

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	20/05/2023 11:36 (SGT)
Reported by	Actual Driver
Date of Accident	29/03/2023 07:00 (SGT)
Exact Location of Accident	Bedok Reservoir Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6319L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	KCG TRANSPORTATION SERVICES
Company Reg No	53023144A
Email Address	singhgill970@gmail.com
Mobile Phone No	(Phone) +65-82890208
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	LT134P
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	7790

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Policy Number / Cover Note Number	DMB1SNW00015872203

DRIVER

Name of Driver	GURJEET SINGH
Work Permit No	G6607449N
Date Of Birth	04/07/1988
Occupation	Outdoor

Date Of Driving Pass	30/09/2019
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90919496
Alt. Phone Number	-
Email Address	singhgill970@gmail.com
Address	263A MACPHERSON ROAD SENNETT ESTATE
Address complement	-
Postcode	348588
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	No 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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	9
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	Passenger
Gender	Male

PASSENGER 2

Name	Passenger
Gender	Male

PASSENGER 3

Name	Passenger
Gender	Male

PASSENGER 4

Name	Passenger
Gender	Male

PASSENGER 5

Name	Passenger
Gender	Female

PASSENGER 6

Name	Passenger
Gender	Female

PASSENGER 7

Name	Passenger
Gender	Female



DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Kampong Java Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002959999
Alt. Police Station Phone No	(Fax) +65-63913442
Police Station Address	21 Kampong Java Road Singapore 228892
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER RO THE POLICE REPORT

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	SH9642X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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**IMPORTANT NOTICE**


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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.

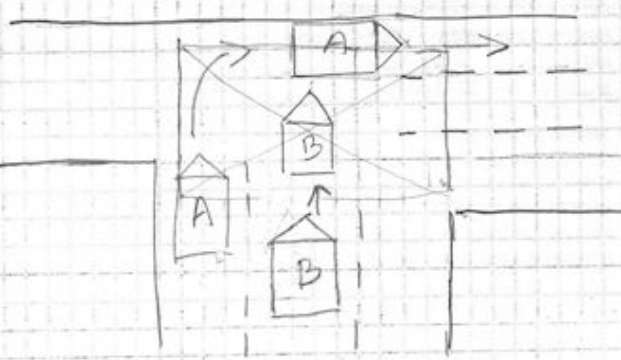

Policyholder's Signature / Date & Time


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


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

Sketch Plan

A: PC 6319L
B: SH 9642x
DoA: 29/3/23
Time: 7:00am




Describe Circumstance of the Accident

Refer to police Report

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
 (Name as in NRIC/ID card)





