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 witholding 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.

- 4. The issue and acceptance 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 23/03/2023 17:01 (SGT) Reported by **Actual Driver** Date of Accident 22/03/2023 08:14 (SGT) Exact Location of Accident Singapore Additional Location Information Traffic Junction of Corporation Rd, International Rd and Yung Kuang Rd Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Mitsubishi

Vehicle Registration Number PA6309B

Manufacturer

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner Woodlands Transport Service Pte Ltd Company Reg No 1XXXXX721M Email Address xinyi.lim@woodlandstransport.com.sg Mobile Phone No (Phone) +65-65598954 Alternative Phone No

VEHICLE PARTICULARS

Model BE639JRMHDEA Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Bus Transmission Auto CC 3908

INSURANCE COMPANY

Name of Insurance Company Liberty Insurance Pte Ltd Policy Number / Cover Note Number SD22V12853

DRIVER

Name of Driver Low Kia Pang NRIC No SXXXX828C Date Of Birth 04/01/1960

Occupation Outdoor Date Of Driving Pass 28/10/1999 Driving experience 23 YEARS AND 5 MONTHS Gender Male Mobile Number (Phone) +65-91431192 Alt. Phone Number Email Address xinyi.lim@woodlandstransport.com.sg Address Blk 323B Sumang Walk Address complement #17-935 Postcode Singapore 822323 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 - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Yes Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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 Heng Chen Lin Gender Male PASSENGER 2 Name Chang Jing Sian Gender Female PASSENGER 3 Name Unknown Gender Male PASSENGER 4 Name Unknown Gender Female PASSENGER 5 Name Unknown Gender Male PASSENGER 6 Unknown Gender **Female** PASSENGER 7

Unknown

Gender	Male
PASSENGER 8	
Name Gender	Unknown Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Phone No Alt. Police Station Phone No Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Sengkang Neighbourhood Police Centre (Phone) +65-18003438999 (Fax) +65-63438939 2 Sengkang Square #01-02 No
CIRCUMSTANCES OF ACCIDENT	
While I was turning midway through the yellow box, a vehicle B (SN along Corporation Road beat the red traffic light and collided into the proper lookout and give way to my oncoming bus. The impact of the the accident, I got off my bus and noticed another vehicle C (SKM3 idea how the accident occurred for vehicle C. According to what I he stating that he could not see the traffic light clearly because of the results of the	ad and intended to turn right onto International Road. As I applying turn, so I proceeded to make a right turn towards International Road. ND4988L) traveling in the opposite direction on the left most lane he left side of my bus. The driver of SND4988L failed to keep a see collision caused the car SND4988L to lose control and spin. After (224C) involved in the collision. I would like to state that I have no seard, the driver of vehicle B talked with the driver of vehicle C, reflection of sunlight. Shortly after, traffic police and an ambulance (7432) and Chang Jing Sian (8535 5905), and the driver of vehicle B over, no one was taken to the hospital. As a result, my vehicle
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera?	Yes No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model	SND4988L -

Vehicle Variant Vehicle Colour Vehicle Category Private car Name of Driver Ashiga Hasan NRIC No SXXXX654F Contact Number (Phone) +65-91558887 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM3224C
Vehicle Manufacturer	_
Vehicle Model	_
Vehicle Variant	_
Vehicle Colour	_
Vehicle Category	Private car
Name of Driver	Chan Kwai Wah

NRIC No	SXXXX395H
Contact Number	(Phone) +65-91726228
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 Gender Phone No Address Address Complement Post Code Approximate Age Years Old Injuries Sustained	Heng Chen Lin Male (Phone) +65-81117432 - - -
Injured person in which vehicle?	PA6309B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	Chang Jing Sian

Name of injured person Gender	Chang Jing Sian Female
Phone No	(Phone) +65-85355905
Address	<u>.</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	PA6309B
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 Traffic Police Department for investigation.

- 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.
- 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")

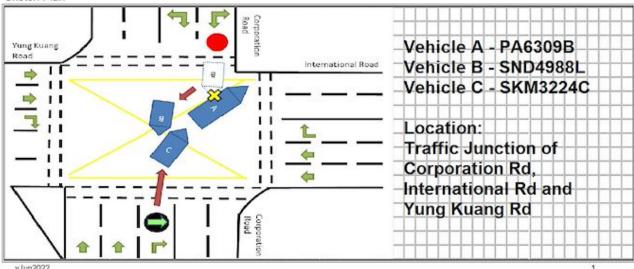
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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.

