

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 | 30/11/2022 16:24 (SGT) |
| Reported by | Driver |
| Date of Accident | 17/11/2022 18:20 (SGT) |
| Exact Location of Accident | Jurong Town Hall, Singapore |
| Additional Location Information | JURONG TOWN HALL ROAD |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC1616L |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|------------------------|
| Is company? | Yes |
| Name Of Registered Owner | CITY BUS SERVICES |
| Company Reg No | 53091626J |
| Email Address | citybus@singnet.com.sg |
| Mobile Phone No | (Phone) +65-94890077 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Golden Dragon |
| Model | XML6118E1A |
| 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 - Reporting only |
| Vehicle Category | Bus |
| Transmission | Auto |
| CC | 8849 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00003612200 |

DRIVER

| | |
|----------------------|-----------------------------|
| Name of Driver | MUHAMMAD YUSOOF BIN IBRAHIM |
| NRIC No | S1771111C |
| Date Of Birth | 22/04/1966 |
| Occupation | Outdoor |

| | |
|--|-----------------------------|
| Date Of Driving Pass | 22/10/1987 |
| Driving experience | 35 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-80453853 |
| Alt. Phone Number | - |
| Email Address | citybus@singnet.com.sg |
| Address | BLK 113 PASIR RIS STREET 11 |
| Address complement | #03-671 |
| Postcode | 510113 |
| 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) | 21 |
| 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 | Male |

PASSENGER 2

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 3

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 4

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Male |

PASSENGER 5

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 6

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

PASSENGER 7

| | |
|--------------|---------|
| Name | UNKNOWN |
| Gender | Female |

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

REFER TO STATEMENT.

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 SHB6629S
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour Blue
 Vehicle Category Taxi
 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) -

Describe Circumstance of the Accident

On 17/11/2022 at about 1820 pm, I was driving bus no PC1616L suddenly at the junction this taxi drove back at my right window and inform me at I hit his taxi no SHB 629; after stop in front when I saw his taxi only right mirror, notice something fishy. I inform the driver that I don't feel in hit the mirror. He inform me the camera was on, so I informed ok. I ask the driver if he don't want to give, I smell something fishy there and I have a video camera recorded. I have a strong feeling that the side mirror dented is a old mark. He play the video 15 minute before ~~and~~ ~~the~~ ~~accident~~ ~~cause~~ I don't feel I hit him ~~the~~ ~~accident~~.

ndf



Declaration

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



Policyholder's Signature / Date & Time

ndf

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

ndf 20/11/2022

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


SKETCH PLAN**IMPORTANT NOTICE**

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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





