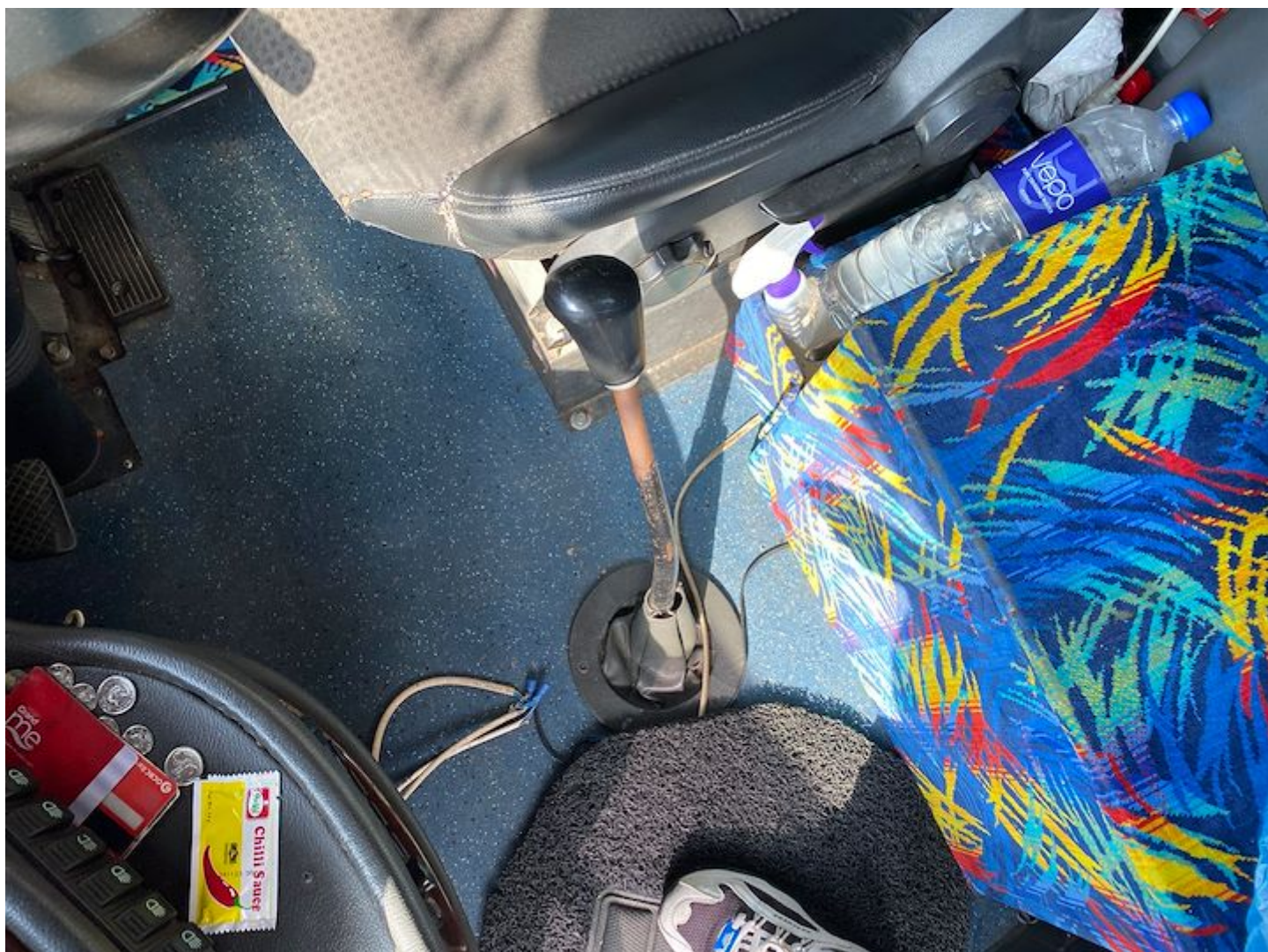

















**SINGAPORE
POLICE FORCE**


T/20230426/2033

1 of 3

Report No. T/20230426/2033

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2023 11:34	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: GURJEET SINGH			Address: 263A MACPHERSON ROAD SENNETT ESTATE SINGAPORE 348588	
ID Type / ID No.: FIN NO / G6607449N			Contact No.:	Mobile: 90919496
Nationality: INDIAN			Email: singhgill970@gmail.com	
Sex: Male	Age: 34	Date of Birth: 04/07/1988	Type of Informant: Driver	
Race: Hindustani			Language:	
Occupation: Bus driver			Driving Licence Information: Class: 3,4	
			Date of Expiry: 24/02/2026	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/03/2023 07:00	Type of Location: T-Junction
Location: BEDOK RESERVOIR ROAD				
Weather: Cloudy		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: no collision				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC6319L	Bus/Coach/Mi nibus				No Damage	8
SH9642X	Car				No Damage	0

Details of Person Involved

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



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21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

2 of 3

Report No. T/20230426/2033

CONTINUATION OF REPORT

Driver			
Name	GURJEET SINGH	ID No.	G6607449N
Related Vehicle	PC6319L (Bus/Coach/Minibus)	Contact No.	90919496
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: 24/02/2026
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/03/2023 at about 0700hrs, I was driving my company bus (KCG TRANSPORTATION SERVICES, PC6319L) along Bedok North Avenue 3 with about 8 passengers on board. I stopped at the stop line at the T-junction located nearby Blk 806 Bedok Reservoir Rd as the traffic light was red. A taxi was also at the stop line beside my bus, on the driver side. When the light turned green, I moved off to turn right. The taxi was on a right turning lane as well. After I completed my right turn I stopped at the first bus stop on the left (75341) to pick up some passengers.

The driver of the taxi then stopped his vehicle in front of my bus at the same bus stop. I winded down my window and he told me that I have hit his taxi when we were both turning right. I informed him that I was working and I was unable to settle the issue at that point of time, hence, we exchanged particulars and left the scene. After the incident, I made a check on my vehicle and I did not spot any damages.

I am lodging this report as on 26/04/2023, my supervisor handed me a letter from Traffic Police informing me that I am to lodge a Traffic Accident Report. The letter contained the car plate number of the taxi involved in the incident.

I would like to request that any letters to continue to be sent to my company's address.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T/20230426/2033

3 of 3

Report No. T/20230426/2033

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
E /
SGT 2 MOHAMMAD FIRZAN BIN
ZAKARIAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
STAFF SGT SUFIYAN BIN KHAIRI
Contact No.: 65476148

Signature Of Informant:

Date/Time:
26/04/2023 11:34

Classification Of Case:

NP168