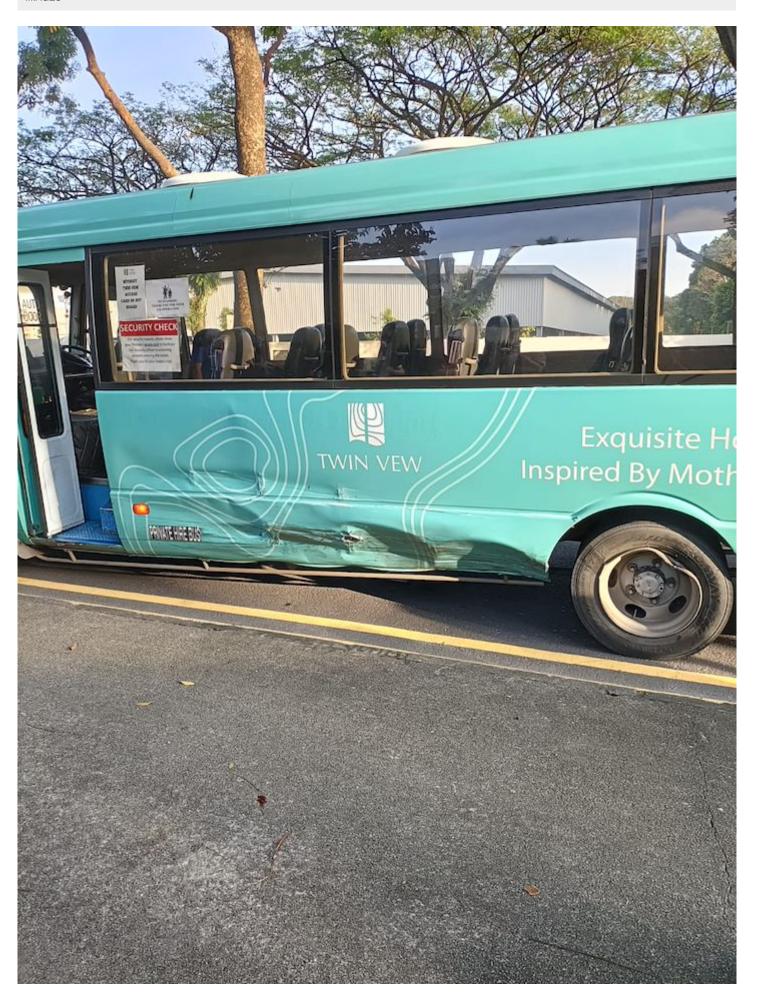
Policyholder's Signature / Date & Time

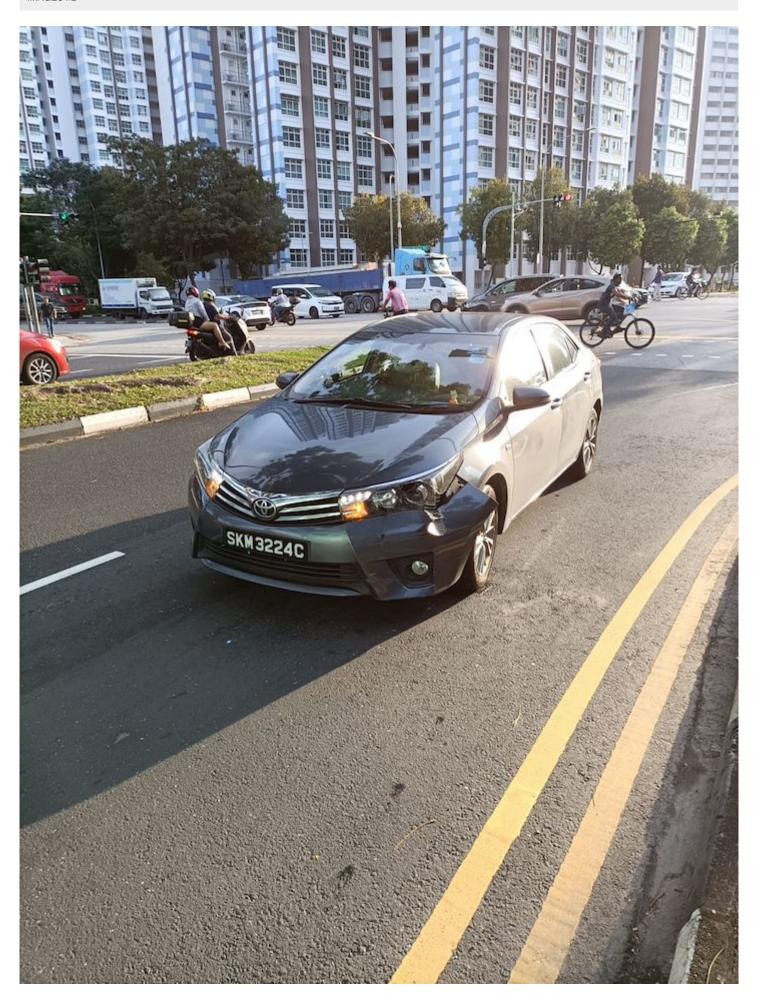
Actual Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

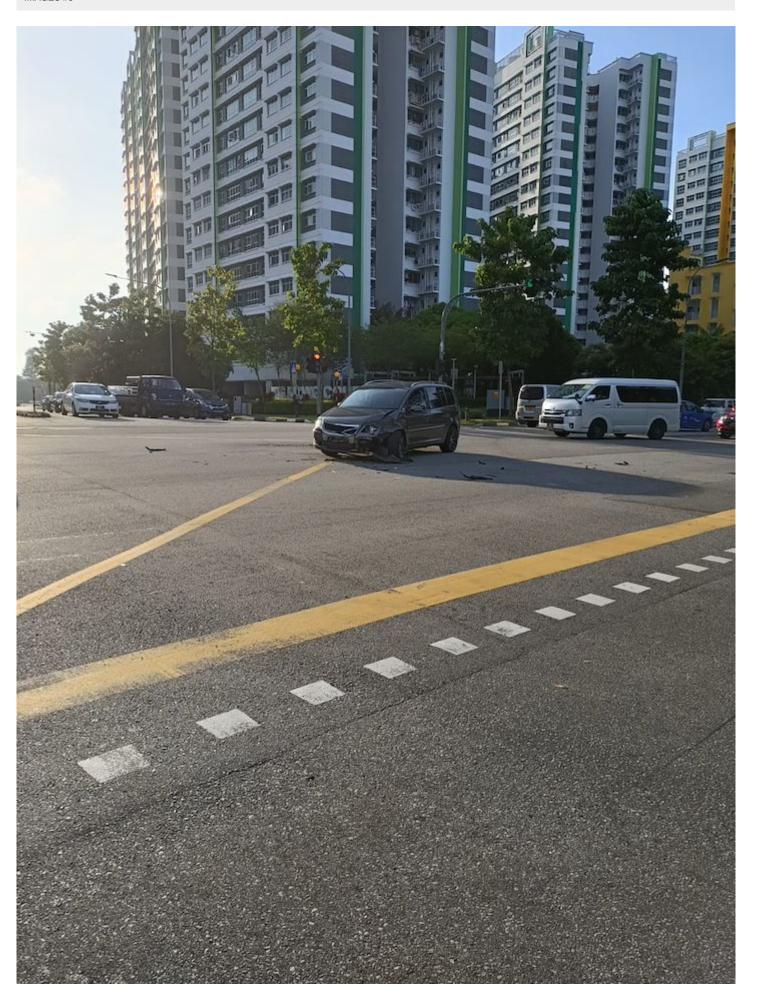
Lim Xin Yi

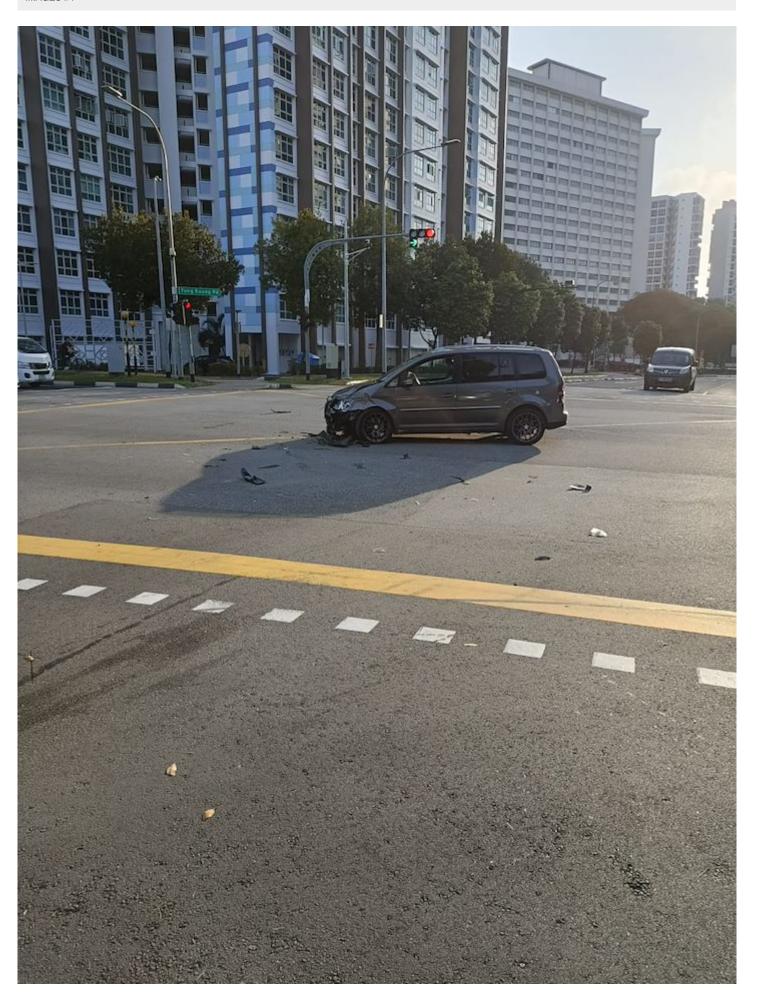
Sketch Plan

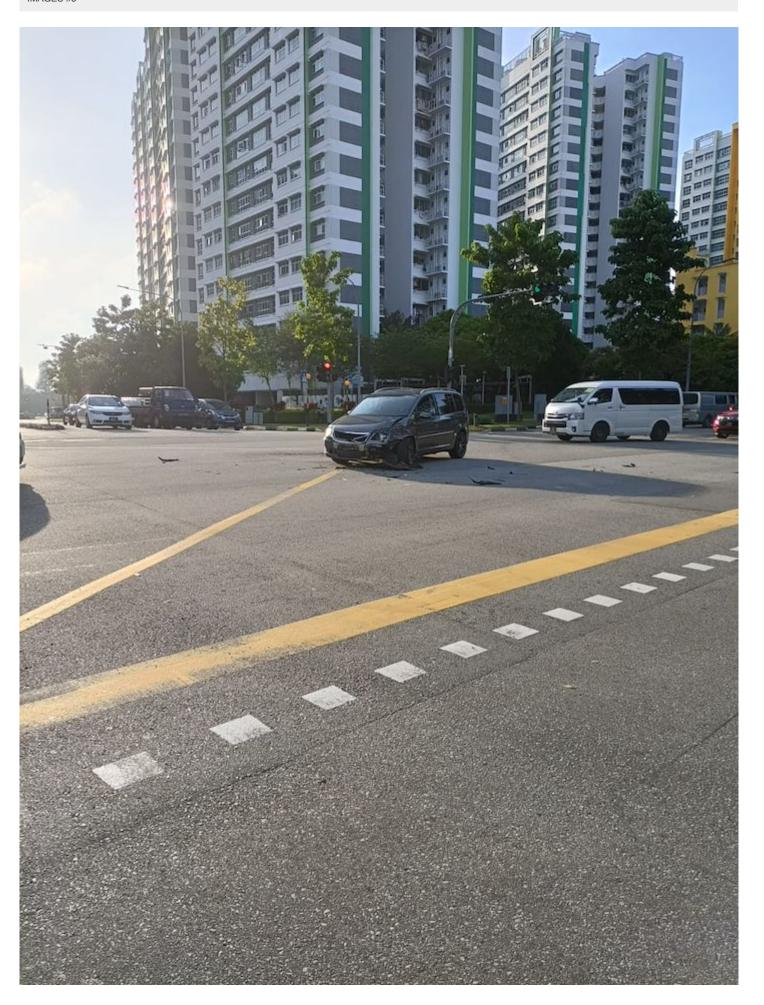


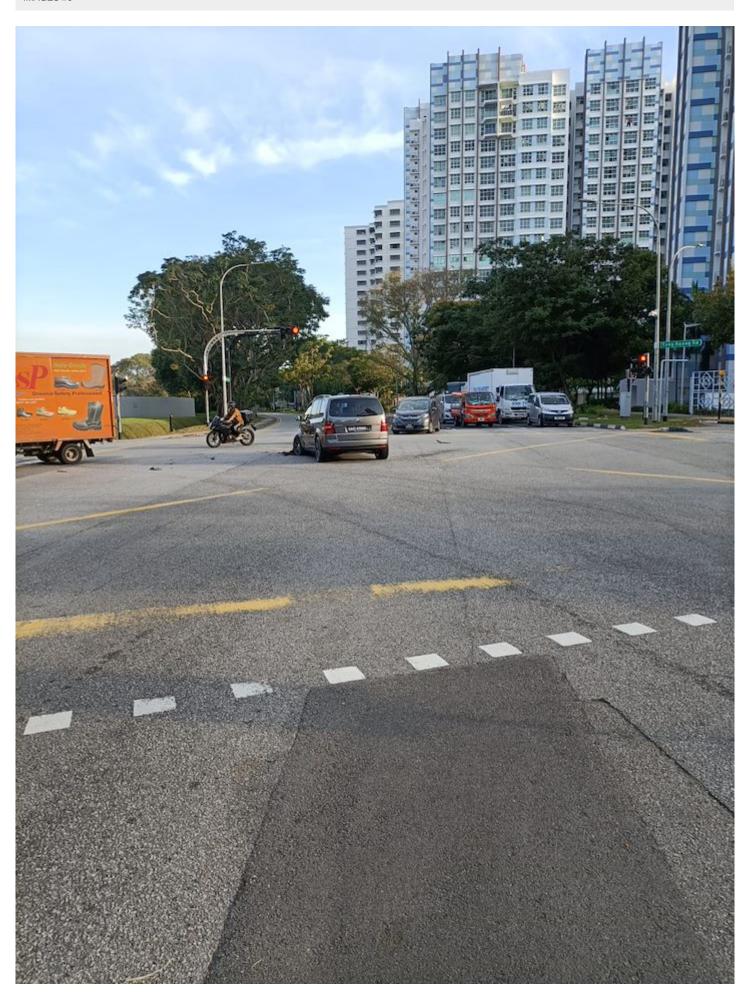


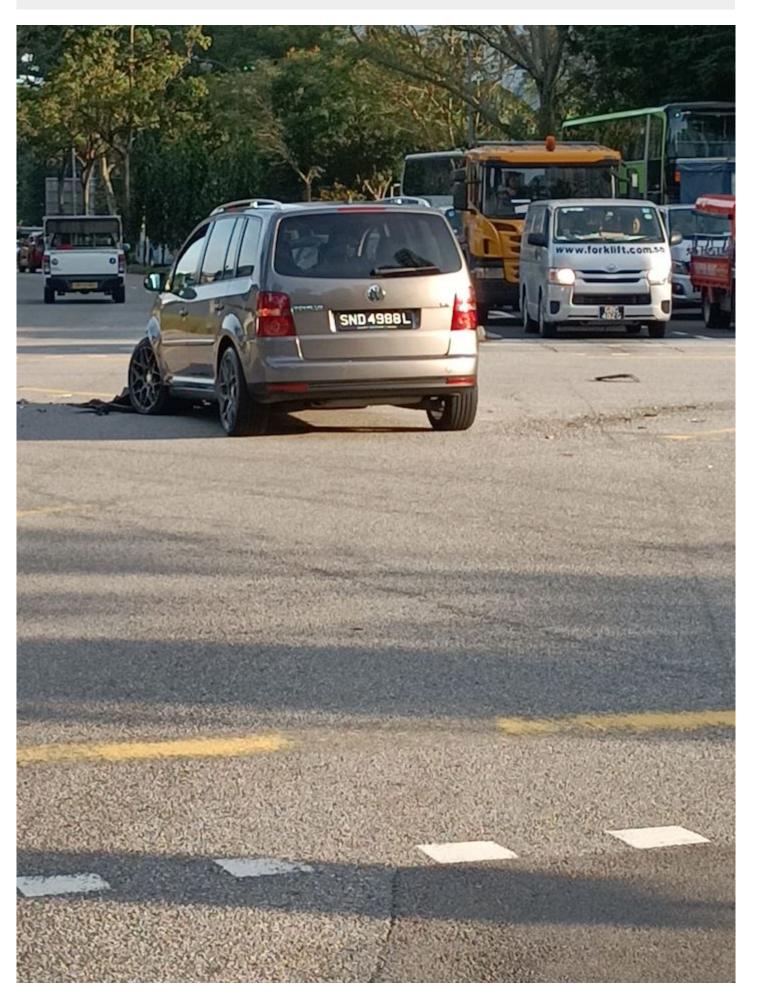
















Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025

1 of 3 Report No. T/20230323/2007

Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 23/03/2023 01:33		Vide Report No.:	Station Diary No.: 12
Informa	nt's Partic	ulars		-
LOW KI	f Informant: A PANG		Address: APT BLK 323B SUMANG WA 822323	ALK #17-935 SINGAPORE
	/ ID No.: O / S14098	28C	Contact No.: Home/Office:	Mobile: 91431192
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Male	Age: 63	Date of Birth: 04/01/1960	Type of Informant: Driver	
Race: Chinese	100 to		Language:	
Occupat Bus drive			Driving Licence Information: Class: 2B,3,4	Date of Expiry

