number (Phone) +65-90811636 Alt. Phone Number Email Address jtestan@singnet.com.sg Address BLK 105A DEPOT ROAD #02-605 Address complement Postcode 101105 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 Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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 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? If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT T/20221115/2100 ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **UNKNOWN** 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	-
No. Of Passenger (Including Driver)	-

## SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3, Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance compenies to repudiate policy liability.
- 4. The issue and acceptance of this Formby insurance companies is not an admission of policy liability on the part of the insurance
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GWA Records Management Contra established by the General insurance Association
  of Singapore (GWA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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.
- 5. Consent under the Personal Data Protection Act (PDPA)

lunderstand, 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 disabgersonal 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 at insurer(s) who have insured vehicle(s) involved in this accident (at insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/law (firms, the Monetary Authority of Singapore and any relevant constraints) and accordingly (such as the police), for the numbers) of government agency/authority (such as the police), for the purpose(s) of :
- (i) processing, hendling and/or dealing with my claims including the settlement of the claims and any necessary investigations retailing to
- (ii) investigating the accident and/or my claims;
- (ii) 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, involves, 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
- (9) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all instruct(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 GM, 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 Aurposes.

Policyholder's dignature / Date &

Sketch Plan

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

Witnessed by Reporting Centro

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

f of 3 Report No. T/20221115/2100

# REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2022 20:48		Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	AND THE PROPERTY OF THE		
Name o	f Informant: RASU RAJ/		Address: APT BLK 105A DEPOT ROA SINGAPORE 101105	D #02-605 DEPOT HEIGHTS	
	/ ID No.: / G7748608	3P	Contact No.: Home/Office: Mobile: 90811636		
National INDIAN	ity:	- W	Email:	MODILE, 30011030	
Sex: Male	Age: 35	Date of Birth: 07/12/1986	Type of Informant: Driver		
Race: Indian Occupation: Bus driver			Language:	Institution / School Name:	
			Driving Licence Information: Class: 2B,3,4	Date of Expiry:	

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 15/11/2022 10:00	Type of Location Car Park
Location: DEPOT LANE Weather: Clear		Road Surface:	F	Road Speed Limit:
Traffic Flow: Two Way		Dry Traffic Control: Not Controlled	11.73	raffic Volume:
Type of Collis	ion:			myone conveyed by

Details of V	ehicle Involved	WIND HELD				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
PA977L	Bus/Coach/Mi nibus				Slightly Damaged	0

Details of Person Involved	THE RESERVE THE PARTY OF THE PA
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20221156/100

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

2 of 3 Report No. T/20221115/2100

#### CONTINUATION OF REPORT

Name	SELVARASU RAJA			ID No	).	G7748608P
Related Vehicle	PA977L (Bus/Coach/Minibus)			Conta	act No.	90811636
Hospital/Clinic	NIL			Class Drivin Licen Expir	g	Class: 28,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	-	NIL	#
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

#### Brief Details.

On 15/11/2022 at about 1000hrs, I park my bus (PA977L) at parking lot beside 4008 Depot Lane. Carpark No: BMTB27, Lot no: 29L. Everything was intact. I then went back home to rest.

On the same day at about 1415hrs, I came back to retrieve my bus for work. I did not check the vehicle and immediately drove to 58 Lowland Road, Kovan Dimensions International School to pick up student, Upon reaching the school, I press the auto-door button to open the passenger door however it did not open. I then went to make a check and discovered that my vehicle was involved in a Hit and Run when it was parked in the carpark. The left passenger door suffered dent and scratches. The left passenger door handle is broken, and the door lock is also broken. The scratch and dent stretch from the left passenger door until the middle part of the bus. I believed that a heavy vehicle collided into my bus and drove off.

The passenger door was not able to open thus I informed my company, HDT(BYD) supervisor namely, Ah Xiong, 90485685. He then sent a replacement bus to the location for me to continue the job. I was told by my company to lodge a Traffic Accident Report after work thus I came down to lodge a hit and run report.

Before I came down, I went back to the location and discovered that there is a CCTV pointing to the area i parked. The CCTV belongs to #01-84 however there was nobody there to assist. My bus in car camera only works when the engine is turn on.



T/20221115/2100

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

3 of 3 Report No. T/20221115/2100

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 <u>report number</u> as reference.

Signature of Officer Recording The Report:	Signature Of Informant:		
SGT 3 BEE ZHI CHYE	8.84		
Signature Of Interpreter: Not applicable	Date/Time: 15/11/2022 20:48		
Officer In Charge Of Case: TP / HRT / SR STAFF SGT IRMAN BIN MOHAMAD SAID Contact No.: 65476145	Classification Of Case:		
NP168			