

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	17/07/2023 11:25 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	15/07/2023 17:45 (SGT)
Exact Location of Accident	Hougang Ave 8, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC9003C
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	K.H.NG BUS TRANSPORT PTE LTD
Company Reg No	201614778G
Email Address	INFO@KHNGBUS.COM.SG
Mobile Phone No	(Phone) +65-96659003
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volvo
Model	B7r
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	Commercial vehicle
Transmission	Auto
CC	7146

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2003286962

DRIVER

Name of Driver	LIM LYE TECK
NRIC No	S1811324D
Date Of Birth	05/02/1967
Occupation	Outdoor

Date Of Driving Pass	05/07/1990
Driving experience	33 YEARS
Gender	Male
Mobile Number	(Phone) +65-96887468
Alt. Phone Number	-
Email Address	INFO@KHNGBUS.COM.SG
Address	140 RIVERVALE STREET #06-784
Address complement	-
Postcode	540140
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 to Rear
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?	Yes
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?	Yes
Police Station Name	Sengkang Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003438999
Alt. Police Station Phone No	(Fax) +65-63438939
Police Station Address	2 Sengkang Square #01-02
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20230715/2104.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP7355Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Motorcycle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	RIDER
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP7355Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

IMPORTANT NOTICE

SKETCH PLAN

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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:

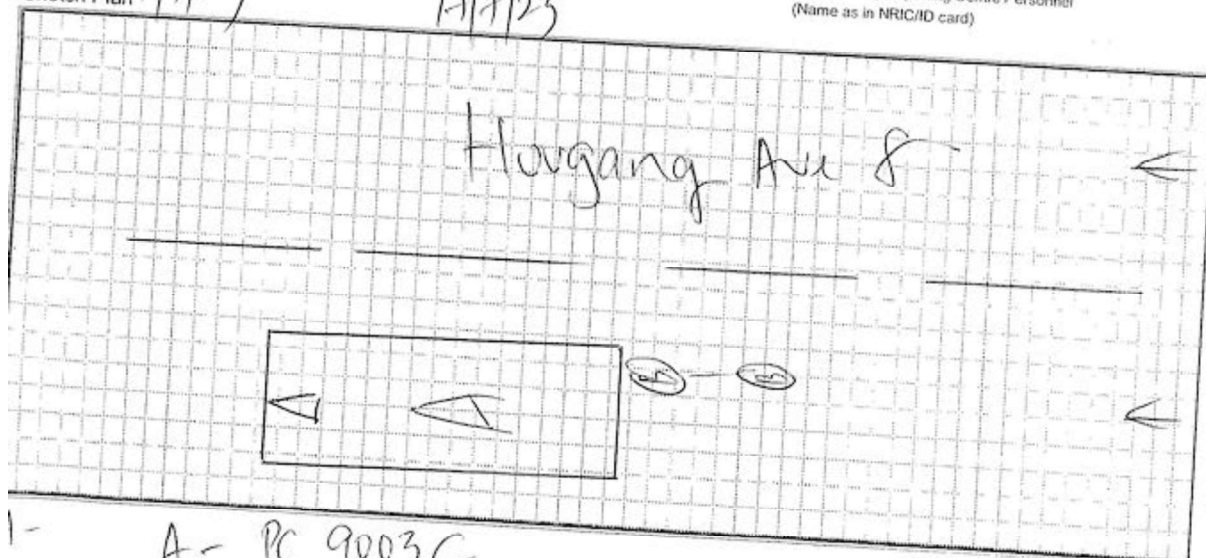
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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
(Name as in NRIC/ID card)

