

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 | 03/01/2023 10:33 (SGT) |
| Reported by | Driver |
| Date of Accident | 30/12/2022 16:09 (SGT) |
| Exact Location of Accident | Thomson Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|---------|
| Vehicle Registration Number | PC7821X |
|-----------------------------------|---------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------------------|
| Is company? | Yes |
| Name Of Registered Owner | NLS TRANSPORT SERVICES PTE. LTD. |
| Company Reg No | 2XXXXX299K |
| Email Address | connect3winnie@gmail.com |
| Mobile Phone No | (Phone) +65-93838450 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------|
| Manufacturer | Toyota |
| Model | Coaster |
| 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 | Manual |
| CC | 4009 |

INSURANCE COMPANY

| | |
|---|---|
| Name of Insurance Company | China Taiping Insurance (Singapore) Pte. Ltd. |
| Policy Number / Cover Note Number | DMB1SNW00004172200 |

DRIVER

| | |
|-----------------------|----------------|
| Name of Driver | HOY CHOON YEAN |
| Passport No/FIN | FXXXX999R |
| Date Of Birth | 11/08/1979 |
| Occupation | Outdoor |

| | |
|--|------------------------------------|
| Date Of Driving Pass | 02/09/2021 |
| Driving experience | 1 YEAR AND 3 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-81327979 |
| Alt. Phone Number | - |
| Email Address | connect3winnie@gmail.com |
| Address | . BLK 231 COMPASSVALE WALK #04-450 |
| Address complement | - |
| Postcode | 540231 |
| 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 | 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| 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 | Hougang Neighbourhood Police Centre |
| Police Station Phone No | (Phone) +65-18004890999 |
| Alt. Police Station Phone No | (Fax) +65-63128989 |
| Police Station Address | 60 Hougang Ave 9 Singapore 538775 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20221231/2003

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 | FBG361Y |
| Vehicle Manufacturer | Honda |
| Vehicle Model | Cbf150 |
| Vehicle Variant | - |

| | |
|---|------------|
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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 RIDER |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | SLIGHT INJURY |
| Injured person in which vehicle? | FBG361Y |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

SKETCH PLAN

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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.

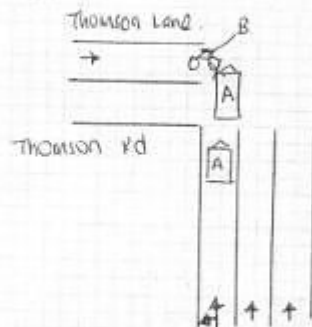


Policyholder's Signature & Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A = PC7821X
B = FBG 361Y

Describe Circumstances of the Accident

* PLS. ref to police report *. T/20221231/2003

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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

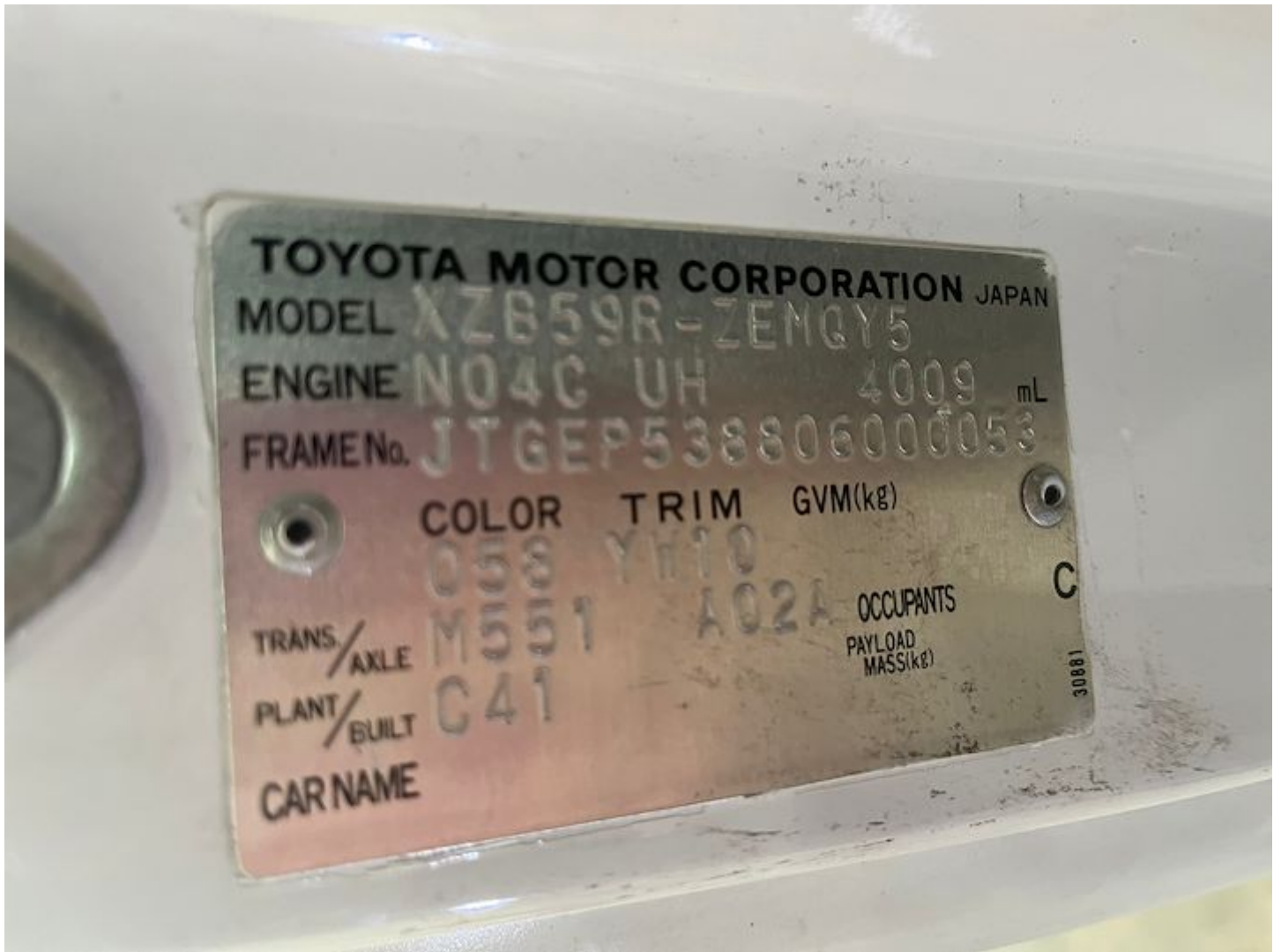
Witnessed by Reporting Certify Personnel

