

## 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 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 Report	12/10/2018 12:51
Date Of Accident	11/10/2018 09:45
Exact Location Of Accident	ANG MO KIO AVE 6 TOWARDS MARYMOUNT ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6951U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S AIK SHEN BUS SERVICE
Co Reg No	29635400K
Email Address	CONNECT3WINNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96327095
Alternative Phone No	OFFICE-93909576

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	DMB1SN152141803
Cover Note Number	

### Driver

Name of Driver	XU ZHENGWEI
NRIC No	G6489783M
Date Of Birth	18/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	04/01/2011
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96327095
Fax Number	
Contact Number	OTHERS-93909576
E-Mail Address	CONNECT3WINNIE@GMAIL.COM

Address	337 WOODLANDS AVENUE 1 #07-531
Postcode	730337
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	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)	45

#### 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 SKETCH PLAN

#### 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	GBE7600Y
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## 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 **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. 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:

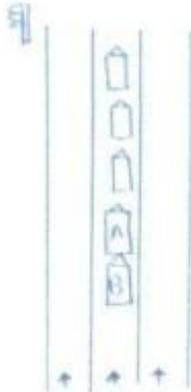


Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



A: CB6951U  
B: GBE7600Y

Ang Mo Kio Ave 6  
Trucks Intersection Rd.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

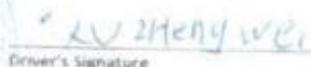
On 11/10/2018 @ 09:40hrs, my bus CB6951U was stationary behind  
vehicles due to red light when a lorry GBE7600Y hit my bus  
rear from behind.

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.:

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

Employer  
**AIK SHEN BUS SERVICE**

Sector: **SERVICE**

Name  
**XU ZHENGWEI**

Occupation  
**BUS DRIVER**

S Pass No.  
**0 73088915**

Date of Application  
**15-05-2017**

Date of Issue  
**06-06-2017**

Date of Expiry  
**16-06-2019**

**L8011347**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G 6489783M**

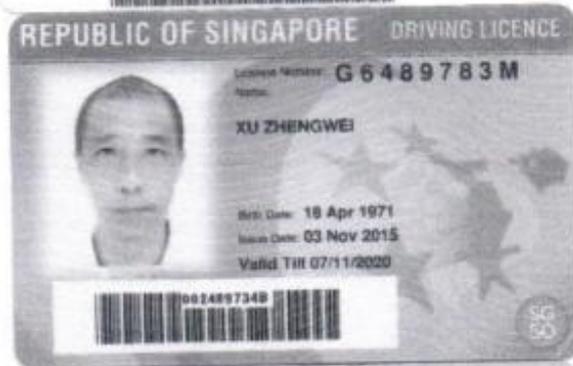
Name:  
**XU ZHENGWEI**

Birth Date: **18 Apr 1971**

Issue Date: **03 Nov 2015**

Valid Till **07/11/2020**

**0014897340**



Land Transport Authority

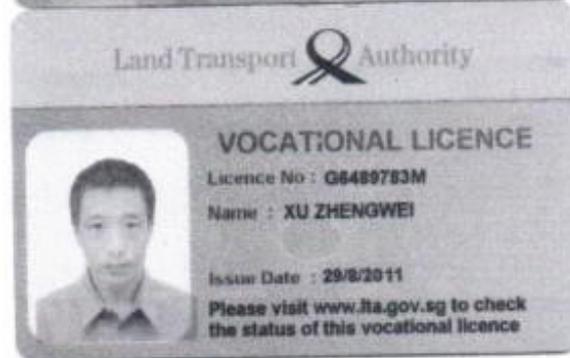
**VOCATIONAL LICENCE**

Licence No : **G6489783M**

Name : **XU ZHENGWEI**

Issue Date : **29/6/2011**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence



+1P. 9340 - 9576 .

**VISIT PASS**  
Immigration Regulations

Name  
**XU ZHENGWU**



Date of Birth	Sex	Nationality
18-04-1971	M	CHINESE
Pin	Date of Issue	Date of Expiry
08489783M	05-06-2017	18-08-2019

**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)**

		EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	08 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	04 Jan 2011

Licence No-05489783M



NP 428A

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

Type	Description	Issue Date
03	BUS VL	29/08/2011



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

