

## 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 .....	16/02/2023 11:59 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	16/02/2023 07:40 (SGT)
Exact Location of Accident .....	Pasir Ris Dr 1, Singapore
Additional Location Information .....	(NEAR BY BLK 428 PASIR RIS DRIVE 6)
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	CB7855H
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LEW CHIN HENG
NRIC No .....	SXXXX401H
Email Address .....	sltanjanettan@gmail.com
Mobile Phone No .....	(Phone) +65-85898553
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Hiace
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 .....	Commercial vehicle
Transmission .....	Auto
CC .....	2982

#### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00003802200

#### DRIVER

Name of Driver .....	LEW CHIN HENG
NRIC No .....	SXXXX401H
Date Of Birth .....	22/09/1958
Occupation .....	Outdoor

Date Of Driving Pass .....	22/06/1977
Driving experience .....	45 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-85898553
Alt. Phone Number .....	-
Email Address .....	sltanjanettan@gmail.com
Address .....	BLK 121 PASIR RIS STREET 11 #13-465
Address complement .....	-
Postcode .....	510121
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 .....	Chain Collision
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	12
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 .....	ONG BEE LAN (HELPER)
Gender .....	Female

#### PASSENGER 2

Name .....	ZOEY RAMESH KUMAR (STUDENT)
Gender .....	Male

#### PASSENGER 3

Name .....	PINTO ZAC ORRIN (STUDENT)
Gender .....	Male

#### PASSENGER 4

Name .....	MANTRA MAHADEVAN ARUN (STUDENT)
Gender .....	Male

#### PASSENGER 5

Name .....	MUKUND MAHADEVAN ARUN (STUDENT)
Gender .....	Male

#### PASSENGER 6

Name .....	LEISHA GUPTA (STUDENT)
Gender .....	Female

#### PASSENGER 7

Name .....	ASIS SINGH SODHI (STUDENT)
Gender .....	Male

## PASSENGER 8

Name ..... NISHWANTH ARUN (STUDENT)  
 Gender ..... Female

## PASSENGER 9

Name ..... PRANABI DUTTA (STUDENT)  
 Gender ..... Male

## PASSENGER 10

Name ..... AKSHARA KISHORE NAMBORO (STUDENT)  
 Gender ..... Male

## PASSENGER 11

Name ..... IRSHITA SINGH (STUDENT)  
 Gender ..... Female

## 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

## PLEASE REFER TO SKETCH PLAN

## 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 ..... PA6750J  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Commercial 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) ..... 2

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SBS6035L  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Bus  
 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 ..... LEW CHIN HENG  
 Gender ..... Male  
 Phone No ..... (Phone) +65-85898553  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... ONG BEE LAN (HELPER)  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT INJURY  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... ZOHEY RAMESH KUMAR (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 4

Name of injured person ..... PINTO ZAC ORRIN (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 5

Name of injured person ..... MANTRA MAHADEVAN ARUN (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -

Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 6

Name of injured person ..... MUKUND MAHADEVAN ARUN (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 7

Name of injured person ..... LEISHA GUPTA (STUDENT)  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 8

Name of injured person ..... ASIS SINGH SODHI (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 9

Name of injured person ..... NISHWANTH ARUN (STUDENT)  
 Gender ..... Female  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SHOCK  
 Injured person in which vehicle? ..... CB7855H  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

INJURED 10

Name of injured person ..... PRANABI DUTTA (STUDENT)  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -

Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOCK
Injured person in which vehicle? .....	CB7855H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 11

Name of injured person .....	AKSHARA KISHORE NAMBORO (STUDENT)
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOCK
Injured person in which vehicle? .....	CB7855H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 12

Name of injured person .....	IRSHITA SINGH (STUDENT)
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SHOCK
Injured person in which vehicle? .....	CB7855H
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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6. The 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.
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

TRAFFIC LIGHT

1	
2	
3	C KAKIB
	BIK 428 PASIR RIS DR6

A CB7855H

B PA6750J

C SBS 6035L

## Describe Circumstances of the Accident

I WAS DRIVING ALONG PASIR RIS DR 1 ON LANE 3 & WAS STOPPED (STATIONARY) BEHIND THE BUS NO. SBS 6035L.

