

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	24/10/2018 11:35
Date Of Accident	23/10/2018 19:55
Exact Location Of Accident	KPE TOWARDS CTE (TUNNEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA8701M
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-87378757

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6100H-6.7 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	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	DMB1SN1745021802
Cover Note Number	

Driver

Name of Driver	JIN ZHONGLIANG
Passport No/FIN	G2634927W
Date Of Birth	24/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	21/06/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-87378757
Email Address	BC@LONGLIM.COM

Address	BLK 62 SENGKANG SQUARE #04-25 LA FIESTA
Postcode	544701
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)	15

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT F/20181023/2216

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4446C
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.



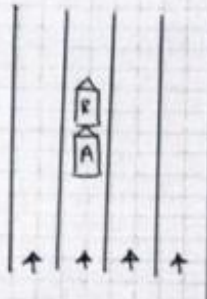
Policyholder's Signature
Date & Time:

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

24/10/2024
Reporting Centre Personnel's Signature
Name: Jeylun
NRIC/FIN NO:

Accident Sketch Plan

SKETCH PLAN



A= PA8701 M.

B= SLE 4446C

KPE TUNN PLE
(Tunnel)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* P18 ref to police report * F/20181023/2216

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:



Mr. Zhang Liang

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

24/10/2018

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



F/20181023/2216

1 of 2

POLICE REPORT (NP299)

Report No. F/20181023/2216

Police Station Of Origin
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Date/Time Report Made 23/10/2018 22:45	Vide Report No.	Station Diary No. 167
Name Of Informant JIN ZHONGLIANG	Address APT BLK 62 SENGKANG SQUARE #04-25 LA FIESTA SINGAPORE 544701	
ID Type / ID No. FIN NO / G2634927W	Contact No. Home/Office	Mobile 87378757
Nationality CHINESE	Email Address	
Occupation Bus driver	Sex Male	Age 31
Institution/School Name	Date of Birth 24/04/1987	Race Chinese
Date/Time Of Incident 23/10/2018 19:50	Location Of Incident KALLANG PAYA LEBAR EXPRESSWAY SINGAPORE KPE towards PIE (Tunnel)	

Brief details.

I am the above mentioned person currently residing at Blk 262B Compassvale Street #05-101.

On 23/10/2018 at about 1953hrs, I was driving my vehicle registration plate number PA8701M along KPE towards PIE (tunnel). Everything was fine. I was travelling behind a vehicle registration plate number SLE4446C. Just then, the said vehicle SLE4446C suddenly brake the vehicle, as I was travelling close to the said vehicle I was unable to brake in time causing a collision. After the collision, we then alighted from

Signature Of Officer Recording The Report: F / Sgt 3 TAY JIAN LONG	Signature Of Informant: <i>Jin Zhongliang</i>
Signature Of Interpreter: Not applicable	Date/Time: 23/10/2018 22:45
Officer In-Charge Of Case: F / Sengkang N.P.C / Sgt 3 TAY JIAN LONG Contact No.: 63438999	Classification Of Case:

Authentication Stamp

POLICE REPORT



SINGAPORE
POLICE FORCE



F/20181023/2216

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20181023/2216

our vehicle. As there were language barrier between us, the vehicle owner of SLE4446C then called for police assistance. We did exchanged of particulars. At point of time, the vehicle of SLE4446C has 3 passengers and my vehicle has 13-14 passengers. My vehicle passengers no one was injured.

The traffic police arrived at scene. The traffic police also explained to me and told me that I can leave.

I wished to state that I do have an in-built CCTV in my vehicle.

I am lodging this report for my insurance claims.

Signature Of Officer Recording The Report:

F / Sgt 3 TAY JIAN LONG

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
F / Sengkang N.P.C /
Sgt 3 TAY JIAN LONG
Contact No.: 63438999

Authentication Stamp

Signature Of Informant:

Jinzhong Wang

Date/Time:
23/10/2018 22:45

Classification Of Case:

ID

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

Employee
BKK TRAVEL PTE. LTD.



Name
JIN ZHONGLIANG

S Pass No.
O 76643295

Sector
SERVICE







K0611138

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **G 2634927W**

Name
JIN ZHONGLIANG



Birth Date: **24 Apr 1987**

Issue Date: **01 Oct 2015**

Valid Till: **30/09/2020**




SG 50

Land Transport Authority

VOCATIONAL LICENCE

License No : **G2634927W**

Name : **JIN ZHONGLIANG**



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

HP. 8737 8757.

VISIT PASS
Immigration Regulations

20-07-2018

Name
JIN ZHONGLIANG


FIN
G2634927W

Date of Birth Sex
24-04-1997 M


Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



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 <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	21 Jun 2017	IT5
Class 4	Heavy motor cars and motor tractors > 2500 kg	21 Jun 2017	

G2634927W


S / No. 9000270921

Licence No. G2634927W

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	25/07/2018



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

