

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 First Submission	28/07/2023 09:28 (SGT)
Reported by	Actual Driver
Date of Accident	27/07/2023 05:55 (SGT)
Exact Location of Accident	Pioneer Rd North, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8626Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	HOCK KOON BUS SERVICE
Company Reg No	49405300C
Email Address	CHUAHK13121957@GMAIL.COM
Mobile Phone No	(Phone) +65-91017588
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Isuzu
Model	FSR34P
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	7790

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5049583758-12

DRIVER

Name of Driver	CHUA HOCK KOON
NRIC No	S1233864C
Date Of Birth	13/12/1957
Occupation	Outdoor

Date Of Driving Pass	12/06/1981
Driving experience	42 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-91017588
Alt. Phone Number	-
Email Address	CHUAHK13121957@GMAIL.COM
Address	BLK 180 YUNG SHENG ROAD #13-107 SINGAPORE
Address complement	-
Postcode	610180
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)	30
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	-
Gender	Male

PASSENGER 2

Name	-
Gender	Male

PASSENGER 3

Name	-
Gender	Female

PASSENGER 4

Name	-
Gender	Female

PASSENGER 5

Name	-
Gender	Male

PASSENGER 6

Name	-
Gender	Female

PASSENGER 7

Name	-
Gender	Female

PASSENGER 8

Name -
Gender Female

DETAILS OF POLICE ACTION

Was the accident reported to the police? Yes
Police Station Name Jurong West Neighbourhood Police Centre
Police Station Phone No (Phone) +65-18002689999
Alt. Police Station Phone No (Fax) +65-62672438
Police Station Address 700 Corporation Road Singapore 649818
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

-

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 XE7691Z
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) 1

SKETCH PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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



[Signature]



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

Handwritten diagram on the left shows two vehicles, A and B, positioned vertically. Vehicle A is above Vehicle B. To the right of the diagram, the following text is written:

(30 pax)
A = PA8626Y
B = XE7691Z
(1 pax)

Describe Circumstance of the Accident	
VEHICLE NO: PA8626Y	ACCIDENT DATE & TIME: 5:55am 7/27/2023
CONTACT NUMBER: 91017588	E-MAIL: chuank13121957@gmail.com
LOCATION: Pioneer Rd North	
<p>Please refer to police report T/20230727/2011</p>	
<p>NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.</p>	
<p>PLEASE STATE: <input type="checkbox"/> CLAIM OWN POLICY <input type="checkbox"/> CLAIM THIRD PARTY <input checked="" type="checkbox"/> CLAIM CO/REP AT OTHER WORKSHOP <input type="checkbox"/> REPORTING ONLY</p>	

Declaration

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



Policyholder's Signature / Date & Time

ek

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/20230727/2011

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. T/20230727/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2023 08:42		Vide Report No.: J/20230727/0038		Station Diary No.: 23
Informant's Particulars				
Name of Informant: CHUA HOCK KOON		Address: APT BLK 180 YUNG SHENG ROAD #13-107 SINGAPORE 610180		
ID Type / ID No.: NRIC NO / S1233864C		Contact No.: Home/Office: Mobile: 91017588		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 65	Date of Birth: 13/12/1957	Type of Informant: Driver	
Race: Chinese		Language: English		
Occupation: Bus driver		Driving Licence Information: Class: 3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2023 05:55	Type of Location: Straight Road
Location: PIONEER ROAD NORTH				
Lamp Post Number: 195				
Weather: Clear		Road Surface: Dry		
Traffic Flow:		Traffic Control:		Traffic Volume: No Traffic
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
PA8626Y	Bus/Coach/Mi nibus				Slightly Damaged	29
XE7691Z	Lorry				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/20230727/2011

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Report No. T/20230727/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Driver			
Name	CHUA HOCK KOON	ID No.	S1233864C
Related Vehicle	PA8626Y (Bus/Coach/Minibus)	Contact No.	91017588
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/7/2023, around 0555hrs, I was travelling along Pioneer Rd towards Pioneer Rd North in V1) PA8626Y when V2) XE7691Z collided into the rear of V1. My passengers as well as myself did not sustain any injuries however the driver of V2 was conveyed to hospital by ambulance. Police also attended to me ref J/20230727/0038. Thats all.



**SINGAPORE
POLICE FORCE**



T/20230727/2011

Police Station Of Origin:
Jurong West N.P.C.
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20230727/2011

CONTINUATION OF REPORT

Signature of Officer Recording The Report:

J /
STAFF SGT MUHAMMAD
ZHARIF BIN ZAINUDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/07/2023 08:42

Officer In Charge Of Case:
TP / GIT /
SR STAFF SGT JOFILIANO BIN MOHAMED
ALI
Contact No.: 65476960

Classification Of Case:

NP168