SUDDENLY BEHIND VEHICLE NO. PA 6750J COULDN'T BRAKE IN TIME & IMPACT TO MY VEHICLE BACK VERY STRONGLY CAUSE ME TO MOVE FORWARD TO HIT THE BUS.

MY VEHICLE WAS CARRY 10 KIDS & 1 ADULT HELPER. MY HELPER WAS INJURED & THE KIDS WERE FLIGHTENING & SCARED. I INFORMED THEIR PARENTS IMMEDIATELY & MY BROTHER BROUNBE ANOTHER VEHICLE TO SEND THESE KIDS TO SCHOOL "BETHESDA KINDERGARDEN" PASIR RIS.

SCHOOL ALSO INFORMED THIS ACCIDENT HAPPENED. I WAS INJURED TOO, MY FINGER CUT BY BROKEN WIND SCREEN & BOB WAS PAINFUL.

## Declaration

I/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 Centre Personnel







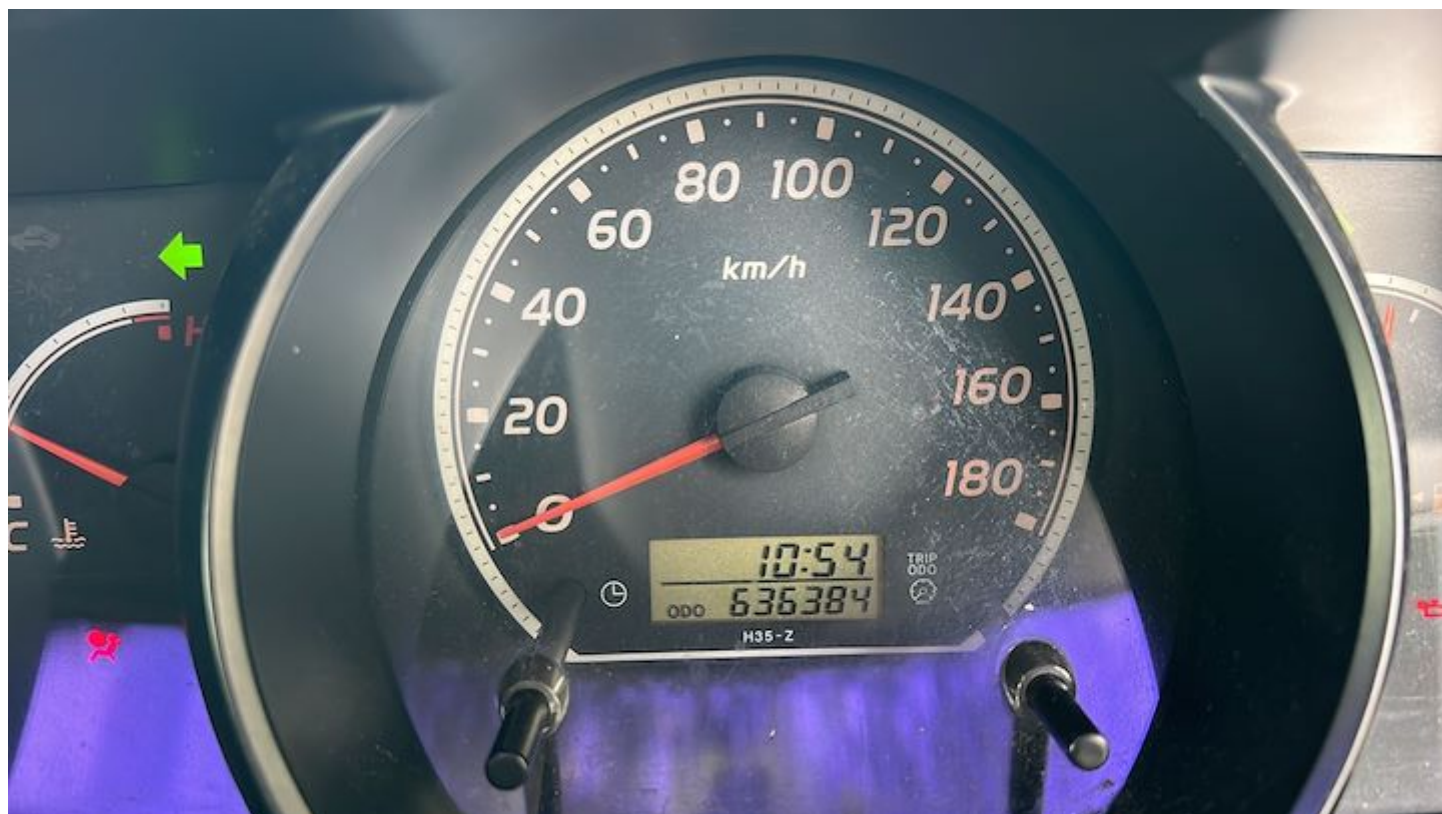


































STUDENT DECIAL

David  
8589 8553  
CB7855H

2022  
Bethesda Kindergarten (Pasir Ris)  
8/8/2022

No.	Name	In	Out	Address	Home Tel	Father HP	Mother HP	Class	Level
1	Zoeey Ramesh Kumar	7.10am	2.30pm	109 Pasir Ris Grove (The Palette)	6633 7544	8200 0424	9001 4904	Emerald	R2 (R105)
2	Pinko Zee Onn	7.10am	2.30pm	83 Pasir Ris (NV Residence)		9795 8410	9686 4214	Diamond	R1 (R105)
3	Mace Mahadevan Arun	7.15am	11.50am	3 Elias Green, #10-02 (Elias Green Condo)		9105 3044		Agate	Nursery
4	Makund Mahadevan Arun	7.15am	11.50am	3 Elias Green, #10-02 (Elias Green Condo)		9105 3044		Agate	Nursery
