

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 First Submission 04/10/2024 15:56 (SGT) Reported by **Actual Driver** Date of Accident 03/10/2024 21:55 (SGT) Exact Location of Accident Singapore Additional Location Information Jalan Kayu Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC2637U

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner A'LAND EXPRESS PTE. LTD. Company Reg No AXXXXXXXXXXXXXXXXXXLTD. Email Address aland@live.com.sg Mobile Phone No (Phone) +65-94889005 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

King Long Model XMQ6117K 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 6693 Vehicle Fuel First Regisration Date Chassis no Effective Date/Time of Ownership

INSURANCE COMPANY

Name of Insurance Company Income Insurance Limited Policy Number / Cover Note Number 5142624356

DRIVER



Name of Driver NRIC No Date Of Birth Occupation Driving Pass Date Driving License Pass Class Driving License Validity Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	Tan Pau Lee SXXXX393Z 20/07/1973 Outdoor 02/05/1997 4 Valid 27 YEARS AND 5 MONTHS Male (Phone) +65-97562894 - joetanlee@hotmail.com 687D Choa Chu Kang Drive #12-370 S684687 - No Employee No -
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head on collision Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? 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? 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 Traffic Police (Phone) +65-65470000 (Fax) +65-65474900 10 Ubi Avenue 3 Singapore 408865 No
GINCUIVISTANCES OF ACCIDENT	
Refer to attached	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident	Yes Yes File size too large

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer	SHA1641T
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Unknown
Gender	_
Phone No	_
Address	_
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SHA1641T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	Tan Pau Lee
Gender	_
Phone No	-
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	-
Injuries Sustained	0 D M0
•	2 Days MC
Injured person in which vehicle?	PC2637U
•	•

SKETCH PLAN

IMPORTANT NOTICE

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

1545hrz.

Lunderstand, 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' law yers/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")

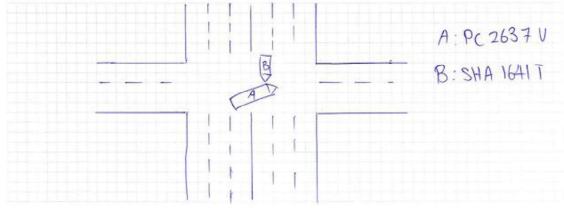
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

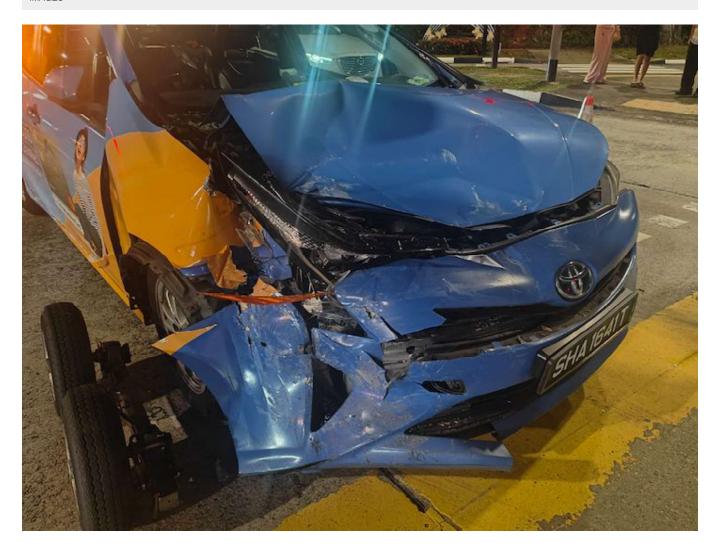
Driver's Signature (If driver is not the policyholder) / Date & Time