Sketch Plan




A - PC 9003C

B - FBP 7355Y


Describe Circumstance of the Accident

Refer To Police Report

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

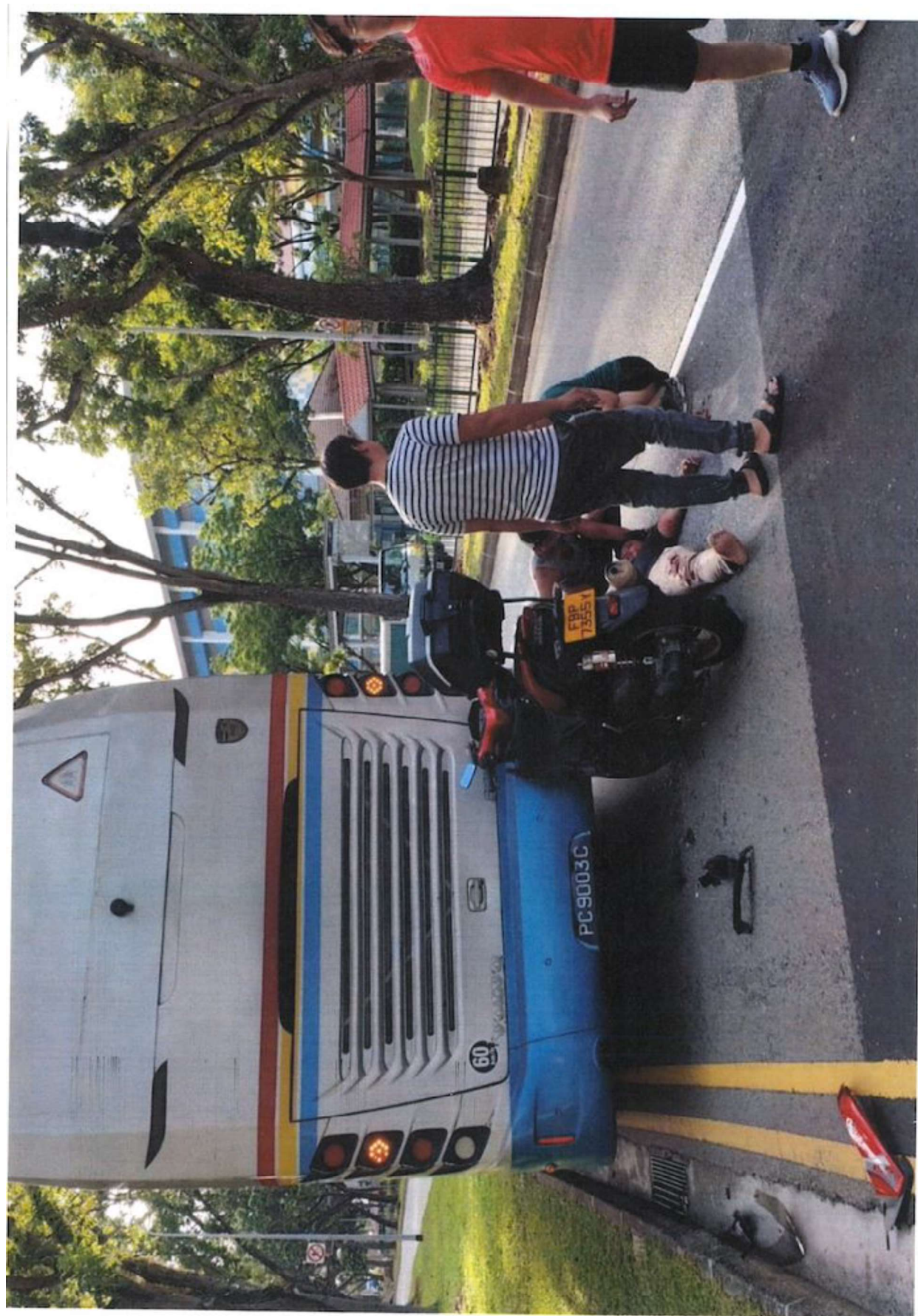

Policyholder's Signature / Date & Time

HA123

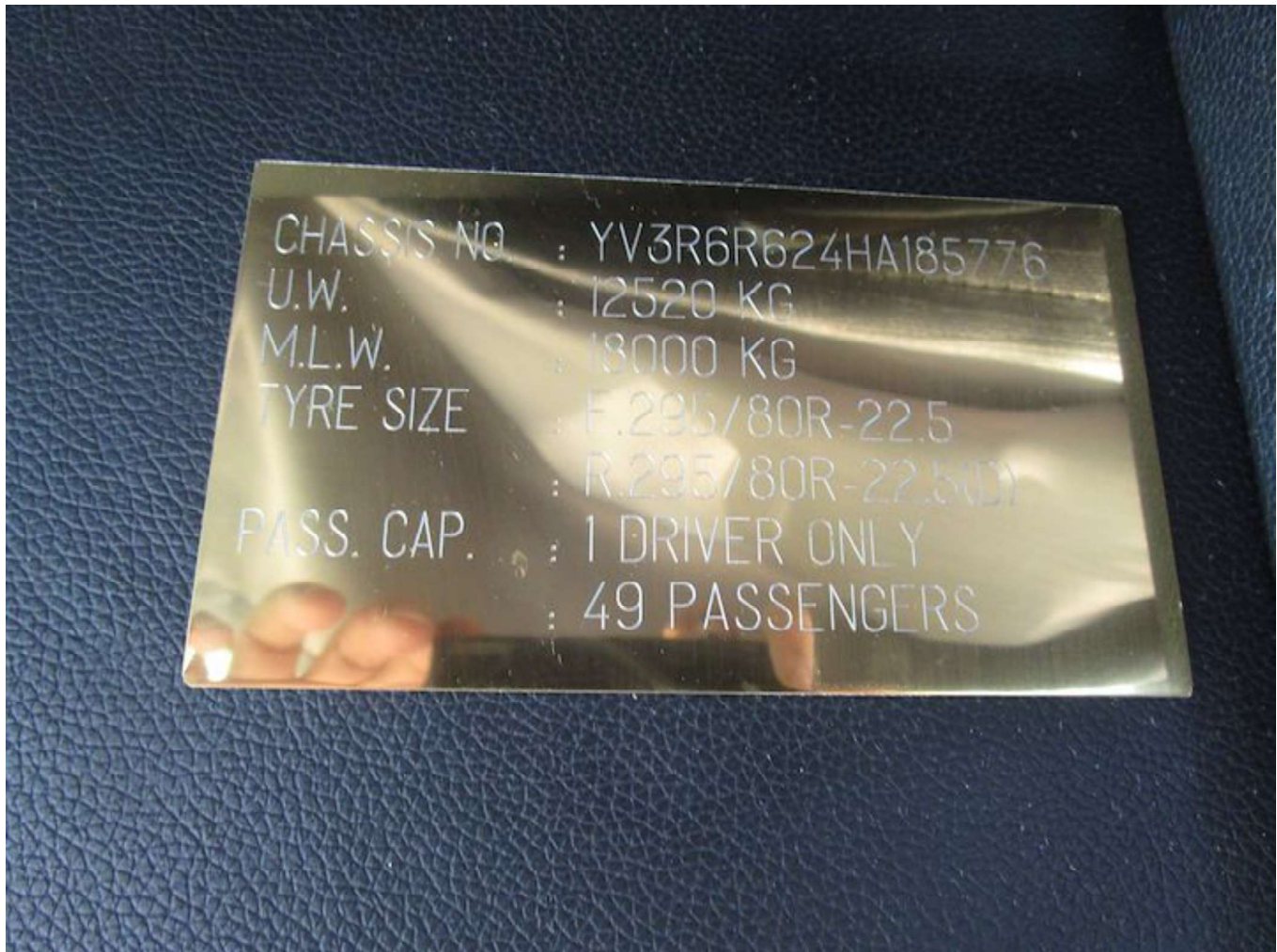

Driver's Signature (if driver is not the policyholder) / Date & Time

HA123

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











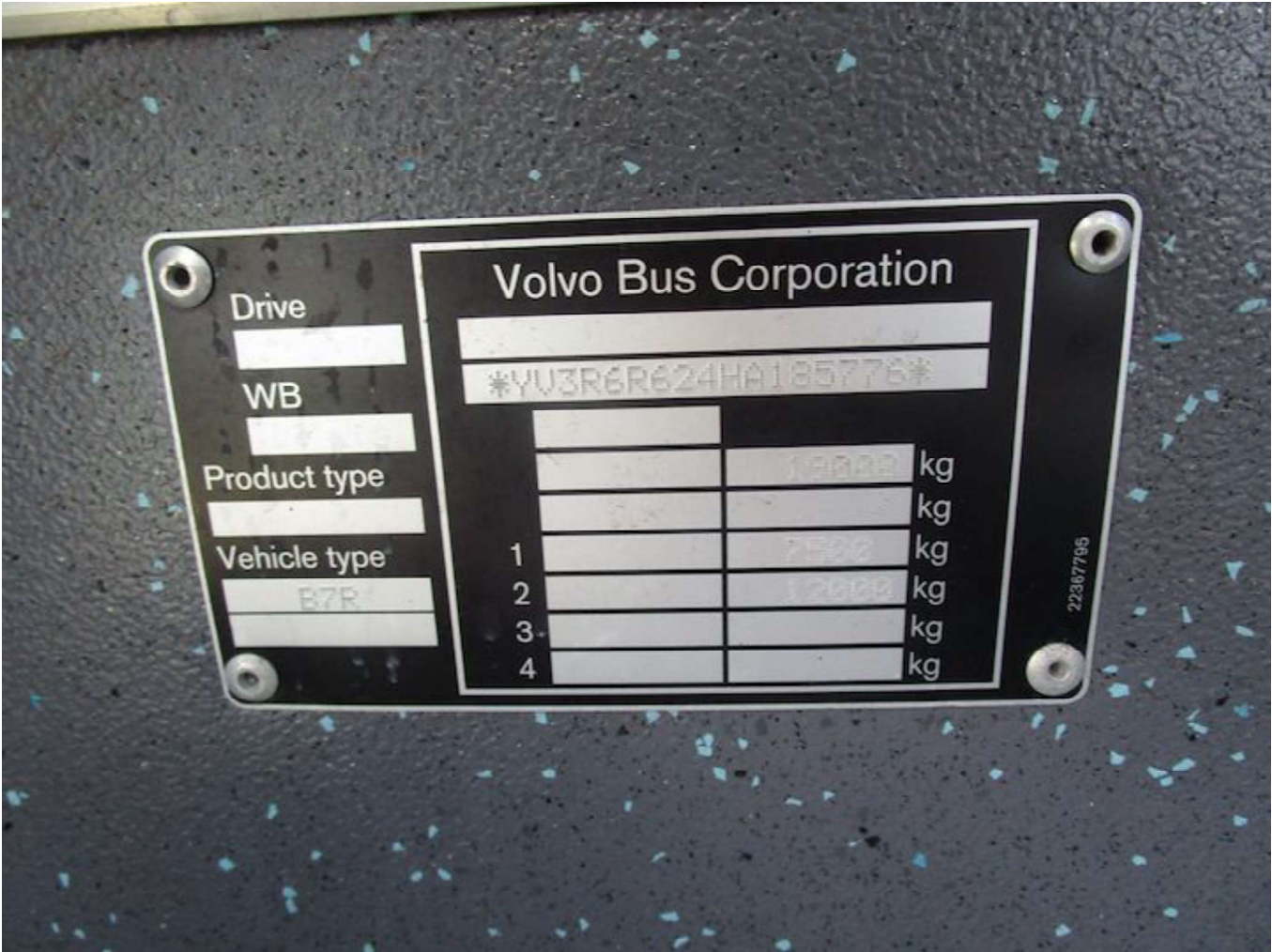














**SINGAPORE
POLICE FORCE**



T/20230715/2104

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20230715/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/07/2023 20:24	Vide Report No.: F/20230715/0138	Station Diary No.: 155
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Informant's Particulars