5	Umesh Gupta	7.15am	2.50pm	118 Elias Green		9145 1192	8575 6308	Amethyst	R2 (R105)
6	Asis Singh Sodhi	7.20am	2.45pm	66 Elias Road (Oasis Condo)		9086 0311	9670 4798	Emerald	R2 (R105)
7	Nivishree Nagaraj	7.20am	2.45pm	72 Elias Road (Oasis Condo)		9863 6855		Emerald	R2 (R105)
8	Lam Yik Chi	7.20am	2.45pm	62 Elias Road (Oasis Condo)			8789 1238	Diamond	R1 (R105)
9	Justin Lau	7.30am	11.40am	Blk 525B Pasir Ris St 51#12-588	X		8800 2268	Jacynth	K1
10	Nishwanth Arun	7.35am	11.35am	Blk 551 Pasir Ris St 51		9133 0300	8672 3052	Jasper	Nursery
11	Pranabi Dutta	7.35am	11.35am	Blk 551 Pasir Ris St 51			9004 6366	Jasper	Nursery
12	Durvesh Singh Prasad	7.35am	2.25pm	Blk 544 Pasir Ris St 51			8424 4766	Emerald	R2 (R105)
13	Durvesh Ishaa Gali	7.45am	2.20pm	N0:177 Jln Loyang Besar (Coastal View)		8292 9941	8157 9462	Diamond	R1 (R105)
14	Ng Kai Qing	7.50am	10.45am	Blk 482 Pasir Ris Drive 4 #07-381	6522 7137		8481 3599	Ruby 1	R1
15	Ng Kai Yi	7.50am	2.15pm	Blk 482 Pasir Ris Drive 4 #07-381	6522 7137		8481 3599	Sapphire	R2 (R105)
16	Misham Nahar	7.50am		1B Elias Green		9815 6161		R1	R1/R2

⑪ Bee Lan Pick Up—7.05am

7.15am pick  
10.35am home  
Pasir Ris Blk 575 Aunty  
Hp:8515 2369  
BusStop

✓(PG) Ireshita Singh 133 Pasir Ris Grove D'Nest

87979443