

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	15/12/2022 16:00 (SGT)
Reported by	Driver
Date of Accident	13/12/2022 16:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	BEFORE JALAN BAHAR EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC794L

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	WU LI TRANSPORT SERVICES
Company Reg No	5XXXX315K
Email Address	fullstop423@gmail.com
Mobile Phone No	(Phone) +65-82014699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	King Long
Model	XMQ6117K
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	6693

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00014782100

DRIVER

Name of Driver	SEAH KEE HONG
NRIC No	SXXXX034F
Date Of Birth	08/06/1970
Occupation	Outdoor

Date Of Driving Pass	26/02/2010
Driving experience	12 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82014699
Alt. Phone Number	-
Email Address	fullstop423@gmail.com
Address	BLK 456A SENGKANG WEST ROAD #07-304
Address complement	-
Postcode	791456
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	24
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	Male

PASSENGER 6

Name	UNKNOWN
Gender	Male

PASSENGER 7

Name	UNKNOWN
Gender	Male

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 POLICE REPORT T/20221214/7010

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 PA7716C
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus
 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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number XD5266L
 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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person UNKNOWN PAX
 Gender Male
 Phone No -

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 3


Name of injured person	UNKNOWN PAX
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	PC794L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

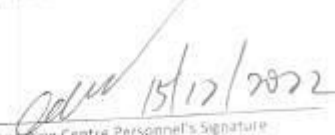
SKETCH PLAN

IMPORTANT NOTICE

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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.

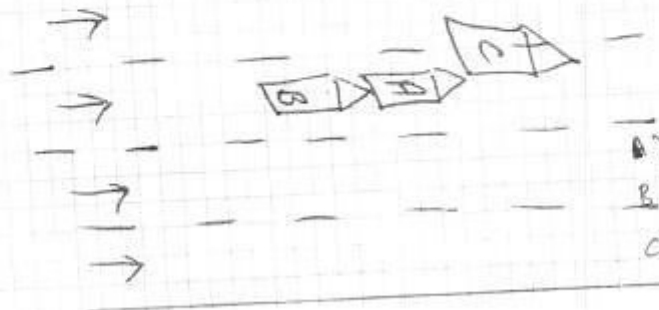

Policyholder's Signature: _____
& Time: _____


Driver's Signature
(If driver is not the policyholder) Date
& Time: _____


Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____

SKETCH PLAN

PIE BEFORE JALAN BAHAR EXIT



- A) PL794L
- B) PA7716C
- C) XD5266L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report No T/2022/214 / Folio

DECLARATION

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



Policyholder's Signature: Date & Time:

x

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

Reporting Centre Personnel's Signature
Name
NRIC/ID No:

