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 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
Insured/Policyholder	
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	DMB1SN1521141803
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
EMail 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	
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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

XU ZHENG WEI

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

12/10/2018

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

Accident Sketch Plan

SKETCH PLAN

A: CB6951U
B: GBE7600Y

Ang Mo Kio Ave 6
Traffic Management Pte

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/10/2018 @ 09 HRS, my bus CB6951U was stationary between
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:

12/10/2018

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

ID

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 73986915

Date of Application
16-05-2017

Date of Issue
05-06-2017

Date of Expiry
16-06-2019

L8011347

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: G6489783M

Name:
XU ZHENGWEI

Birth Date: 18 Apr 1971

Issue Date: 03 Nov 2015

Valid Till 07/11/2020

Land Transport Authority

VOCATIONAL LICENCE

Licence No : G6489783M

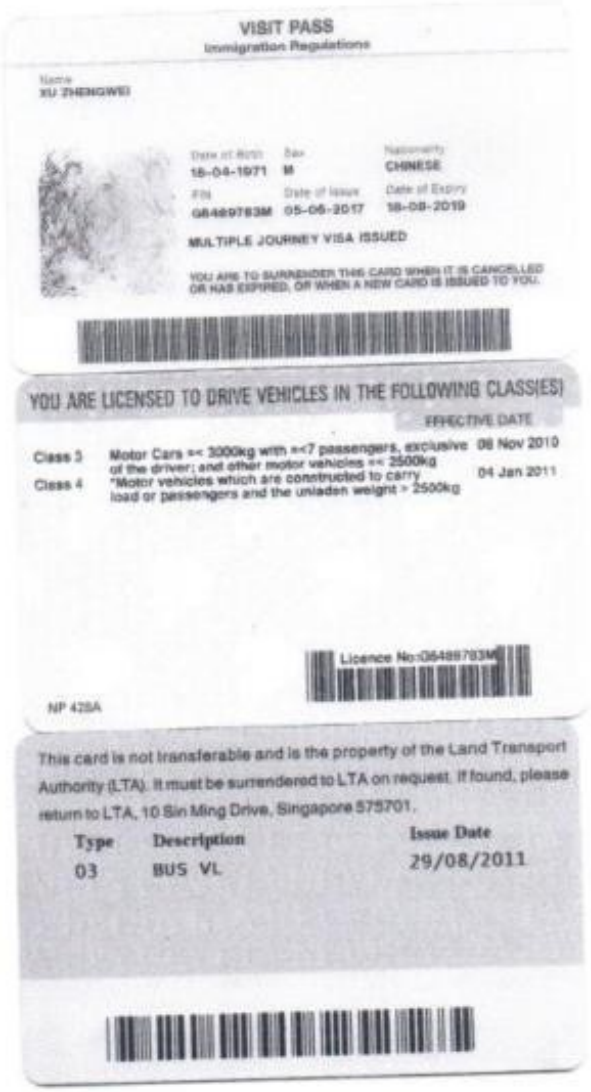
Name : XU ZHENGWEI

Issue Date : 29/8/2011

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

+18. 9390 -9576.

ID



VISIT PASS
Immigration Regulations

Name
XU ZHENGWEI

Date of Birth: 18-04-1971
Sex: M
Nationality: CHINESE
FIN: G8489783M
Date of Issue: 05-06-2017
Date of Expiry: 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:G8489783M

NP 42SA

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

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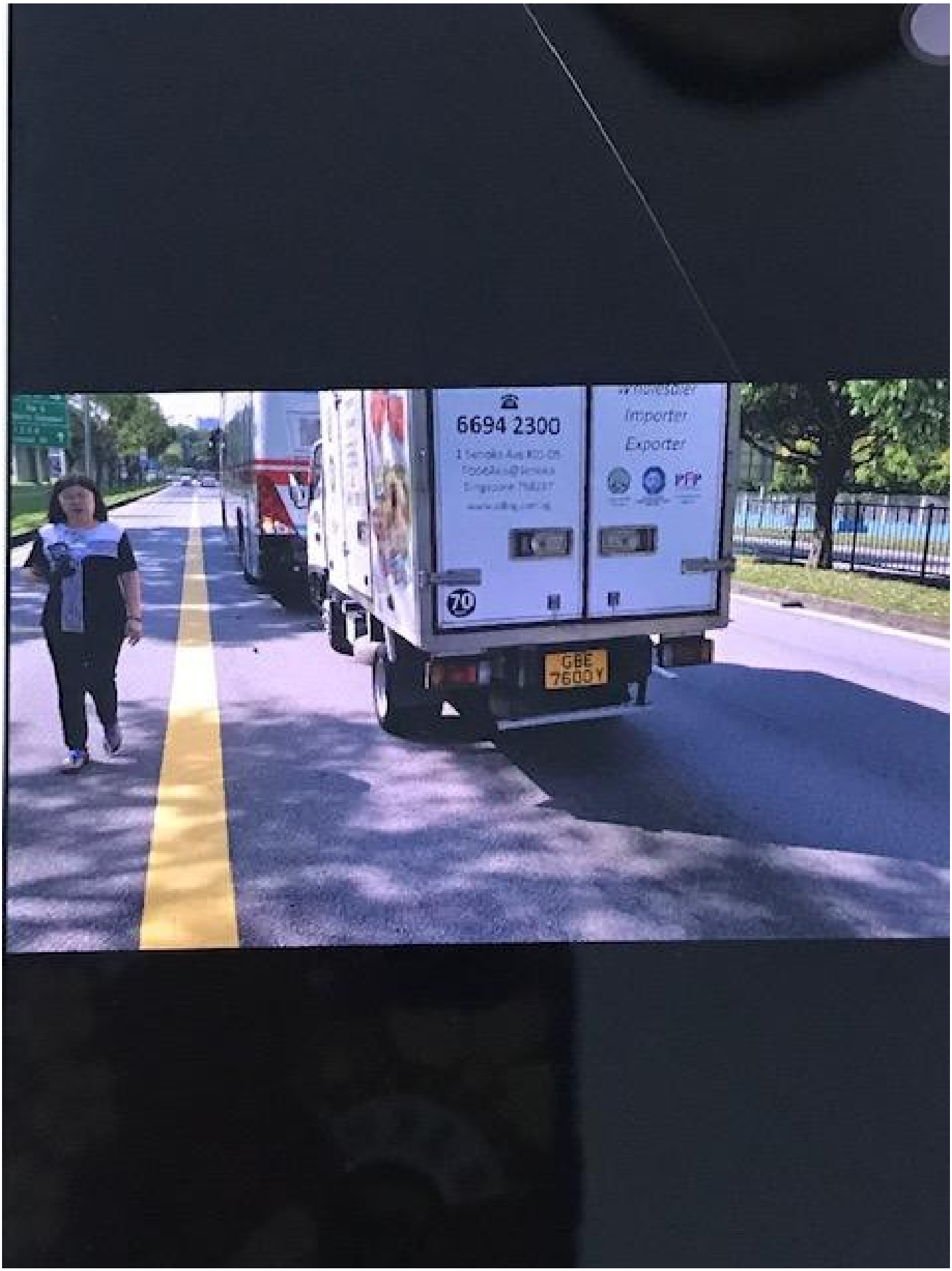
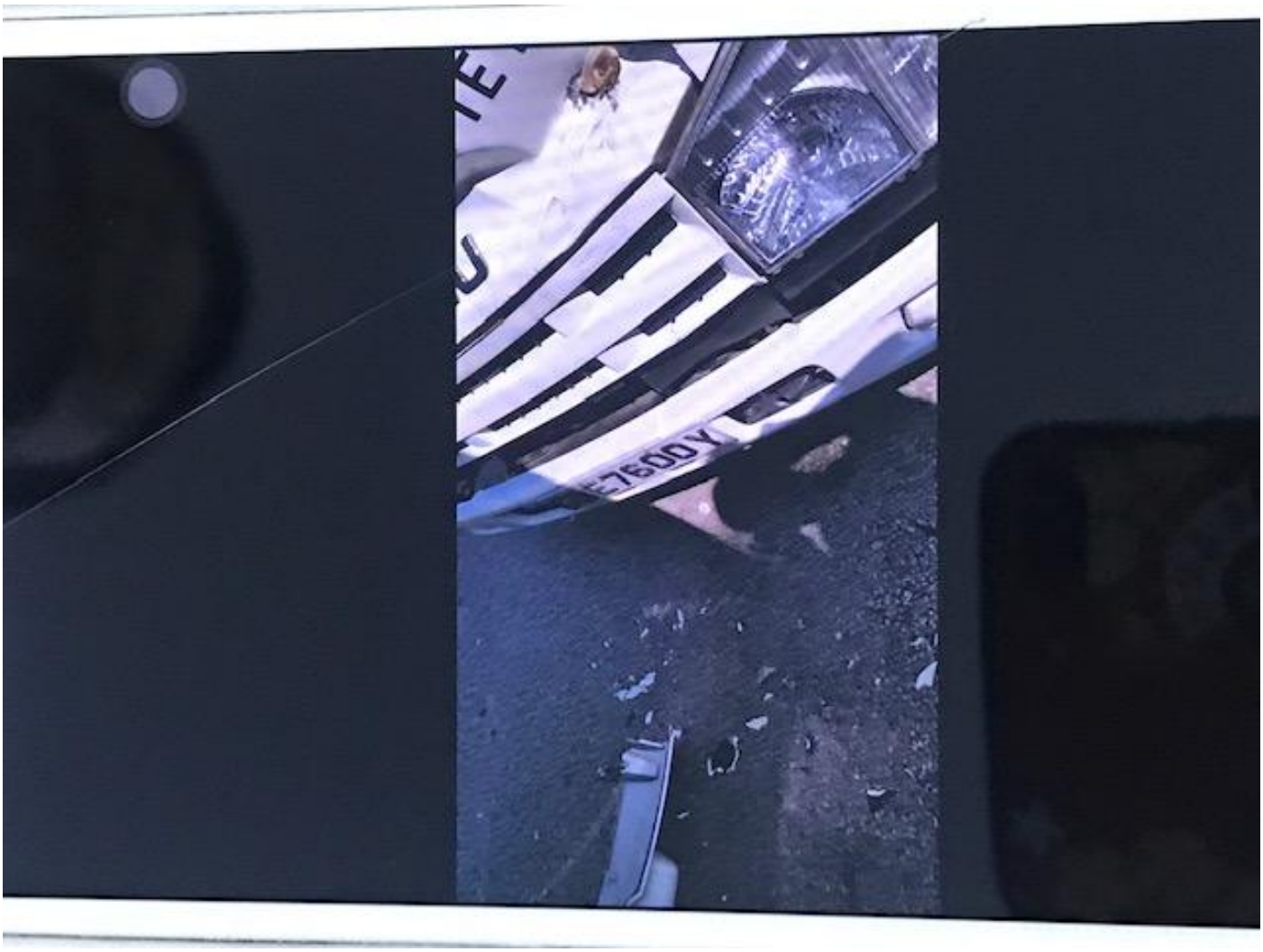


Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA418132512 Vehicle Registration No: CB 6951U

Name(as shown in NRIC) : XU ZHENGWEI NRIC/FIN/Passport No : G6489783M

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 11/10/2018 Time of Accident : 09:45

Place of Accident : Ayer Rajah Exp & Jalan Ahmad Ibrahim Road

Insurance Company : China Taiping

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policy Number To DMBISN/521141803

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rosli Wahab
NRIC/FIN No.:
Date: 24/10/2018