

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 Authorised 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 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 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 Report	06/02/2018 17:12
Date Of Accident	11/01/2018 16:15
Exact Location Of Accident	ALONG LORONG 6 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC523C
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Insured/Policyholder

Name Of Registered Owner	LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90230917

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2 MANUAL ABS
Exact Purpose for which vehicle was being used at time of accident	COMPANY USAGE
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	BUS

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1745041701
Cover Note Number	

Driver

Name of Driver	ZHANG DAOBIN
Passport No/FIN	G2525411U
Date Of Birth	13/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	01/11/2016
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90571312
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	0
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	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	31

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE DOCUMENT ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2362C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

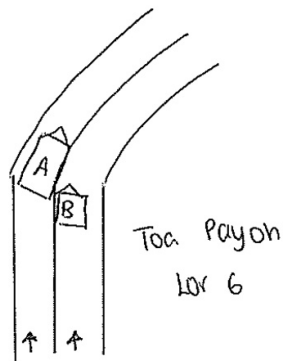


Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

A = PC523C
B = SHA 2362C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/01/2018 @ 16:15hrs, I was driving my bus PC523C along Toa Payoh Lor 6 negotiating a right bend when a taxi SHA2362C brushed against my bus rear right hand side while negotiating the bend. When the accident happened, my bus have 31 passengers (including driver, 2 teachers, 28 children). I don't know all my passengers name.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Driver's NRIC and Driving licence Pg. 1

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
BKK TRAVEL PTE. LTD.

Sector: **SERVICE**

Name
ZHANG DAOBIN

Occupation
BUS CAPTAIN

S Pass No.
O 76374376

Date of Application
14-02-2017

Date of Issue
23-02-2017

Date of Expiry
23-02-2019

L7667700

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2525411U**

Name:
ZHANG DAOBIN

Birth Date: **13 Jun 1984**

Issue Date: **04 Feb 2015**

Valid Till: **03 Feb 2020**

002393031C

VISIT PASS
Immigration Regulations

Name
ZHANG DAOBIN

Date of Birth: **13-06-1984** Sex: **M** Nationality: **CHINESE**

FIN: **G2525411U** Date of Issue: **23-02-2017** Date of Expiry: **23-02-2019**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	EFFECTIVE DATE
Class 3	Motor cars ≤ 3000 kg with ≤ 7 passengers, exclusive of the driver; and motor tractors/vehicles ≤ 2500 kg	04 Feb 2015
Class 4	Heavy motor cars and motor tractors > 2500 kg	01 Nov 2016

G2525411U

S / No. 9000253255

Licence No: G2525411U

NP 428A

Certificate of insurance Pg. 1



中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ601R SN
AN0626A
Cov.Type: C
AUTOSAFE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.	DMB1SN1745041701	Engine No :6660697 Chassis No:YS2K4X20001874075
1. Index Mark and Registration Number of Vehicle	PC523C	
2. Name of Policy Holder	M/S LONGLIM PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	30 DECEMBER 2017	EXCESS SECT IS\$2,500.00 EXCESS SECT. IIS\$1,500.00 EX ON WINDSCREENS\$800.00
4. Date of Expiry of Insurance	29 DECEMBER 2018	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (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 headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:

Authorised Officer

Authorised Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI18001035/K1ka3

02 FEBRUARY 2018

LONG LIM PTE LTD
34A JALAN TARI PIRING
SINGAPORE 799187
ATTN: HR / MANAGEMENT

By Registered Mail
FINAL REMINDER

Dear Sir/Madam,

**ACCIDENT INVOLVING PC 523C AND SHA 2362C ON 11/01/2018 ALONG LORONG 6 TOA
PAYOH AROUND 1615 HOURS**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, **CHINA TAIPING INSURANCE (S) PTE LTD** to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of CTI reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from our office dated 18/01/2018 and 25/01/2018.

To enable us to look into the matter immediately, please let us hear from you within **fourteen (14) days** from date of this letter (by 19/02/18).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **CHINA TAIPING INSURANCE (S) PTE LTD** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,


Zaini Kusaini
Case Handler
DID: 6841 2132
Fax: 6741 4108
Email: Zaini@lkkauto.com

c.c. Claims Manager
CHINA TAIPING INSURANCE (S) PTE LTD
(Motor Claims Dept)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