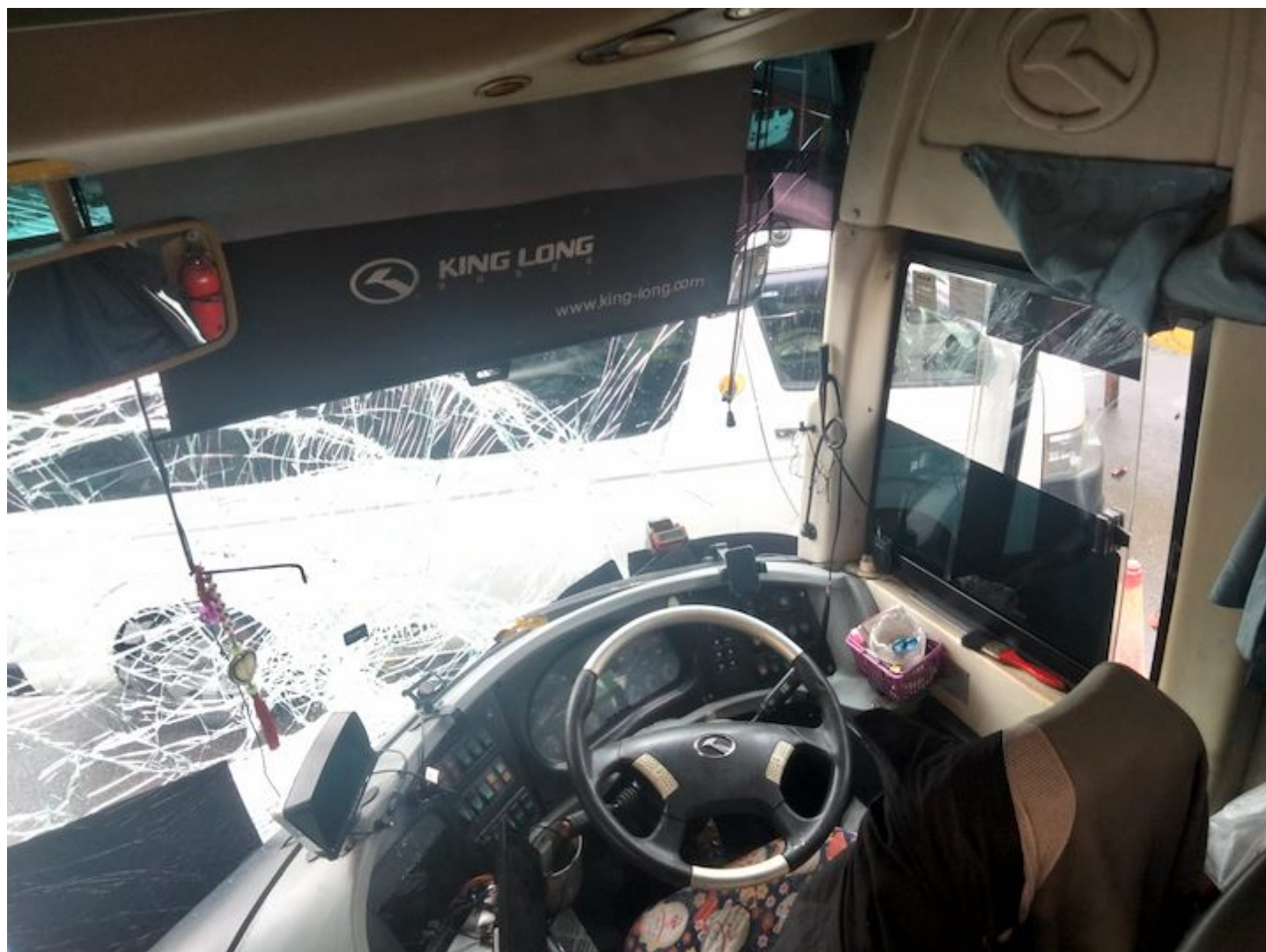








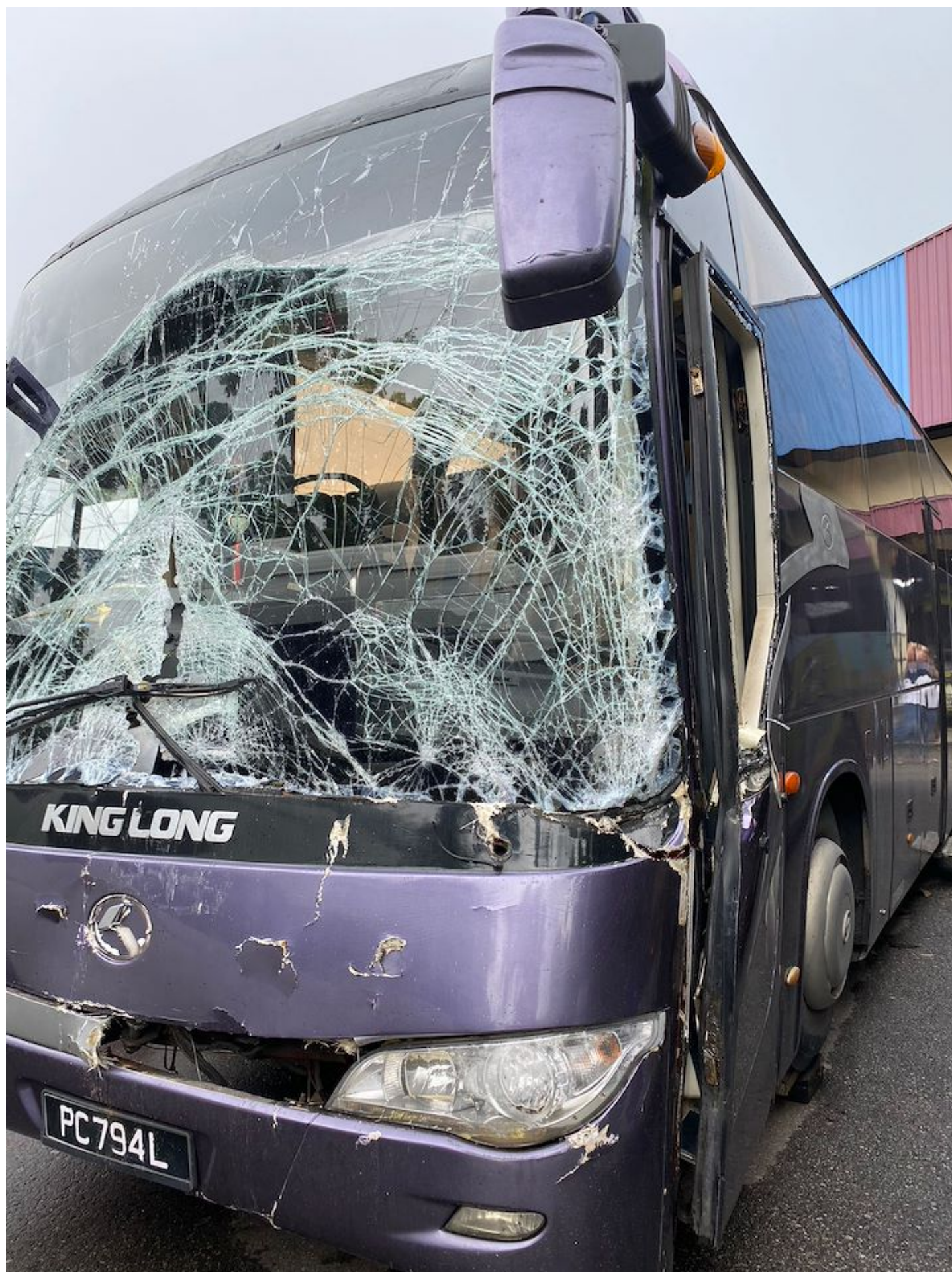













**SINGAPORE
POLICE FORCE**

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



T/20221214/7010

1 of 4

Report No: T/20221214/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/12/2022 10:34	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SEAH KEE HONG		Address: 456A SENGKANG WEST ROAD #07-304 SINGAPORE 791456	
ID Type / ID No.: NRIC NO / S7019034F		Contact No.: Home/Office: Mobile: 82014699	
Nationality: SINGAPORE CITIZEN		Email: SEAHKEEHONG@YAHOO.COM.SG	
Sex: Male	Age: 52	Date of Birth: 08/06/1970	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: bus driver		Driving Licence Information: Class: 3,4,5	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/12/2022 16:30	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather:		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume:	
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
PA7716C	BUS			Yellow	Seriously Damaged	20
PC794L	BUS	KING LONG		Purple	Seriously Damaged	20



**SINGAPORE
POLICE FORCE**



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Report No. T/20221214/7010

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

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of
XD5266L	Lorry	SCANIA		Yellow	Slightly Damaged	1

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	PA7716C (BUS)		Contact No. NIL
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
Driver			
Name	SEAH KEE HONG		ID No. S7019034F
Related Vehicle	PC794L (BUS)		Contact No. 82014699
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 3,4,5 Date of Expiry: NIL
Date	NIL		Date NIL
No. of Days granted Medical Leave	NIL		Degree of NIL
Passenger			
Name	Unknown Passenger		ID No. NIL
