

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 14/12/2022 15:40 (SGT)
Reported by Both
Date of Accident 14/12/2022 08:38 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information ECP TOWARDS TPE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB8071X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LEE KAH PING
NRIC No S1124966C
Email Address ABIDEH@HOTMAIL.COM
Mobile Phone No (Phone) +65-94665127
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model xml6772j18
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 3759

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNA00011842204

DRIVER

Name of Driver LEE KAH PING
NRIC No S1124966C
Date Of Birth 06/06/1955
Occupation Outdoor

Date Of Driving Pass	05/03/1990
Driving experience	32 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94665127
Alt. Phone Number	-
Email Address	ABIDEH@HOTMAIL.COM
Address	BLK 419 TAMPINES STREET 41 #11-92
Address complement	-
Postcode	520419
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 - Head to Rear
Weather Conditions	Raining
Road Surface	Wet

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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER SKETCH PLAN ATTACHED.

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	SG5069H
Vehicle Manufacturer	Volvo
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Green
Vehicle Category	Bus
Name of Driver	MOHAMED YUSOFF BIN ABDULLAH
NRIC No	S1711814E

Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) 1

Describe Circumstances of the Accident

11月5日，我从 PIE 落嘉架橋向 T.P.E 方向，接近海
峽殖民地巴士總站巴士道。那裏車很多，我放慢速
度忽然有面有車撞上來，原來是一輛不公共巴士。
沒有人受傷

Declaration

We declare the foregoing particulars are true in every respect.

14/12/22

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel