

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 12/01/2023 10:49 (SGT)
Reported by Both
Date of Accident 10/01/2023 22:12 (SGT)
Exact Location of Accident Jln Toa Payoh, Singapore
Additional Location Information OPPOSITE WOODSVILLE CLOSE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PD171D

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner SINGAPORE BUS CHARTER
Company Reg No 5XXXX842J
Email Address connect3lau@gmail.com
Mobile Phone No (Phone) +65-94579785
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Isuzu
Model LV434R
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 Manual
CC 7790

INSURANCE COMPANY

Name of Insurance Company China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number DMB1SNW00006312201

DRIVER

Name of Driver RAMESH KRISHNAN
NRIC No SXXXX070D
Date Of Birth 25/04/1977
Occupation Outdoor

Date Of Driving Pass	31/01/2018
Driving experience	5 YEARS
Gender	Male
Mobile Number	(Phone) +65-94579785
Alt. Phone Number	-
Email Address	connect3lau@gmail.com
Address	BLK 250 BAQNGKIT ROAD #02-346
Address complement	-
Postcode	670250
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)	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	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/20230111/7064

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT4000B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour -
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

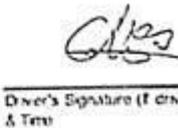
SKETCH PLAN

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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, access, lodge, 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 firm, 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 claim, including the settlement of the claim, and any necessary investigations relating to the claim;
(ii) investigating the accident and/or my claim;
(iii) carrying out and/or dealing with my instructions or responding to any enquires by me;
(iv) administering my claim (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 and packages); and/or
(v) complying with applicable law in administering, processing, handling and/or dealing with my claim.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm, 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 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 based outside of Singapore, for one or more of the above Purposes



Policyholder's Signature / Date & Time

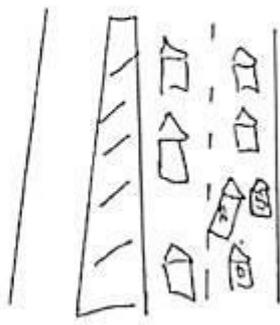


Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre
Personnel

Sketch Plan



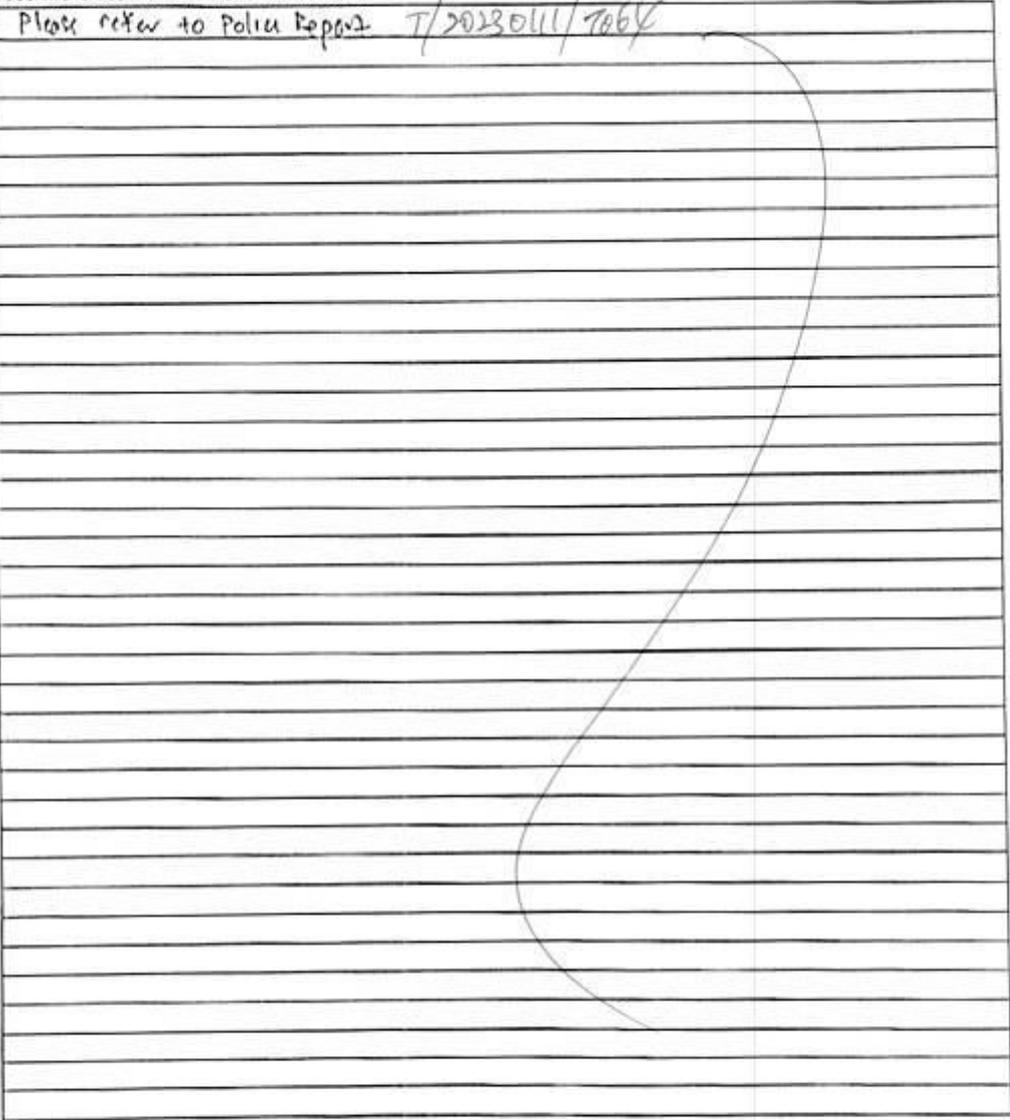
John Tan Bych.
Opposite Woodsville (last).