03/01/2023

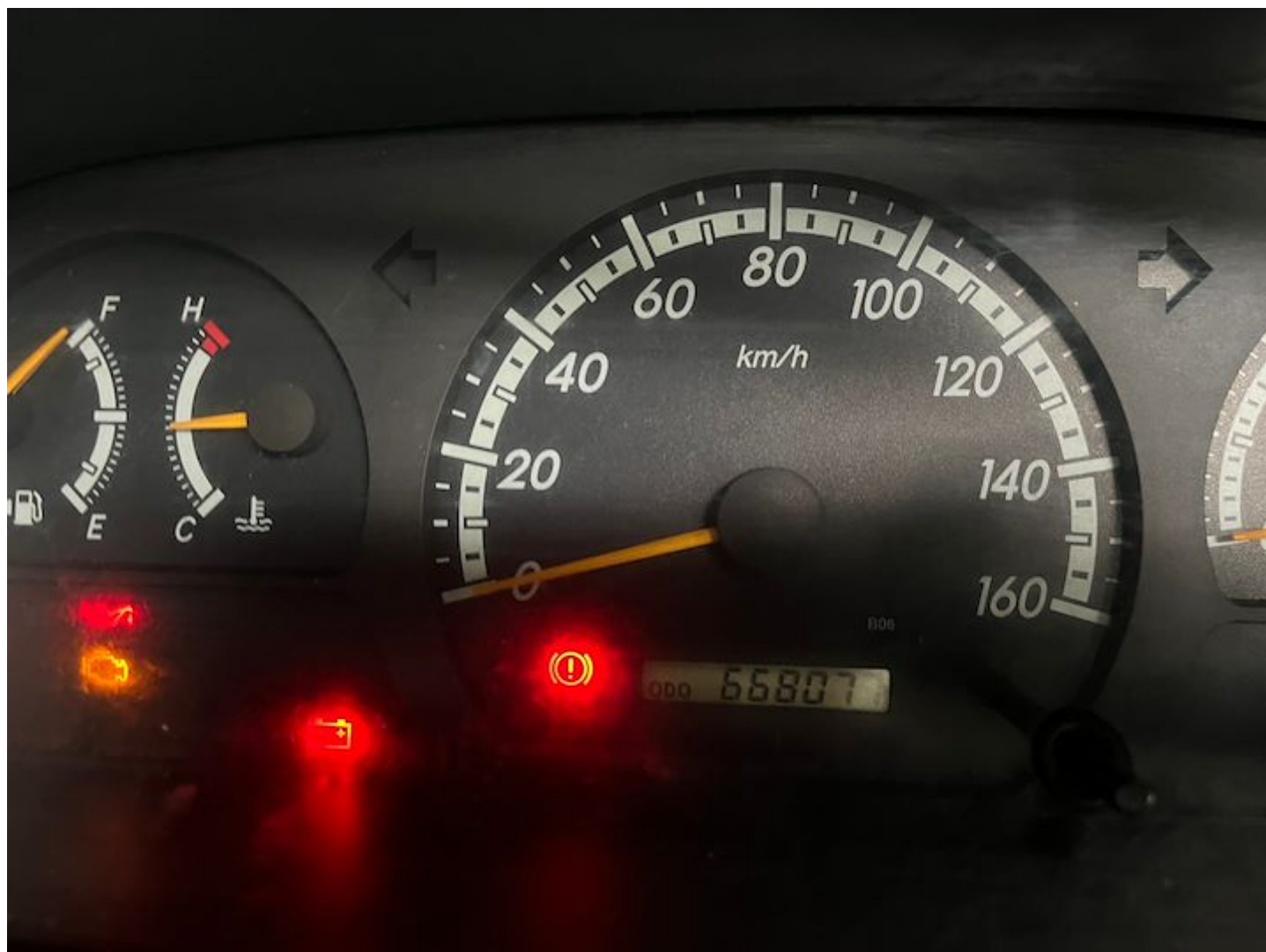



























**SINGAPORE
POLICE FORCE**


T/20221231/2003

1 of 3

Report No. T/20221231/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 31/12/2022 01:02 | | Vide Report No.: E/20221230/0109 | | Station Diary No.: 13 | |
| Informant's Particulars | | | | | |
| Name of Informant: HOY CHOON YEAN | | | Address: APT BLK 550 SERANGOON NORTH AVENUE 3 #07-35 SINGAPORE 550550 | | |
| ID Type / ID No.: FIN NO / F8238999R | | | Contact No.: Home/Office: | | Mobile: 81327979 |
| Nationality: MALAYSIAN | | | Email: | | |
| Sex: Female | Age: 43 | Date of Birth: 11/08/1979 | Type of Informant: Driver | | |
| Race: Chinese | | | Language: | | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 2B,3,4 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|---|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 30/12/2022 16:30 | Type of Location: Straight Road |
| Location: THOMSON ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Moderate | |
| Type of Collision: Between Moving Vehicles - Head On | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------|--------|-------------------|-------|------------------|-----------------|
| FBG361Y | Motorcycle | HONDA | CBF150 | Black | Slightly Damaged | 0 |
| PC7821X | Bus/Coach/Minibus | TOYOTA | COASTER SUPER LWB | White | Slightly Damaged | 0 |



**SINGAPORE
POLICE FORCE**



T/20221231/2003

2 of 3

Report No: T/20221231/2003

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

CONTINUATION OF REPORT**Brief Details.**

On the above date time and location, my vehicle met with an accident with a motorcycle along Thompson road. I was moving forward when a motorcycle came from the side and hit the left front side of my vehicle.

I was not injured and I assisted to call for ambulance. Ambulance and police officer came down and the rider was conveyed via ambulance.

I am lodging this report as instructed by the police officer

**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999



T/20221231/2003

3 of 3

Report No. T/20221231/2003

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:

F /
SGT 1 MUHAMMAD RAFIQUE
BIN ROSLAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
31/12/2022 01:02

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT LEE GUANG HUI
Contact No.: 65476423

Classification Of Case:

NP168