

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	11/08/2022 14:37 (SGT)
Reported by	Driver
Date of Accident	10/08/2022 22:20 (SGT)
Exact Location of Accident	621 Old Choa Chu Kang Rd, Singapore 698929
Additional Location Information	OLD CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9013Z
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	JURONG ISLAND BUS TRANSPORT SERVICES
Company Reg No	5XXXX897D
Email Address	euniceesc@topzone.com.sg
Mobile Phone No	(Phone) +65-93672809
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	SC Neustar
Model	CA36
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	10837

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA567962

DRIVER

Name of Driver	KWEEK YU KWONG
NRIC No	SXXXX659D
Date Of Birth	11/05/1952
Occupation	Outdoor

Date Of Driving Pass	10/02/2011
Driving experience	11 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93672809
Alt. Phone Number	-
Email Address	euniceesc@topzone.com.sg
Address	BLK 127 PENDING ROAD
Address complement	#04-284
Postcode	670127
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)	26
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? No
 Was notice of intended Prosecution given? No
 If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ALONG OLD CHOA CHU KANG ROAD. I DRIVE THE MOST RIGHT HAND SIDE LANE WHILE WAITING TURN INTO SUNGEI TENGAH LODGE DORMITORY. DUE TO HEAVY TRAFFIC JAMMED, MY BUS STUCK AND QUEUE AT THE MIDDLE OF THE INTERSECTION. SUDDENLY VEHICLE YP811X UNABLE TO OVERTAKE MY BUS THEN HIT INTO MY BUS.

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 YP811X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Goods 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) -

SKETCH PLAN

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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

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

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

Sketch Plan

The image contains three hand-drawn diagrams and two calculations on a grid background.

- Diagram 1 (Left):** A rectangular frame with a horizontal beam and two vertical columns. The beam is divided into four equal segments by three vertical dashed lines. Arrows indicate forces: three upward arrows at the segment boundaries and one curved upward arrow at the right end of the beam. The left column has diagonal lines representing internal forces.
- Diagram 2 (Middle):** A rectangular frame with a horizontal beam and two vertical columns. The beam is divided into four equal segments by three vertical dashed lines. Arrows indicate forces: three upward arrows at the segment boundaries and one curved upward arrow at the right end of the beam. The right column is labeled with 'A' and 'B' and contains a small diagram of a building.
- Diagram 3 (Right):** A horizontal beam with a hatched section in the middle. Arrows indicate forces: two downward arrows at the ends of the beam and two upward arrows at the boundaries of the hatched section.
- Calculations (Far Right):**
 - $A = 2290132$
 - $B = 10810X$

v. Jun 2022

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Describe Circumstance of the Accident

I was driving along old chik kang road. I drive the most right hand side lane while waiting turn into Sungai Tengah lodge dormitory. Due to heavy traffic jammed, my bus stuck and queue at the middle of the intersection. Suddenly vehicle YPSIX unable to overtake my bus then hit into my bus.

Declaration

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

Policyholder's Signature / Date & Time

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

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







