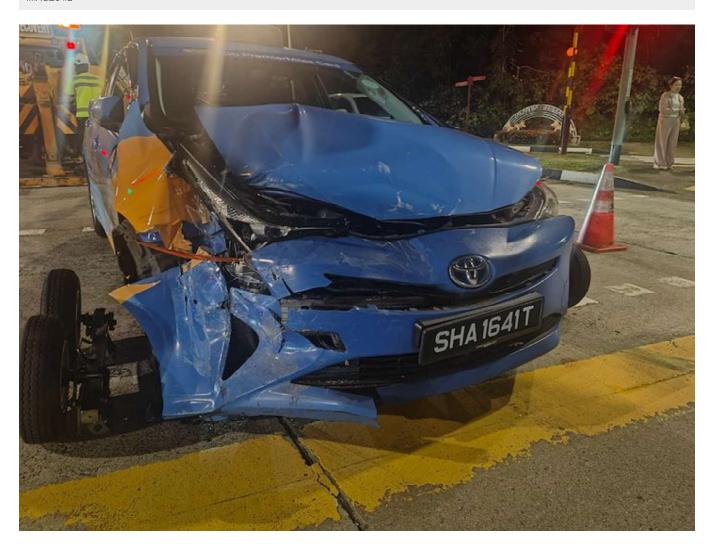
Witnessed by Reporting Centre Personnel

Sketch Plan

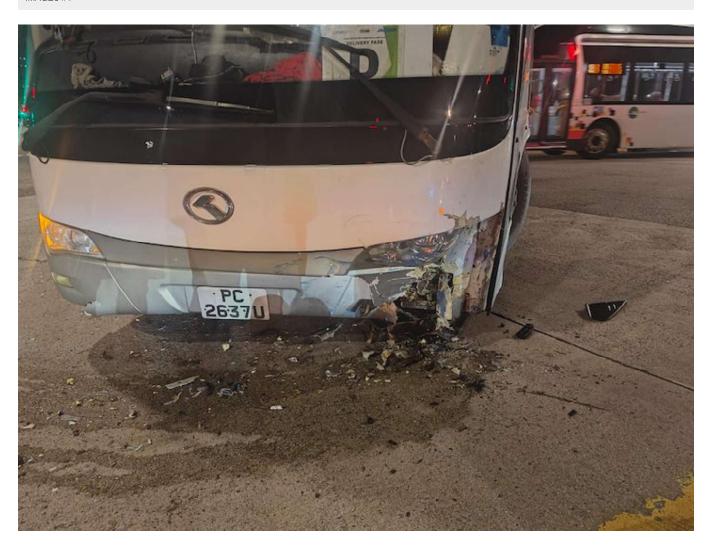


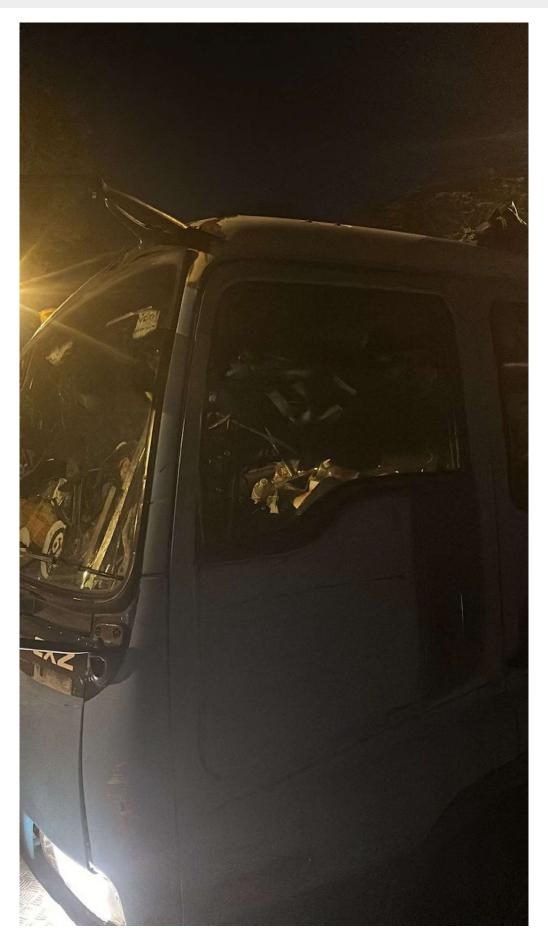
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declare the foregoin	g particular	s are true in eve	ry respect.	
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(a)	1.1	24	- 1	
* 01	4/10/23	H. In	Aldra .	
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£13		A 11112		