Name of Informant: LIM LYE TECK			Address: APT BLK 140 RIVERVALE STREET #06-784 SINGAPORE 540140		
ID Type / ID No.: NRIC NO / S1811324D			Contact No.: Home/Office: Mobile: 96887468		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 05/02/1967	Type of Informant: Driver		
Race: Chinese			Language: Mandarin		
Occupation: Bus driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/07/2023 17:55	Type of Location: Straight Road
Location: HOUGANG AVENUE 8				
Lamp Post Number: 96				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP7355Y	Motorcycle				Slightly Damaged	0
PC9003C	Bus/Coach/Minibus				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20230715/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20230715/2104

CONTINUATION OF REPORT**Brief Details.**

On 15 July 2023 at around 1754hrs, I was driving my company bus with plate number PC9003C. My company is K.H.NG Bus Transport Pte Ltd. I was driving along Hougang Avenue 8 and I was driving towards the nearest bus stop to pick up people for a wedding banquet.

When I was driving, I heard some loud sound and the bus shake a little, hence I got down the bus. I realised that a motorcycle collided into the rear of my bus. The motorcycle plate number is FBP7355Y.

I do not have the motorcyclist details as he was conveyed to hospital. I am not injured. My bus suffered scratches and the exhaust pipe was dented.

My bus has in-car camera, however my company informed me that the footage was quite blurry.

Both Ambulance and Traffic Police were at scene and I was informed to lodge a police report by Traffic Police vide F/20230715/0138.



**SINGAPORE
POLICE FORCE**



T/20230715/2104

3 of 3

Report No. T/20230715/2104

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Signature of Officer Recording The Report:
F /
SGT 2 JANE TAN WEN XIAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT Ahmad Syafiq Bin Harris
Contact No.: 65476201

Signature Of Informant:

Date/Time:
15/07/2023 20:24

Classification Of Case:

NP168



Allianz Insurance Singapore Pte. Ltd.

POLICY SCHEDULE
COMMERCIAL MOTOR INSURANCE POLICY

Date of Issue	: 31 October 2022		
Policy Number	: SP2003286962		
Type of Cover	: ALLIANZ COMMERCIAL MOTOR INSURANCE		
Plan Type	: COMPREHENSIVE - AUTHORISED WORKSHOP		
Intermediary Code	: 0000384		
Intermediary	: VIRTUAL INSURANCE AGENCIES PTE LTD		
Policyholder/Insured	: K.H.NG BUS TRANSPORT PTE. LTD.		
UEN	: 201614778G		
Nature of Business	: CHARTERED BUS SERVICES (INCLUDING SCHOOL BUSES)		
Correspondence Address	: 12 JALAN TANI SINGAPORE 548550		
Replacing Cover Note Number	: AIS/2022/0000365/000974		
Period of Insurance	: From: 10 November 2022 To: 09 November 2023 (both dates inclusive)		
Premium Payable	: S\$ 2,523.36		
GST 7%	: S\$ 176.64		
Total Premium Payable	: S\$ 2,700.00		
Make and Model	: VOLVO B7R AUTO		
Body Type	: BUS - AIR CONDITIONED		
Registration Number	: PC9003C	Private Hire Use	: NO
Year of Registration	: 2017	Seating Capacity	: 49
Cubic Capacity	: 7146 CC	Windscreen Limit	: UNLIMITED
Tonnage	: 5.39 TONNES	No Claim Discount	: 20%
Chassis Number	: YV3R6R624HA185776		
Engine Number	: D7E12017245		
Hire Purchase Owner / Leasing Company	: DBS BANK LTD		
Excess	: Own Damage	S\$	1500.00
	Windscreen	S\$	500.00
	Liabilities to Third Parties	S\$	1500.00

Allianz Insurance Singapore Pte. Ltd. | UEN 201903913C
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