Related Vehicle	PC794L (BUS)		Contact No. NIL
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



**SINGAPORE
POLICE FORCE**

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



T/20221214/7010

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Report No: T/20221214/7010

CONTINUATION OF REPORT

Passenger		ID No.		NIL	
Name	Unknown Passenger			Contact No.	NIL
Related Vehicle	XD5266L (Lorry)			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL		
Passenger		ID No.		NIL	
Name	Unknown Passenger			Contact No.	NIL
Related Vehicle	NIL			Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL			Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL		

Brief Details

I was driving a bus in lane 3, suddenly a lorry come out from lane 4, I force to make a jam break but still hit the lorry and the bus behind also hit my bus. All of us come down and change the particular and I call the police to inform them there got an accident at PIE. After that police vehicle, ambulance fire engine all arrived in that order. The three workers inside my bus bleed their lips and the bus behind also got one worker bleed his lips. They all refused to go hospital with ambulance and four of them plus one supervisor follows the emas toll truck go out to expressway. At 14December I come to make a police report.

**SINGAPORE
POLICE FORCE**

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



T/20221214/7010

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Report No. T/20221214/7010

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 /
GOH WEI LI
Contact No.: 65476394

This report is lodged at Woodlands West NPC Kiosk 3
40164

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

Date/Time:
14/12/2022 10:34

Classification Of Case: