

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	18/07/2018 11:24
Date Of Accident	16/07/2018 17:10
Exact Location Of Accident	JURONG EAST CENTRAL TWDS JURONG TOWN HALL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7445H
Insured/Policyholder	
Name Of Registered Owner	COMFORTDELGRO BUS PTE LTD
Co Reg No	199607256W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97756155

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA BUS BE641JRMDEB
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	BUS

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	CN100436
Cover Note Number	

Driver

Name of Driver	WANG GUOJIU
NRIC No	G6932805P
Date Of Birth	22/05/1990
Occupation	INDOOR
Date Of Driving Pass	14/12/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97756155
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	183 CORPORATION DRIVE #06-965
Postcode	610183
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

PLEASE REFER TO ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DRIVER DID NOT FURNISH AT TIME OF REPORTING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX3008P
Vehicle Make/Model/Colour	HONDA / WHITE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABU BAKAR BIN MUHAMMAD
NRIC/Passport Number	S1147352J
Contact Number	98955082
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 reputate 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. The 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 lodgment 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)

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.

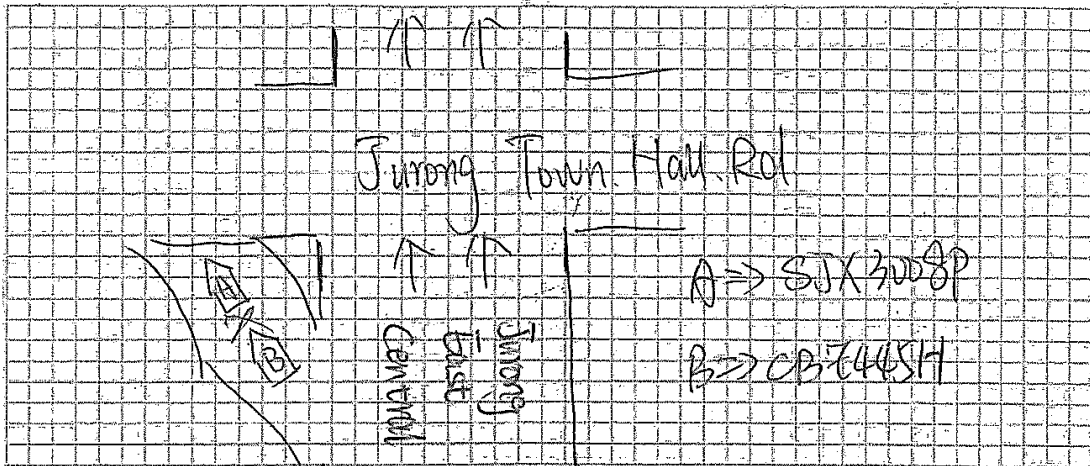


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16.07.2018 @ 1710 hrs.

1710 hrs 我驾驶 CB7445H 在 Jurong East Central.
跟 SJX 3008P 一起等待转入 Jurong Town Hall Rd. (转左)

我们一起去人行线处停止让 Jurong Town Hall Rd 的车辆先行
波车为右后. 我们与车行驶, 当时 Jurong Town Hall Rd
突然驶来一辆巴. 前方车辆 SJX 3008P 突然停车
当时. 我转来向 Jurong Town Hall Rd 的车. 当回头来时.
来不及踩刹车. 踩刹车没有停住. 撞到 SJX 3008P
车尾.

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:

18.07.2018
11:25

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

(Signature)

Sketch Plan Pg. 3

INDIA INTERNATIONAL INSURANCE PTE LTD
(INCORPORATED IN SINGAPORE) CO. REG. NO.: 19570372X
64 CECIL STREET #04/#05 IOB BUILDING SINGAPORE 049711
TEL: 6347 6100 FAX: 6224 4174 • 6225 7743
POSTAL ADDRESS: ROBINSON ROAD P. O. BOX NO. 738 SINGAPORE 901438

ORIGINAL

Motor Dept: 5th Level

This cover note is valid for
Singapore Registered Vehicles only.

Cover Note No. 100436

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)

Cover note not valid if issued on or after

30/06/2018

Date:

22 May 2018

Comfort Delgro Bus Pte Ltd

having proposed for insurance in the
respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in
the terms of the Company's usual form of
Policy applicable thereto for the period from 0.01 a.m./p.m. 23.5.2013...
to midnight on 22.5.2013... unless the cover be terminated by the Company by notice
in writing in which case the insurance will thereupon cease and a proportionate part of the
annual premium otherwise payable for such insurance will be charged for the time the Company
has been on risk and provided that an insurance covering the aforesaid liability has not been
effected with other authorised insurers.

SCHEDULE

Make and Type of Body	Year of Manufacturer	Cubic Capacity/ Carrying Capacity/ Tonnage	Proposer's estimate of present value including accessories	TYPE	petrol/ Diesel Eng.
as per attached	as per attached	as per attached	market value	Private Car	
				Commercial Vehicle	Registration No.
	Engine No:	as per attached		Motor Cycle	as per attached
	Chassis No:	as per attached			
Use	Authorised Driver				Excess
transfer of ownership	as per policy				as per policy

CERTIFICATE OF INSURANCE

I/WE HEREBY CERTIFY that this cover note 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)

Hire Purchase:

This cover note is not valid unless countersigned by:
COMFORTDELGRO INSURANCE BROKERS PTE LTD

Approved Insurers

for INDIA INTERNATIONAL INSURANCE PTE LTD

Authorised Signatory

IMPORTANT NOTE:
Please note that this Cover Note should be replaced by a Certificate of Insurance as soon as possible.

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Wang Guojiu

Licence Number: **G6932805P**

Name: **WANG GUOJIU**

Birth Date: **22 May 1990**

Issue Date: **16 May 2014**

Valid Till: **15 May 2019**

Barcode: 002305112B

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

Employer: **AZ BUS PTE. LTD.**

Sector: **SERVICE**

Name: **WANG GUOJIU**
Occupation: **BUS DRIVER**

S Pass No.: **0 74589197**

Date of Application: **08-07-2016**

Date of Issue: **05-08-2016**

Date of Expiry: **05-08-2018**

Portrait photo of Wang Guojiu

Barcode: L7084360

Land Transport Authority

VOCATIONAL LICENCE

Portrait photo of Wang Guojiu

Licence No.: **G6932805P**

Name: **WANG GUOJIU**

Issue Date: **31/8/2016**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class	Description	Effective Date
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	16 May 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	14 Dec 2015

Licence No.: **G6932805P**

S / No. **9000243190**

Barcode: Nt 428A

VISIT PASS
Immigration Regulations

Name: **WANG GUOJIU**

Portrait photo of Wang Guojiu

Date of Birth	Sex	Nationality
22-05-1990	M	CHINESE

FIN	Date of Issue	Date of Expiry
G6932805P	05-08-2016	05-08-2018

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.

Barcode

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	31/08/2016



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



