

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	09/03/2023 16:43 (SGT)
Reported by	Owner
Date of Accident	05/03/2023 19:05 (SGT)
Exact Location of Accident	HarbourFront, Singapore
Additional Location Information	COACH PARKING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC8318B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MERIDIEN TRAVEL SERVICES PTE. LTD.
Company Reg No	2XXXXX223K
Email Address	alantan6168@gmail.com
Mobile Phone No	(Phone) +65-91086328
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Scania
Model	K124ZB4X2
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	11705

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MCV0007665

DRIVER

Name of Driver	TAN KIM SUA
NRIC No	SXXXX804D
Date Of Birth	10/06/1966
Occupation	Outdoor

Date Of Driving Pass	17/05/1985
Driving experience	37 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91086328
Alt. Phone Number	-
Email Address	alantan6168@gmail.com
Address	BLK 102 TAMPINES STREET 11 #04-113
Address complement	-
Postcode	521102
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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?	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

PLEASE REFER TO STATEMENT AND ATTACHMENT

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	SNG1091C
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	MOHAMAD TAIB BIN MOHAMAD ISA
NRIC No	SXXXX279E

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' law yers/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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing with my claims;
 (collectively the "Purposes")
 (b) all insurer(s) w ho have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



X

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

- Refer to attached statement -

Describe Circumstances of the Accident

- Refer to attached statement. -

Declaration

We declare the foregoing particulars are true in every respect.

X



Policyholder's Signature / Date & Time

[Signature]

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

[Signature] 09/03/2023
Witnessed by Reporting Centre Personnel

Accident Date: 05/03/2023

Accident Time: 19:05 Hr

Location: HarbourFront Coach Parking Bay

Vehicle No. A) PC 8318 B

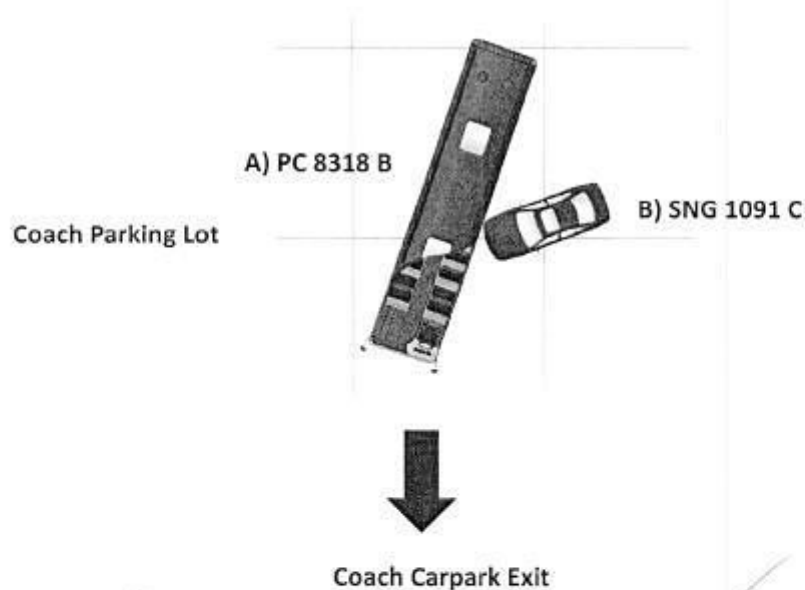
B) SNG 1091 C

On 05/03/2023, at 7.05pm, I was parking my company bus PC 8318 B at HarbourFront Coach Parking Bay for passenger drop off. After done, I reserved my bus from the parking lot. Suddenly I felt an impact and I jammed brake immediately and get off from my bus. I saw there was a vehicle SNG 1091 C collided on my left hand side of vehicle.

The driver of SNG 1091 C told me that he was a Grab driver, and he got passenger waiting at coach parking bay and he want to go into coach parking bay to pick up the passenger. The parking bay actually is for coach only and the vehicle SNG 1091 C should not enter the coach parking bay. My bus has no damaged and do not require any repair. I am filing this for insurance reporting.

After the accident, the driver of SNG 1091 C said he will call me for settlement and I was waiting for the call but I did not receive any call until yesterday and caused my late reporting.

As a side note, the vehicle SNG 1091 C front right headlamp was already broken and paste by some sort of clay which was not caused by this collision. Please refer to onsite photo in the attachment.



Tan Kim Sua

09/03/2023

