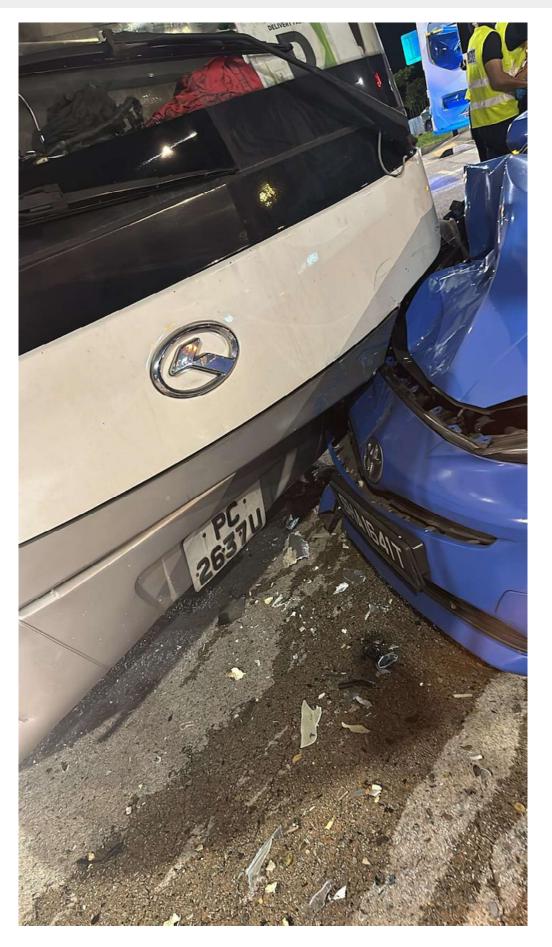


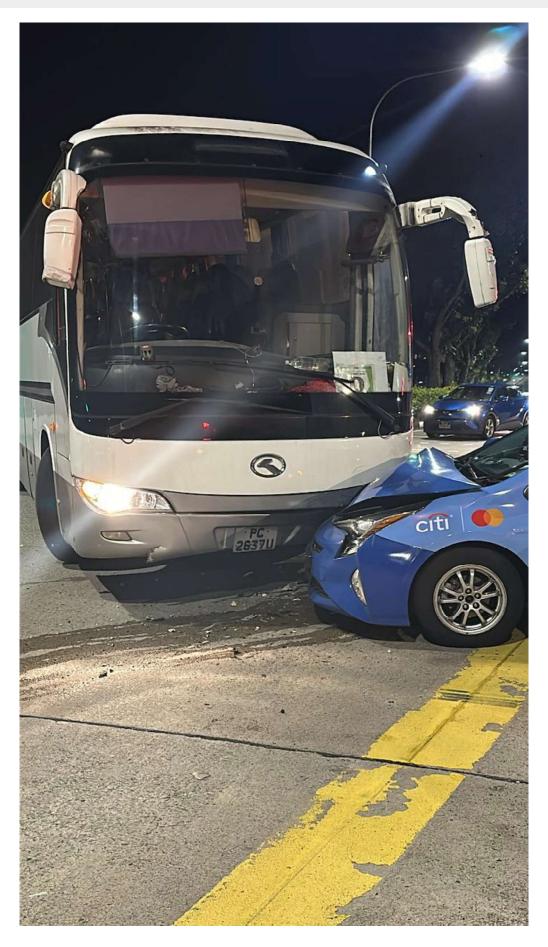


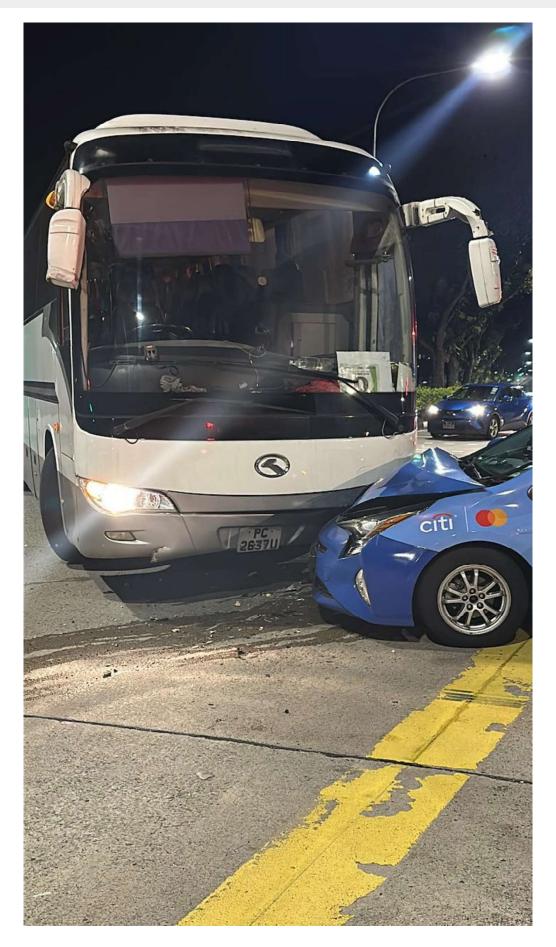
























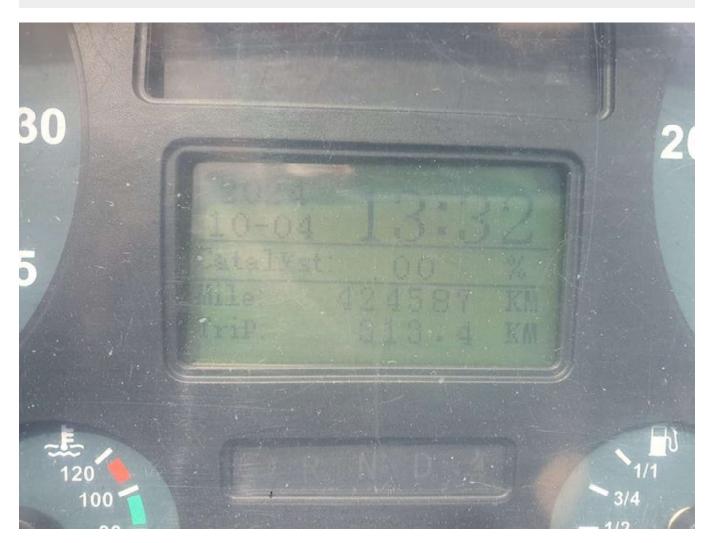




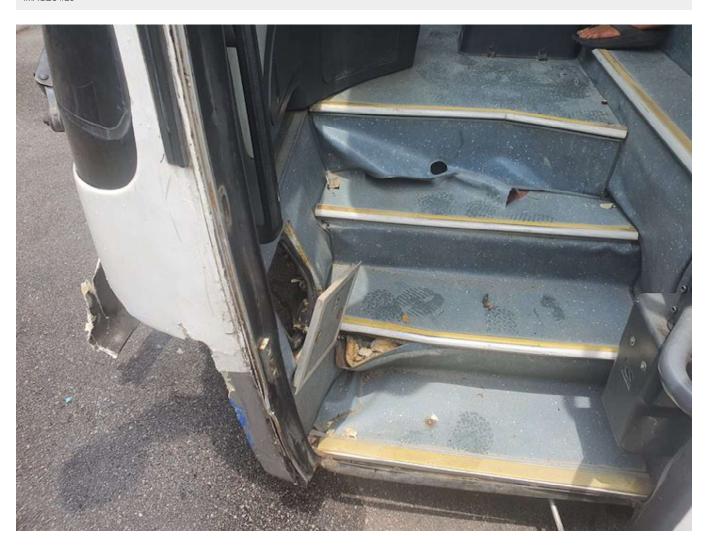
















T/20241004/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20241004/7023

Tel No: 65470000

Date/Time Report Made: 04/10/2024 11:16	Vide Report No.: F/20241003/0203	Station Diary No.:	
Informant's Particulars	A Berling of the above recently one to	PROCESSES OF THE PROPERTY OF T	
Name of Informant: TAN PAU LEE	Address: 687D CHOA CHU KANG DRIVE #12-370 SINGAPORE 684687		
ID Type / ID No.: NRIC NO / \$7326393Z	Contact No.: Home/Office:	Mobile: 97562894	

NRIC NO / S7326393Z

Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth: Type of Informant:
Male 51 20/07/1973

Race: Cantact No.: Home/Office: Mobile: 97562894

Email: joetanlee@hotmail.com

Type of Informant: Driver

Language: English

Occupation:

Driving Licence Information:

Occupation:
Bus driver

Driving Licence Information:
Class: 28,2A,2,3,4,5

Date of Expiry:

General Information	of the Accident			MARCINETED SO CAPITAL AND S
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/10/2024 21:56	Type of Location:
Location: Jalan Kayu road al Weather: Clear	ong the flyover	Road Surface:		
Traffic Flow: Traffic Control: Two Way Traffic Light - Working			Tra Ligi	ffic Volume:
Type of Collision: Between Moving V	ehicles - Head On		Any	one conveyed by oulance:

Vehicle No.	Туре	Make	Model	Calor	Condition	Mr. of Dogs
SHA1641T	Motor car	TOYOTA	SHALL SELECTION	CONTRACTOR OF THE PARTY OF THE	Condition	No of Passenge
111111111111111111111111111111111111111	motor car	TOYOTA Prius Blue	Seriously Damaged	1		
	Bus	KINGLONG		140.0		
	Bus	KING LONG		White	Slightly	1

Details of Person Involved	St. Mary Market (1) Constitution of the consti
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL.	10- 10-
and a sported. Hit.	Use of Pedestrian Crossing: NA



