

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 16:45 (SGT) |
| Reported by | Driver |
| Date of Accident | 02/11/2022 17:45 (SGT) |
| Exact Location of Accident | Singapore |
| Additional Location Information | SOUTH WOODLANDS DRIVE |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | CB7260Z |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | KHADIJAH BINTI ZAKARIA |
| NRIC No | SXXXX962E |
| Email Address | zailanisofan@gmail.com |
| Mobile Phone No | (Phone) +65-90225870 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | COASTER 19 SEATER ABS |
| 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 | 4009 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5126342555 |

DRIVER

| | |
|----------------|----------------------------|
| Name of Driver | MUHAMMAD ZAILANI BIN SOFAN |
| NRIC No | SXXXX093Z |
| Date Of Birth | 17/04/1967 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 06/10/1988 |
| Driving experience | 34 YEARS AND 1 MONTH |
| Gender | Male |
| Mobile Number | (Phone) +65-91803747 |
| Alt. Phone Number | - |
| Email Address | zailanisofan@gmail.com |
| Address | BLK 642 CHOA CHU KANG ST 64 #06-65 |
| Address complement | - |
| Postcode | 680642 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Spouse |
| 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 - Major/Minor Rd |
| 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) | 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 | Woodlands East Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18007679999 |
| Police Station Address | 3 Woodlands Drive 63 Singapore 737890 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER POLICE REPORT (REPAIR BY OTHER WORKSHOP)

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 | WILL EMAIL TO INCOME |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SMS9026M |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-------------|
| Vehicle Colour | - |
| Vehicle Category | Private car |
| 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

VEH NO: CB72602

INSURER: Income

DATE OF ACC: 2/11/22 17:45

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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

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

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

Sketch Plan

PLEASE
TURN
OVER

[Signature]

Describe Circumstance of the Accident

NOTE: PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14 DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

() Claim Own Policy () Claim Third party () Reporting Only

(/) ~~Claim~~ OB/ TP at other workshop (_____)

Sketch Plan

Refer Attached

DoA- 2/11/22 17:45

Refer Police Report

Declaration

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

[Signature]

Policyholder's Signature (Date & Time)

[Signature]

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

[Signature] 2/11/22

Witnessed by Reporting Person's Name (Name as in NRIC/ID card)

Woodlands Square



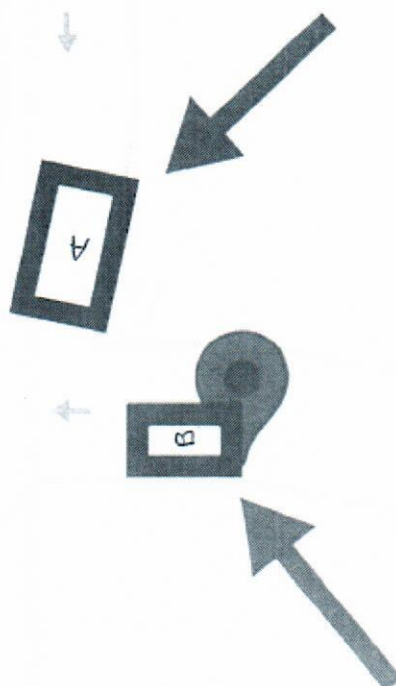
Cheers:
Conveni



CB7260Z

3/11/22

[Handwritten signature]



Woodlands Square

SMS9026M

S Woodlands Dr





**SINGAPORE
POLICE FORCE**



T/20221103/2038

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20221103/2038

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 03/11/2022 12:42 | Vide Report No.: | Station Diary No.: 31 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: MUHAMMAD ZAILANI BIN SOFAN | | | Address: APT BLK 642 CHOA CHU KANG STREET 64 #06-65 SINGAPORE 680642 | | |
| ID Type / ID No.: NRIC NO / S1815093Z | | | Contact No.: Home/Office: Mobile: 91803747 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: zailanisofan@gmail.com | | |
| Sex: Male | Age: 55 | Date of Birth: 17/04/1967 | Type of Informant: Driver | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|----------------------|------------------------------------|--|---------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 02/11/2022 17:45 | Type of Location: Bend |
| Location: SOUTH WOODLANDS DRIVE | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------|------------|-----------|--------|------------------|-----------------|
| CB7260Z | Bus/Coach/Minibus | TOYOTA | COASTER | Black | Slightly Damaged | 0 |
| SMS9026M | Car | MITSUBISHI | OUTLANDER | Silver | Slightly Damaged | 2 |



**SINGAPORE
POLICE FORCE**



T/20221103/2038

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

2 of 3

Report No. T/20221103/2038

CONTINUATION OF REPORT

Brief Details.

On 02/11/2022 at about 1745hrs, I had alighted my passengers at the drop of point near the taxi stand of Woodlands MRT Station and was driving my bus, CB7260Z along Woodlands Square on the third lane. Out of a sudden, a car SMS9026M came out of the filter road from South Woodlands Drive and collided onto the left rear side of my bus. I went out of my bus to check on the situation. I took photos of the accident. Initially he wanted to settle the accident privately however he wanted to split the damage cost. I did not want to settle privately as in my opinion he was at the wrong. I wanted to exchange particulars however he was uncooperative and did not want to give his particulars. After asking for his particulars for the third time, he was still uncooperative, so I decided to make a move.

No traffic police or ambulance attended to the accident.

Due to the accident, the left rear side of my bus is dented and scratched. The front right bumper of his car is also dented and scratched.

I wish to state that I have an in-car camera and it recorded the accident. Both parties were not injured. I am lodging a police report for insurance claim purposes.



**SINGAPORE
POLICE FORCE**



T/20221103/2038

3 of 3

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

Report No. T/20221103/2038

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 report number as reference.

Signature of Officer Recording The Report:

L /

SCCPL MUHAMMAD RAFIQ
ZULHILMI BIN ZULKIFLEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/11/2022 12:42

Officer In Charge Of Case:

TP / GIA /

SR STAFF SGT MUHAMMAD NOOR BIN
ABDUL RAHMAN

Contact No.: 65476219

Classification Of Case:

NP168