

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	22/10/2018 14:40
Date Of Accident	22/10/2018 09:00
Exact Location Of Accident	ALONG COLLYER QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1530A
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-90230917

Vehicle Particulars

Manufacturer	SCANIA
Model	KIB4X2-8.9 ABS (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	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	DMB1SN1825911800
Cover Note Number	

Driver

Name of Driver	QIAO ZIKUI
NRIC No	G2391849N
Date Of Birth	01/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93806180
Fax Number	
Contact Number	OTHERS-90230917
Email Address	BC@LONGLIM.COM

Address	-
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	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)	41

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	SLZ9999L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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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.

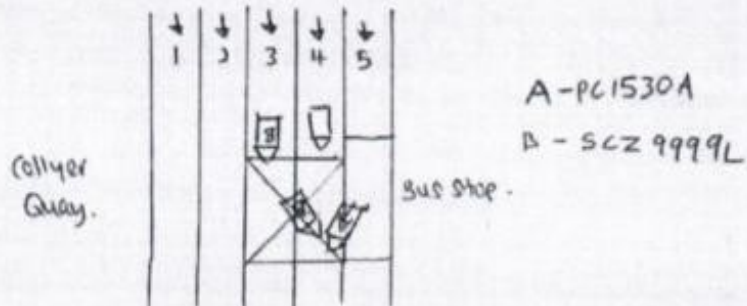
Policyholder's Signature
Date & Time:

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

28/10/2018
Reporting Centre Personnel's Signature
Name: Keshi WATSON
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



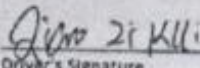
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

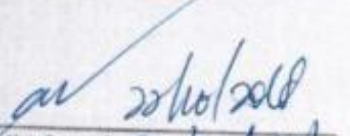
On 20/10/2018 @ 09:00hrs, after alighting my passengers @ collector Quay bus stop, I on my right signal light & hand signal to other vehicles that I wanted to turn out. All vehicles stopped & gave way to my bus & when I was filtering out into yellow box, a vehicle SCZ 9999L from the 3rd lane attempt to switch to lane 2 & as a result collided against to my bus front in position as a result.

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: **BKK TRANSIT**
Sector: **SERVICE**

Name: **QIAO ZIKUI**
Occupation: **BUS CAPTAIN**

S Pass No: **0 70995644**
Date of Application: **10-11-2016**
Date of Issue: **01-12-2016**
Date of Expiry: **01-12-2018**

L7440291

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G2391849N**
Name: **QIAO ZIKUI**

Birth Date: **01 Apr 1986**
Issue Date: **17 Mar 2014**
Valid Till: **16 Mar 2019**

002285713H

Land Transport Authority

VOCATIONAL LICENCE
Licence No: **G2391849N**
Name: **QIAO ZIKUI**
Issue Date: **23/12/2016**

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

93806180

VISIT PASS
Immigration Regulations

Name
QIAO ZIKUI



Date of Birth	Sex	Nationality
01-04-1986	M	CHINESE
PIN	Date of Issue	Date of Expiry
G2391849N	01-12-2016	01-12-2018

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.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS/ES:

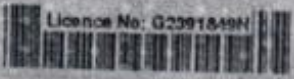
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2000 KILOGRAMS	17 Mar 2014
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2000 KILOGRAMS	01 Jul 2015

S / No. 9000221366

G2391849N

Licence No: G2391849N

NP 428A



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	23/12/2016



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