T/20241004/7023

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

2 of 3 Report No. T/20241004/7023

CONTINUATION OF REPORT

Driver		Medical Common C	-		
Name	Unknown Driver		IDN	lo.	NIL,
Related Vehicle	SHA1641T (Motor car)		Con	tact No	. NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	03/10/2024	Date Dis	charge	NIL	
No. of Days grant	ed Medical Leave (MC) NIL	Degree o	f Injury	Slig	
Driver		Dogree o	injury	Silg	nt
Name	TAN PAU LEE		ID No).	\$7326393Z
Related Vehicle	(Bus)		Conta	ct No.	97562894
Hospital/Clinic	NIL		Class Driving Licence Expiry	e &	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Disch	arge	NIL	
No. of Days grante	ed Medical Leave (MC) NíL	Degree of	Injury	NIL	
Driver		THE RESIDENCE OF THE PARTY OF T	,,	THE	
Vame	TAN PAU LEE		ID No.	2014/10	S7326393Z
elated Vehicle	(Bus)		Conta	ct No.	97562894
ospital/Clinic	NIL		Class Driving Licend Expiry	g ce &	Class: NIL Date of Expiry: NIL
	NIL	Data Diag	1		Acres 1984 S
of Days granted	Medical Leave (MC) NIL	Date Disci		NIL	
	1410	Degree of	Injury	NIL	

Brief Details.

I was driving along Jalan Kayu road across the flyover and stopped at a traffic light, intending to turn right towards the expressway. When the traffic light green arrow sign was on, I followed to make a right turn towards the expressway, when suddenly a taxi rushed in from the opposite direction and collided with the front left side of my bus. My bus model is King Long (PC2637U) and the taxi model is Toyota Prius (SHA1641T).



Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 3

Report No. T/20241004/7023

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/10/2024 11:16
Öfficer In Charge Of Case: TP / TPIB / MOHAMAD BURHAN BIN SABTU Contact No.: 65476214	Classification Of Case:
This report is lodged at Choa Chu Kann NPC Kinel	

NP168

200 1 1600



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raiflet Quity #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
USN. 568590206 / GST Rug. No.: M40001725

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

	ADDER	NDUM	
	RSONMAKINGTHEAMENDME	NTS:	
Original ReportNo :	SK0N24A4000G	Vehicle Registration No: _	PC2637U
Name(as shownin NRIC) :		NRIC/FIN/Passport No:	
("Vehicle Driver/Ve	hicle Owner) (*) Please delete a	asappropriate	
Address :			Singapore(
Contact (Tel)		Mobile No. :	
Email Address			
Date of Accident		Time of Accident:	
Place of Accident			
Insurance Company			
make the following a	d nautri	52°	
Stating v	ideo captured but file size	e too large to upload	
	•		

/	~ .	KAN FOOK SING MOT WORKSHOP	OR
Policyholder / Drive Date:	er's Signature	Reporting Centre Per Name: NRIC/FINNo.:	sonnel's Signature

Date:



Certificate of Insurance

MOTOR VEHICLES (THERD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THEO PARTY RISKS AND COMPENSATION) RULES, 1960

ROAD TRANSPORT ACT, 1987 (MALAYSIA)

BOAD TRANSPORT (AMENDMENT) ACT, 2019 (MALAYSIA)

MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 [MALAYSIA]

Certificate Number 5142624356 Cover : Third Party, Fire & Theft

Index mark and Registration Number of Vehicle . PC26370

Chassis Number : LAGRIFSH289101595

2. Name of Policyholder : A'LAND EXPRESS PTE LTD

3. Effective Date of Insurance : 10 Jan 2024

Expiry Date of Insurance
 Persons or Classes of Persons entitled to drive*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or wish his/her permission

Provided that the person driving is permitted in accordance with the licensing or other faws or regulations to drive the Motor Vehicle or has been so permitted and is not diagnalified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

: 69 Jan 2025

6. Limitations as to Use*

(a) Use for the carriage of passengers in connection with the Policyholder's business

(b) Limited to carry 45 passengers

This Policy does not cover

(a) Use for racing, pace making, reliability trial or speed testing.

(b) Use whist drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.

Unitations rendered indiperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation).
 Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these head arx.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document

GEOGRAPHICAL LIMIT WITHIN THE REPUBLIC OF SINGAPORE ONLY

EXCESS (SECTION II) N/A EXCESS (SECTION II) 553,000 INSURE WITH COE YES

HIRE PLROMASE COMPANY CB AWC CREDIT PTE LTD
SUM INSURED MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

WWe hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Bisks and Compensation) Act (Chapter 189) and Part M of the Boad Transport Act, 1987 (Malaysia)

Agency : THINK ONE AUTOMOBILE & TRADING FTE, LTD. (00000515443)

Date of Issue 1 C9 Jan 2024 17 37 hrs

For INCOME INSURANCE LIMITED

Chief Executive