A-PP171D

B-SLT A000B.

Describe Circumstances of the Accident

Please refer to Police Report T/20230111/7064



Declaration

We declare the foregoing particulars are true in every respect.

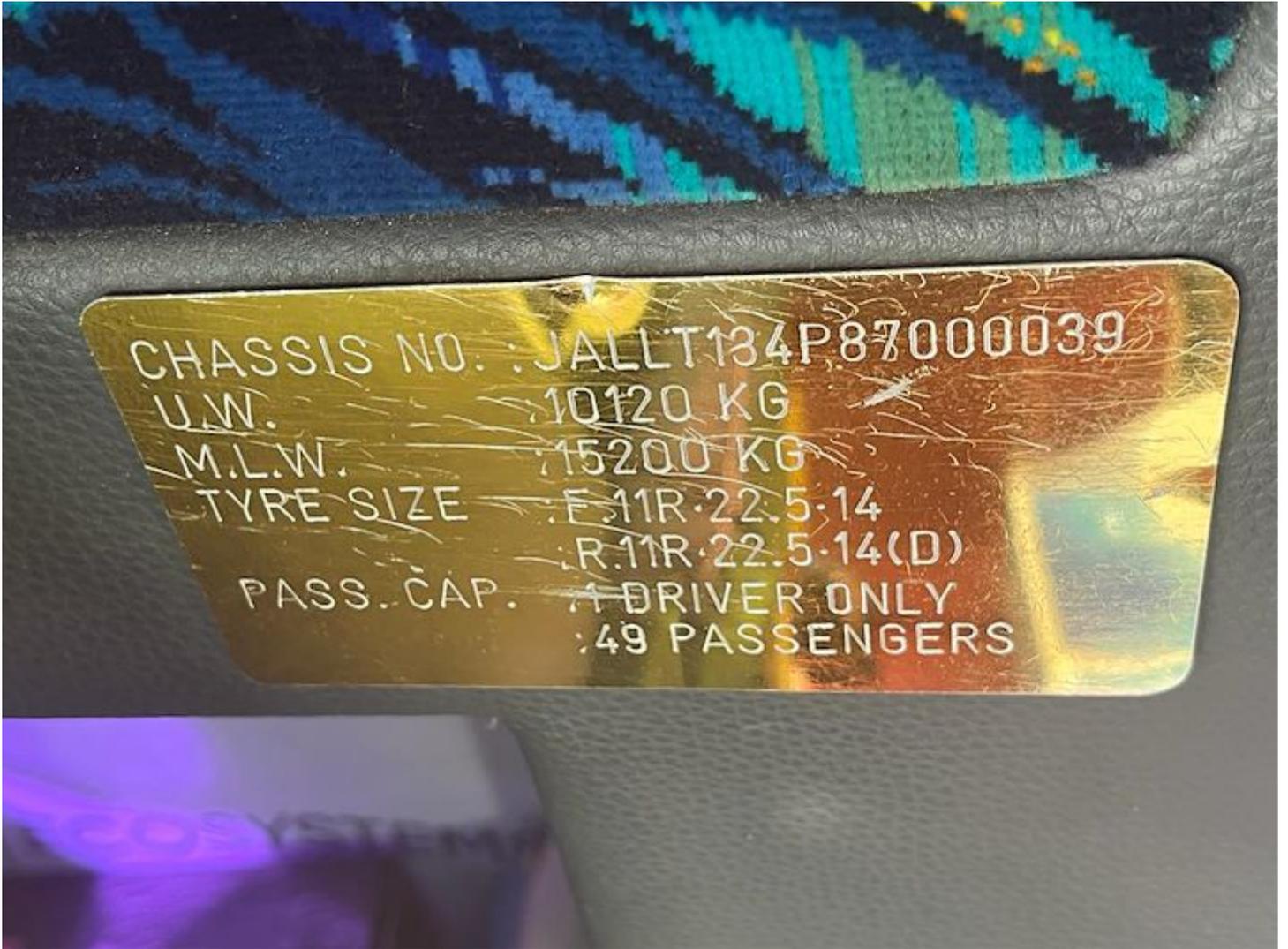

Policyholder's Signature / Date & Time


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

 12/10/2023
Witnessed by Reporting Centre Personnel





































**SINGAPORE
POLICE FORCE**

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



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Report No. T/20230111/7064

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLT4000B	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	AN0580A	15/04/2022	14/04/2023

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	RAMESH KRISHNAN		ID No.	S7788070D
Related Vehicle	PD171D (Lorry)		Contact No.	98516687
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4A,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL
Driver				
Name	JAGJIT SINGH DHILLON S/O AMARJIT SINGH		ID No.	S8738355E
Related Vehicle	PD171D (Lorry)		Contact No.	94579785
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: 2B,3,4A,4,5 Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL		Degree of	NIL

Brief Details.

On 10/01/2023 @22:10hrs, my employee was driving my bus PD171D along Jalan Toa Payoh (opposite woodsville close) on the left lane of 2 lanes. As there is road works ahead of my lane, he on his right signal to show his intention to switch lane to avoid the road works and after checking the right lane is clear to switch, he proceed to switch lane with caution and as my bus was almost completing the lane switch, a Mini Cooper car SLT4000B drove at a fast speed up ahead and attempt to squeeze in between the space between my bus and the road kerb and then accident happened. After the accident, my bus was stationary and my employee was preparing to get off my bus to exchange particulars with the car driver but instead of stopping the Mini Cooper driver accelerated the car and drove off and hit my bus a 2nd time causing futher damages to my bus. The Mini Cooper driver did not stop at all after both impacts and i am making a police report for this hit n run case after I have managed to retrieve the car plate number from my bus cctv.



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



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Report No. T/20230111/7064

CONTINUATION OF REPORT

Employee : Ramesh Krishnan
S7788070D
Dob: 25/04/1977
Blk 250 bang kit road 02-346

I am lodging this report being the employer of Ramesh/ director of Singapore bus charter / owner of bus

Following is conveyed accurately to me from my driver.

Cctv and pictures can't be uploaded hence I need to forward to the investigation officer assigned .



**SINGAPORE
POLICE FORCE**

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



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Report No, T/20230111/7064

CONTINUATION OF REPORT

Sketch 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 /
SUFYAN BIN KHAIRI
Contact No.: 65476148

NP168

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

Date/Time:
11/01/2023 19:37

Classification Of Case: