

# 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 .....	03/04/2023 09:57 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	31/03/2023 07:15 (SGT)
Exact Location of Accident .....	3 Tampines Avenue, Singapore 529784
Additional Location Information .....	JUNCTION WITH TAMPINES STREET 82
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	PC3135U
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	JIE YI BUS SERVICES
Company Reg No .....	5XXXX310L
Email Address .....	sljoanneo@gmail.com
Mobile Phone No .....	(Phone) +65-98153596
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Golden Dragon
Model .....	XML6118E1A
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 .....	8849

### INSURANCE COMPANY

Name of Insurance Company .....	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number .....	DMB1SNW00010952204

### DRIVER

Name of Driver .....	POH CHOON HUAT
NRIC No .....	SXXXX369C
Date Of Birth .....	20/05/1959
Occupation .....	Outdoor

Date Of Driving Pass .....	25/11/1980
Driving experience .....	42 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96964630
Alt. Phone Number .....	-
Email Address .....	sljoanneo@gmail.com
Address .....	BLK 491F TAMPINES STREET 45 #07-250
Address complement .....	-
Postcode .....	525491
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? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	42
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 .....	Female

#### PASSENGER 5

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 6

Name .....	UNKNOWN
Gender .....	Female

#### PASSENGER 7

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? ..... Yes  
 Police Station Name ..... Tampines Neighbourhood Police Centre  
 Police Station Phone No ..... (Phone) +65-18005871999  
 Alt. Police Station Phone No ..... (Fax) +65-65871699  
 Police Station Address ..... 6 Tampines Ave 4 Singapore 529682  
 Was notice of intended Prosecution given? ..... No  
 If yes, against whom? ..... -

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT T/20230401/2024

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... FILE TOO BIG

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SLT5719E  
 Vehicle Manufacturer ..... Opel  
 Vehicle Model ..... Astra  
 Vehicle Variant ..... -  
 Vehicle Colour ..... Red  
 Vehicle Category ..... Private car  
 Name of Driver ..... SOH YONG SIANG  
 NRIC No ..... SXXXXX947C  
 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 STUDENT  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... CHEST PAIN  
 Injured person in which vehicle? ..... PC3135U  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

##### INJURED 2

Name of injured person ..... UNKNOWN STUDENT  
 Gender ..... -  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -

Approximate Age Years Old .....	-
Injuries Sustained .....	CHEST PAIN
Injured person in which vehicle? .....	PC3135U
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

**SKETCH PLAN**

**IMPORTANT NOTICE**

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

**6. 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

*[Signature]*

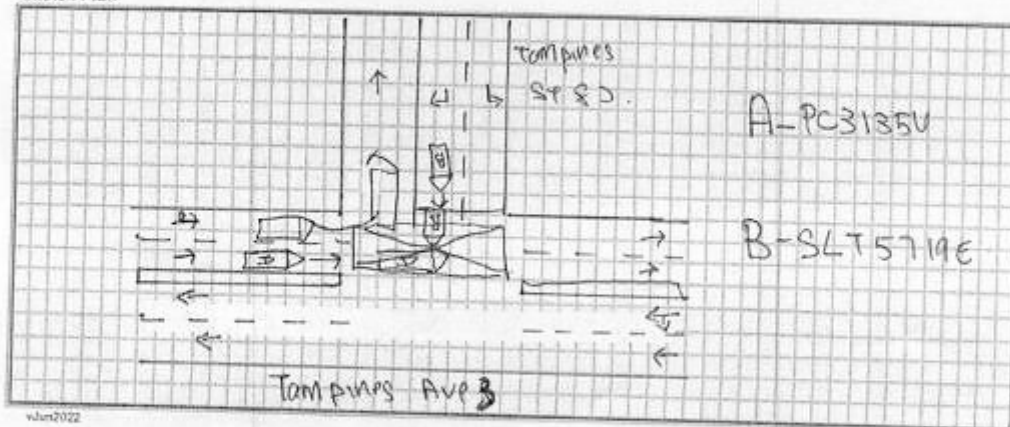
*[Signature]*

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

*[Signature]* 03/04/2023

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

**Sketch Plan**



Describe Circumstance of the Accident

Please refer to Police Report T/20230401/2024

Declaration  
We declare the foregoing particulars are true in every respect.



*J. J. J.*

Policyholder's Signature / Date & Time

*R.*

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

*[Signature]* 03/04/2023

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

















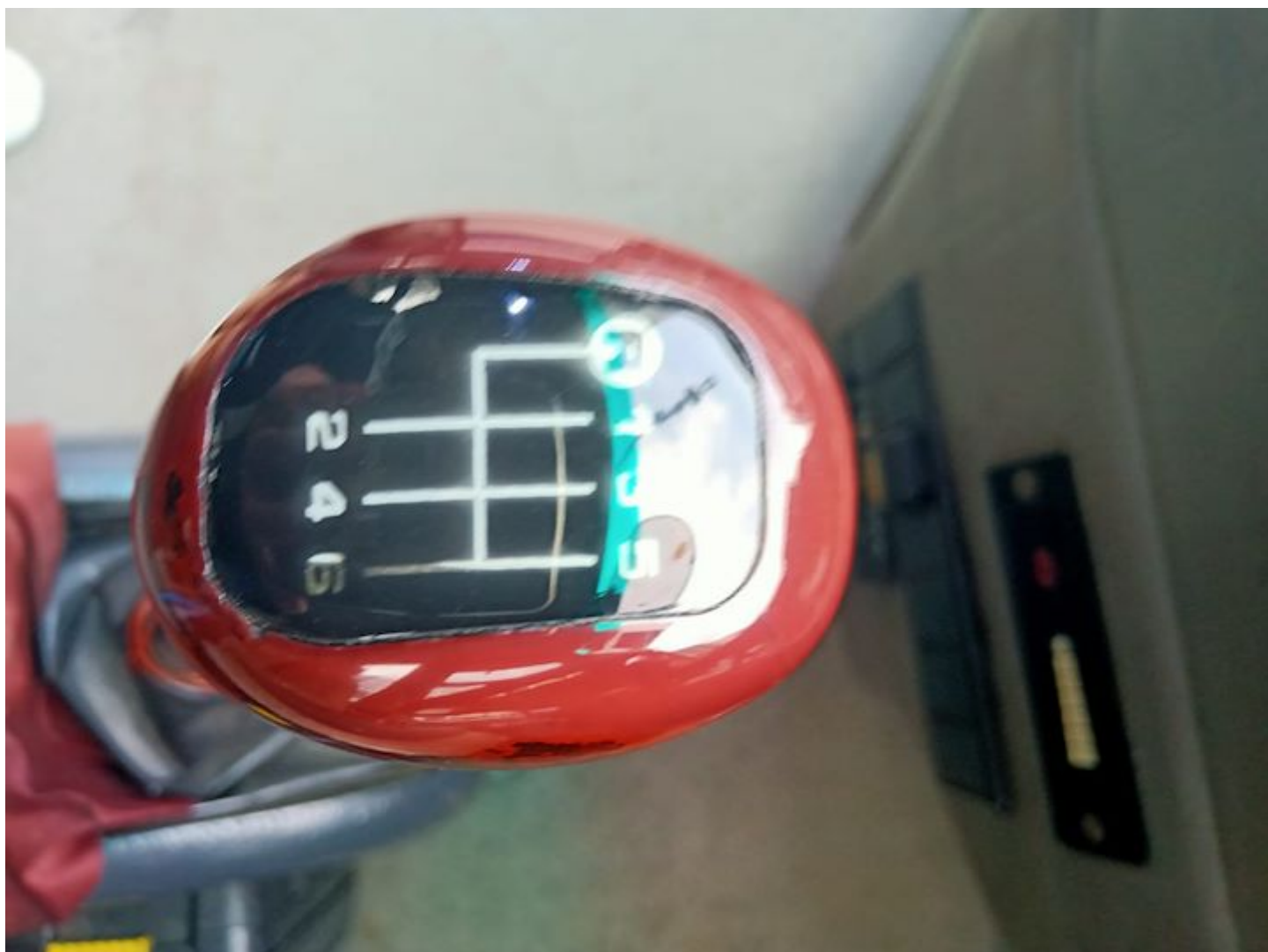












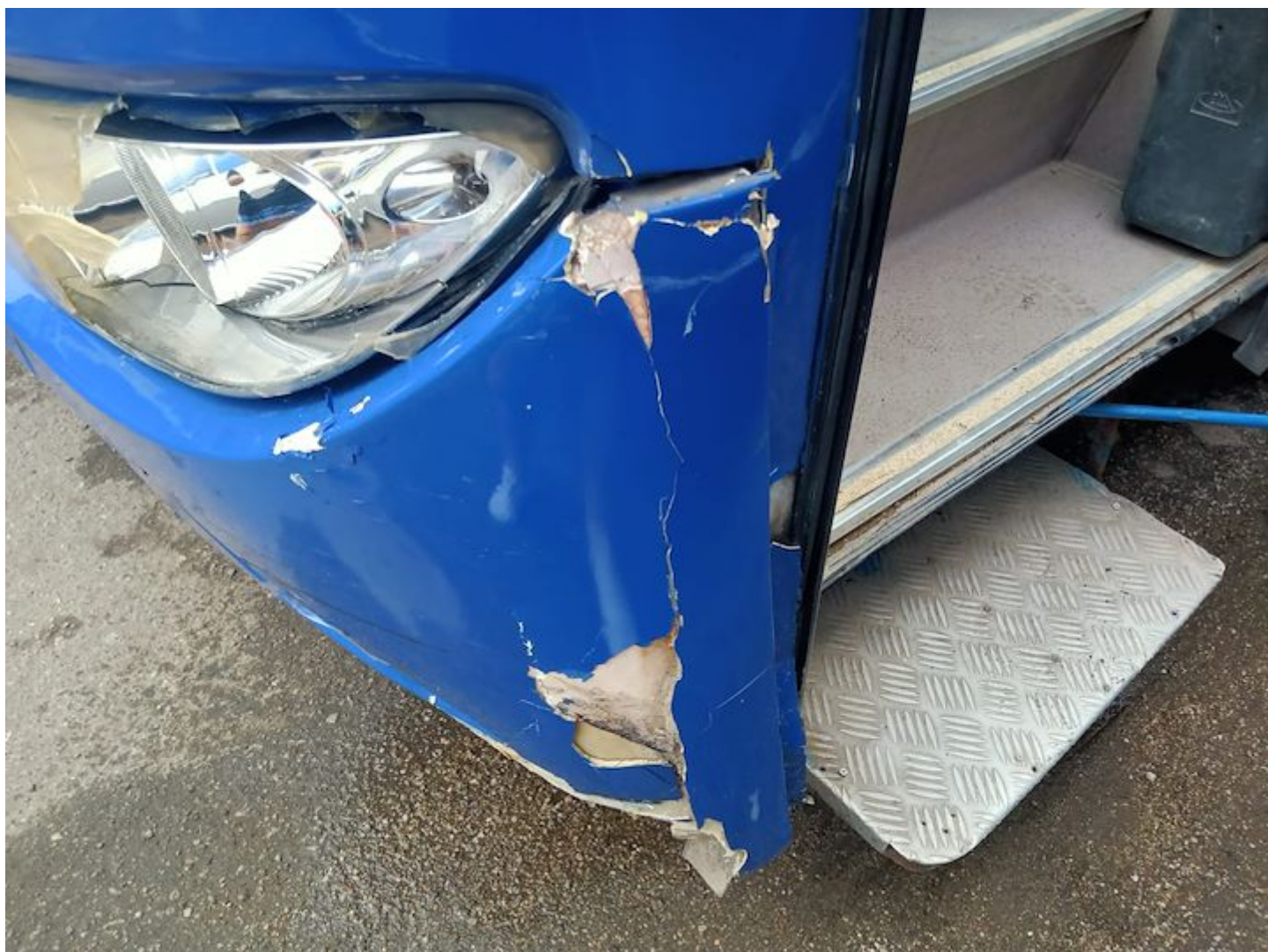

























**SINGAPORE  
POLICE FORCE**


T/20230401/2024

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Report No. T/20230401/2024

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/04/2023 09:32		Vide Report No.:		Station Diary No.: 24
<b>Informant's Particulars</b>				
Name of Informant: POH CHOON HUAT		Address: APT BLK 491F TAMPINES STREET 45 #07-250 SINGAPORE 525491		
ID Type / ID No.: NRIC NO / S1393369C		Contact No.: Home/Office:		Mobile: 96964635
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 20/05/1959	Type of Informant: Driver	
Race: Chinese		Language:		
Occupation: Bus driver		Driving Licence Information: Class: 3,4,5		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 31/03/2023 07:15	Type of Location: Straight Road
Location:  TAMPINES AVENUE 3				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC3135U	Bus/Coach/M nibus (School Children)	GOLDEN DRAGON	GOLDEN DRAGON	Multi-Colored	Slightly Damaged	41
SLT5719E	Car	OPEL	ASTRA HB 1.0 AT	Red	Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
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Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5671999



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Report No. T/20230401/2024

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	POH CHOON HUAT		ID No. S1393369C
Related Vehicle	PC3135U (Bus/Coach/Minibus (School Children))		Contact No. 96964635
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	SOH YONG SIANG		ID No. S9332947C
Related Vehicle	SLT5719E (Car)		Contact No. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

I am a bus driver representing, Jie Yi Bus Services for the past 10 years. I have been driving for student of Saint Hilda's Primary School for the past 3 years.

On 31/03/2023 at about 0715hrs, I was driving the school bus filled with 40 primary school students which was accompanied with one bus attendant (Neo Sor Lian, S1593413A, HP: 98153596). I was driving along Tampines Ave 3 towards Saint Hilda's Primary school, and I was on the right lane out of 2 lanes. Beside my bus, was another private bus on the left lane. I was driving at about 35km/hr. When I was about to reach the junction of Tampines Ave 3 and Tampines St 82, the bus on the left made a left turn into Tampines St 82. Suddenly, a car from Tampines Street 82, turned out and attempted to make a right turn without checking his blind spot nor waited for me to slow down or stop.

Due to the car's abrupt actions, I was forced to jam brake. However, there was not enough distance to brake, as a result, I collided into the front right portion of the car. Several of the students who did not don the seatbelt, had fallen off their seats due to the emergency braking. The bus attendant went to assist the students, however when asked, none of the students expressed any injuries. I then alighted the bus and we exchanged particulars. As we both did not wish to hold up traffic, we parted ways quickly. I did not managed to take pictures of the accident scene and damages. The car was not able to drive off, due to internal damages. My bus sustained minor damages, such as a dented front left bumper and broken front light. I am unsure of the cost of damages.

After the incident, I continued my journey to school. Upon arriving to school, I did not inform any of the school staff regarding the accident as I assumed due to the fact that no injuries was sustained. However, at about 0800hrs, I received a call from the school principal who informed me that 2 students had



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Report No. T/20230401/2024

**CONTINUATION OF REPORT**

complained of chest pain. The student is both aged 9 years old. I was then advised to lodge a traffic accident report.

I would like to state that I have an in-car camera, however the footage did not capture the collision.

**SINGAPORE  
POLICE FORCE**

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6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

CONTINUATION OF REPORT



T/20230401/2024

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Report No. T/20230401/2024

Signature of Officer Recording The Report:

G /  
Other AMSYAR HAKIM BIN  
AHMAD JAMAL

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIA /  
SR STAFF SGT FAHKRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

Date/Time:  
01/04/2023 09:32

Classification Of Case:

NP168