MJAS18028907 / Jin Auto Services Pte Ltd - Defu
ENTRY DATE & TIME: 01/03/2018 11:55
SUBMITTED BY: APRIL

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 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 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	01/03/2018 11:55
Date Of Accident	28/02/2018 18:50
Exact Location Of Accident	CLEMENTI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC83E
Insured/Policyholder	
Name Of Registered Owner	TONWIN BUS SERVICES
Co Reg No	39488000E
Email Address	TONWIN@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-98471111
Vehicle Particulars	
Manufacturer	KING LONG
Model	XMQ6900K
Exact Purpose for which vehicle was being used at time of accident	WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1514631702
Cover Note Number	
Driver	
Name of Driver	KANG SAY KUAN (JIANG SHIQUAN)
NRIC No	S7331900E
Date Of Birth	28/08/1973
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1995
Driving Experience	22 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98471111
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLOCK 601 CLEMENTI WEST STREET 1 #02-08
Postcode	120601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	1

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

I TRAVELLED ALONG CLEMENTI ROAD TOWARDS WEST COAST HIGHWAY. SUDDENLY, VEHICLE B, GBC6210G CUT INTO MY LANE AND HIT ONTO MY VEHICLE FRONT RIGHT PORTION. NO ONE WAS INJURED.

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	GBC6210G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SOHEL
NRIC/Passport Number	G2184695W
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. [illegible] 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. [illegible] provided [illegible] be as **truthful and accurate as possible.** Any wilful misrepresentation or withholding of material [illegible] may [illegible] **repudiate policy liability.**
4. [illegible] of this form by insurance companies is not an admission of policy liability on the part of the [illegible]

Any false reporting may be referred to the Police for Investigation.

5. [illegible] 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 [illegible] parties.
6. By the lodgment of this report to the insurers, you **hereby consent to** the archiving of this report at the centre and to copies [illegible] being made available thereafter.
7. **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 obtained 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 [illegible] involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the [illegible] and any relevant government agency/authority (such as the police) for the purpose(s) [illegible]

(i) [illegible] handling and/or dealing with my claims including the settlement of the claims and any necessary investigation 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 or 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 any **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, identifying 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.

TONMIN BUS SERVICES

[illegible] Signature

Date & Time

1/3/18
1124H

Driver's Signature

(If driver is not the policyholder)

Date & Time

1/3/18
1124H

Reporting [illegible] Personnel's Signature

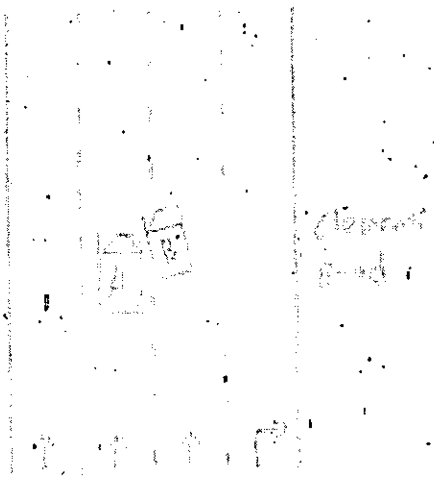
Name: Cassandra

NRIC/FIN No: 6329391W

Accident Sketch Plan

DATE: 28-2-2018
A: PC83E
B: GBC6210G

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I travelled along Clementi Road towards West Coast Highway. Suddenly, Vehicle B, GBC6210G Cut into my lane and hit onto my vehicle front right portion.

No one was injured.

DECLARATION

[illegible] the [illegible] particulars are true in every respect.

TONWIN BUS SERVICES

[illegible] Signature
Date & Time
1/3/18
11:24

Driver's Signature
(If driver is not the policyholder)
Date & Time: 1/3/18
11:24

Reporting Centre Personnel's Signature
Name: Cassandra
Nav/NRIC No.: G3227391W