SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 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 ability
- 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 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

	ACCIDENT STATEMENT
Date Of Report	14/03/2015 09:50
Date Of Accident	12/03/2015 15:30
Exact Location Of Accident	RWS BASEMENT CARPARK
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB7214H
Insured/Policyholder	
Name Of Registered Owner	CHAN BUS CHARTERED
Co Reg No	53199246B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-98158207
Vehicle Particulars	
Manufacturer	HINO
Model	RK1JSLL
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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle
Insurance Company	
Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	DMB1SN1500861500
Cover Note Number	
Driver	
Name of Driver	CHAN WEI HAO
NRIC No	S8236630Z
Date Of Birth	13/11/1982

Outdoor Occupation 14/09/2004 **Date Of Driving Pass**

Driving Experience 10 Years And 5 Months

Male Gender

Mobile Number (Local) +65-98158207

Fax Number

Contact Number

EMail Address NOEMAIL Address

Postcode

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident Side Swipe- Same Direction

Weather Conditions Clear Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No
Number of Passengers (Including Driver) 20

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

ON 12/03/2015 @ 15:30HRS, I WAS DRIVING MY BUS CB7214H ENTERING RWS BASEMENT CARPARK ON THE LEFT LANE OF 2 LANES. WHILE MY BUS WAS HALF WAY ON THE RIGHT BEND & LONGER VEHICLE TAKES A WIDER TURNING AREA. THE TAXI SHB7782A KEEP MOVING & COLLIDE WITH MY BUS. MY COMPANY HAS COMPENSATE THE SAID TAXI DRIVER KER GOK CHUAN \$500 IN CASH AND THE TAXI DRIVER HAS SIGNED AN ACKNOWLEDGEMENT OF RECEIVING THE MONEY AS A FORM OF PRIVATE SETTLEMENT. HOWEVER AFTER TAKING MY COMPANY MONEY, THE TAXI DRIVER CALLED UP THE NEXT DAY SAYING THAT HE WANTS TO CLAIM AGAINST MY BUS INSURANCE AND DID NOT RETURN THE \$500 BACK TO US.

Are accident photos available for attachment? Not available due to circumstances of accident

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB7782A

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg.1

SKETCH PLAN

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- 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)

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.
- (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.

Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time

Sketch Plan #2 Pg.1

Describe Circumstances of the Accident On 12/03/205 @ 1530 hrs / 1 Was driving my bus CR 72/44 entering RWG Parenert CP on the left lane of 21 hrs. There is used hegototing White my bus was respectating the right blant a White My bus was har very on the right bend and languar vehicle takes a under turing area. The take teap many and collide with My kus. (SH87182A)
On 12/03/205 @ 1530 hrs / 1 Was driving my bus 5/2144 trains
burgert (P on the left 1200 of 21 Mes totally to ups togotong
tillate my bus was regalishing the right below to
while My has not hot way on the right bend and larger vehicle takes a many to my
and The tax: From main and collide with My kes.
(SHB7182A)
(>) III (160A)
My course to compared the said tax; trive, the fact them \$100 in took
1019 company not company of serviced ment of region the money of o
and the town more significant affecting my company morey the facing my
My company has comparable the said tax; drive, ker 6sk Chum \$Too In lash and the tax; driver has signed an adminishipment of rewing the money of a form of Privale settement However after taking my company mover, trutax; from of Privale settement However after taking my company mover, trutax; driver caller up the west any my that he wants to altim against my bus insurance and did not return the Fivo back to us:
Orier callet up the wat of state to the
insurance and did not return to \$100 meet to say

Declaration

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

8. Time

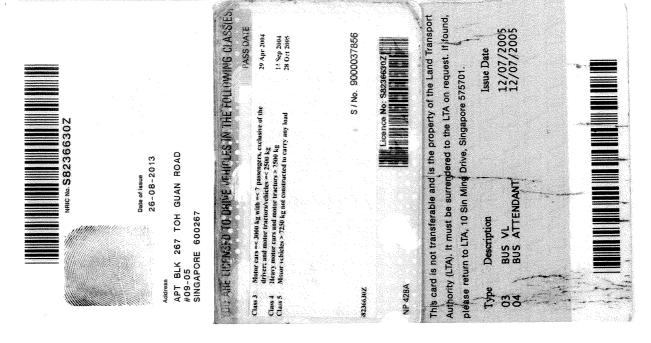
Driver's Signature (If driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

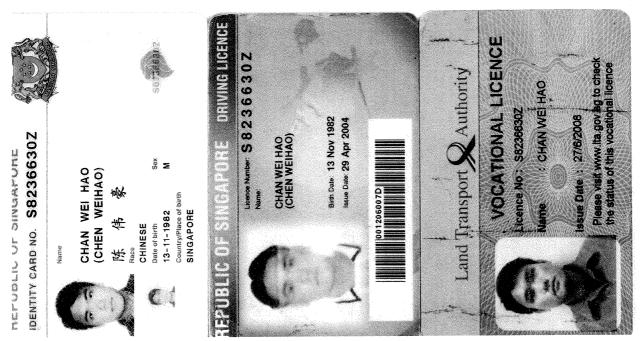
Policyholder's Signature / Date & Time

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DRIVER PARTICULARS Pg.1



HP: 9 PIIS 8207



PRIVATE SETTLEMENT FORM Pg.1

I Kerrank classes	האנכסח
I KerGOK Chung received \$500 Cash from	
Chan Busservices to settle between SHB7782 F And CB7214. Both Party is not at fluit)
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1/2/1	
N W W	