General Infor	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2023 08:15	Type of Location: T-Junction
Location: CORPORATI Weather: Clear	ON ROAD	Road Surface:		
Traffic Flow:		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy
Type of Collis Between Mov	lon: ing Vehicles - Head To Si			Anyone conveyed by ambulance:

Vehicle No.	Programme and the second	Make	Model	Color	Condition	No of Passenge
PA6309B	Bus/Coach/Mi nibus			N.	Slightly Damaged	8
SKM3224C	Car	Z LITHERALL	THE COMME	le '	Slightly Damaged	1
SND4988L	Car				Slightly Damaged	0



T/20230323/2007

Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 2 of 3 Report No. T/20230323/2007

Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

On 22/03/2023 at about 0814hrs, I was driving my mini-bus plate number PA6309B with eight passengers onboard along the first lane of Corporation Road turning right into International Road. I slowed down while approaching the junction and when the turn right arrow signal was in my way, I proceeded to make a right turn into International Road. While I was turning midway, a car plate number SND4988L which was travelling in the opposite direction on the left most lane along Corporation Road beat the red light and collided onto the left side of my bus.

I made a checked on my passengers and two of them complained of body pain. I went of my mini-bus to make a checked and discovered another car, plate number SKM3224C, was also involved in the accident. I would like to state that I had no idea how the accident occurred for the other car. The ambulance later arrived at scene and made a checked on my two passengers and the driver of the car which had collided onto my bus, However, none of them was conveyed to hospital. The Traffic Police was also at scene.

Due to the accident, my mini-bus sustained dents and scratches on the lower left side of the bus. The left rear wheel of the bus was also dented. The car, SND4988L, sustained damages on the front portion while the car, SKM3224C, sustained damages on the left front portion.





Police Station Of Origin: Sengkang N.P.C 2 Sengkang Square #01-02 SINGAPORE 545025 Tel No: 1800-343 8999 3 of 3 Report No. T/20230323/2007

CONTINUATION OF REPORT

Signatı F /	re of Offi	cer Recor	rding The	Report.	
SGT 3 BIN OS	0.0000000000000000000000000000000000000	MAD NAJ	EEB	4	/
	re Of Int	erpreter:			
Not ap	olicable				
	In Charg	e Of Case);		

Signature Of Informant:	
	alg
Date/Time: 23/03/2023 01:33	
Classification Of Case:	
Wedlerin	