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.
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	12/07/2023 15:30 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	WOODLANDS CHECKPOINT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH112T

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SINGAPORE-JOHORE EXPRESS (S) PTE LTD
Company Reg No	1XXXXX108D
Email Address	ljwang@sje.com.sg
Mobile Phone No	(Phone) +65-62928149
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Man
Model	SU 283F (A91)
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	6871

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D19MFL0000003_04

DRIVER

Name of Driver	ABDULLAH BIN UMAR
Passport No/FIN	GXXXX697Q
Date Of Birth	06/01/1970
Occupation	Outdoor

Date Of Driving Pass	29/09/2022
Driving experience	10 MONTHS
Gender	Male
Mobile Number	(Phone) +60-164239311
Alt. Phone Number	-
Email Address	ljwang@sje.com.sg
Address	149 ROCHOR ROAD, FU LU SHOU COMPLEX
Address complement	# 04-16
Postcode	188425
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 - Head on collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	Yes
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	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JEB957
Vehicle Category	Commercial vehicle

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Rochor Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18002949999
Alt. Police Station Phone No	(Fax) +65-63918583
Police Station Address	11 Kampong Kapor Road Singapore 208678
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO THE ATTACHED POLICE REPORT -T/20230711/2085

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	JEB957
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)	-

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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.

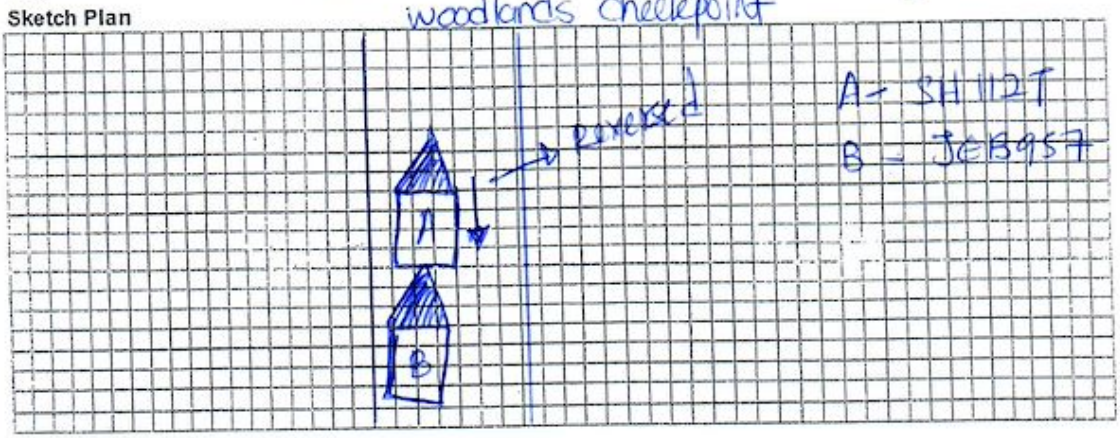
(collectively the "**Purposes**")

(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
	12/7/23	12/7/2023

Sketch Plan



Describe Circumstance of the Accident

Please refer to the attached police report - T12023071112085

Declaration

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

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

12/7/23

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

12/7/2023

2

v.Jun2022

SINGAPORE POLICE FORCE

T/20230711/2085

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

Report No. T/20230711/2085

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN UMAR	ID No.	G3795697Q
Related Vehicle	SH112T (Bus/Coach/Minibus)	Contact No.	62928149
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.

On the 11/07/2023 around 12pm, i was driving my vehicle (SH112T) at Woodlands checkpoint . I was at the immigration checkpoint when the lane i was in had some computer issuses. The ICA officer directed me to another lane as such i began to reverse my bus out of the lane. As i was doing so, i collided with another Malaysian vehicle (JEB957). Both vehicles sustained minor scratches and small dents for both vehicle. No one was injured. I have personally settled with the other party, however my company insurance requires a traffic report. As such i am making this report for insurance purposes.

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7

IMAGES #8

IMAGES #9

IMAGES #10


CHASSIS NO:WMAA91ZZ8CC017071
G.W. :11,320 KG
M.L.W. :19,000 KG
TYRE SIZE :F.295/80R-22.5
:R.295/80R-22.5(D)
PASS. CAP. :1 DRIVER ONLY
:49 PASSENGERS

SINGAPORE POLICE FORCE

T/20230711/2085

Report No. T/20230711/2085

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
11/07/2023 16:45		60

Informant's Particulars

Name of Informant: ABDULLAH BIN UMAR			Address: 149 ROCHOR ROAD #04-16 FU LU SHOU COMPLEX SINGAPORE 188425	
ID Type / ID No.: FIN NO / G3795697Q			Contact No.: Home/Office: 62928149	Mobile:
Nationality: MALAYSIAN			Email:	
Sex: Male	Age: 53	Date of Birth: 06/01/1970	Type of Informant: Driver	
Race: Malay			Language:	
Occupation: Bus driver			Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 11/07/2023 12:00	Type of Location:
Location: WOODLANDS CROSSING				
Weather: Raining		Road Surface: Wet		
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JEB957	Lorry				Slightly Damaged	0
SH112T	Bus/Coach/Minibus				Slightly Damaged	0

Details of Person Involved

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

SINGAPORE POLICE FORCE

T/20230711/2085

Report No. T/20230711/2085

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Driver			
Name	ABDULLAH BIN UMAR	ID No.	G3795697Q
Related Vehicle	SH112T (Bus/Coach/Minibus)	Contact No.	62928149
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.

On the 11/07/2023 around 12pm, i was driving my vehicle (SH112T) at Woodlands checkpoint . I was at the immigration checkpoint when the lane i was in had some computer issuses. The ICA officer directed me to another lane as such i began to reverse my bus out of the lane. As i was doing so, i collided with another Malaysian vehicle (JEB957). Both vehicles sustained minor scratches and small dents for both vehicle. No one was injured. I have personally settled with the other party, however my company insurance requires a traffic report. As such i am making this report for insurance purposes.

SINGAPORE POLICE FORCE

T/20230711/2085

3 of 3

Report No. T/20230711/2085

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapor Road SINGAPORE 208678
Tel No: 1800-2949999

CONTINUATION OF REPORT

Signature of Officer Recording The Report: A / SGT 3 ANG ZHEN HUI, NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2023 16:45
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

NP168

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN09237C0005 Vehicle Registration No: SH112T

Name (as shown in NRIC): Abdullah Bin Umar NRIC/FIN/Passport No: G3795697Q

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 149 Rochor Road # 04-16, Fu Lu Shou Complex Singapore (188425)

Contact (Tel): Mobile No.: 016 4239311

Email Address: ijwang@sje.com.sg

Date of Accident: 11/07/2023 Time of Accident: 12:00

Place of Accident: Woodlands Check Point

Insurance Company: India International

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Amend upload copy of passport in other documents.

Policyholder / Actual Driver's Signature
Date:

12/7/2023
Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:


Visa/Visas
Visa/Visas
S7795697G
VISIT PASS
22 AUG 2022
SINGAPORE IMMIGRATION
No. IMSV/e022
Permitted to enter Singapore from West Malaysia only. Each visit not to exceed 30 days from date of arrival. Valid for any number of journeys within 24 months.
Date 22 AUG 2022
for Controller of Immigration
Singapore
Holder has been granted use of eACS
Date of expiry : 22 AUG 2024
for Commissioner
Immigration & Checkpoints Authority
22 AUG 2022