

## 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	23/10/2018 11:42
Date Of Accident	22/10/2018 06:25
Exact Location Of Accident	33 SAVANNAH CONDO (33SIMEI RISE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4741M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GUILLEMARD BUS SERVICE
Co Reg No	20973700W
Email Address	MAILUS@GUILLEMARDBUS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64819813

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE COMMUTER DX 3.0 A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3086591700
Cover Note Number	

### Driver

Name of Driver	CHIANG KOON SECK
NRIC No	S1088898J
Date Of Birth	18/03/1947
Occupation	OUTDOOR
Date Of Driving Pass	26/03/2013
Driving Experience	5 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-97438189
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 3 HAIG ROAD#13-537
Postcode	430003
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 - MAJOR/MINOR RD
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)	5
Passenger 1	NAME: : STUDENT GENDER: : MALE
Passenger 2	NAME: : STUDENT GENDER: : MALE
Passenger 3	NAME: : STUDENT GENDER: : MALE
Passenger 4	NAME: : STUDENT GENDER: : FEMALE

#### 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

ON 22/10/2018 AT 0625HRS , I WAS HEADING TO NO 33 SIMEI RISE TO PICK UP STUDENT , UPON SEEING A PARKING AGAINST TRAFFIC FLOW TAXI SHB711B OBSTRUCTING MY WAY I HORN AT THE DRIVER BUT HE DID NOT MOVE OR GIVE WAY, AFTER THAT I PROCEED TO TURN INTO THE ENTRANCE AND AT THIS MOMENT THE REAR LH PORTION OF MY VEHICLE'S HAD COLLIDED ONTO SHB711B REAR LH SIDE.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB711B
Vehicle Make/Model/Colour	
Details Of Properties	SMRT TAXI

Vehicle Category	TAXI
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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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.

基里馬達保險服務  
GUILLEMAND BUS SERVICE

Policyholder's Signature  
Date & Time:

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

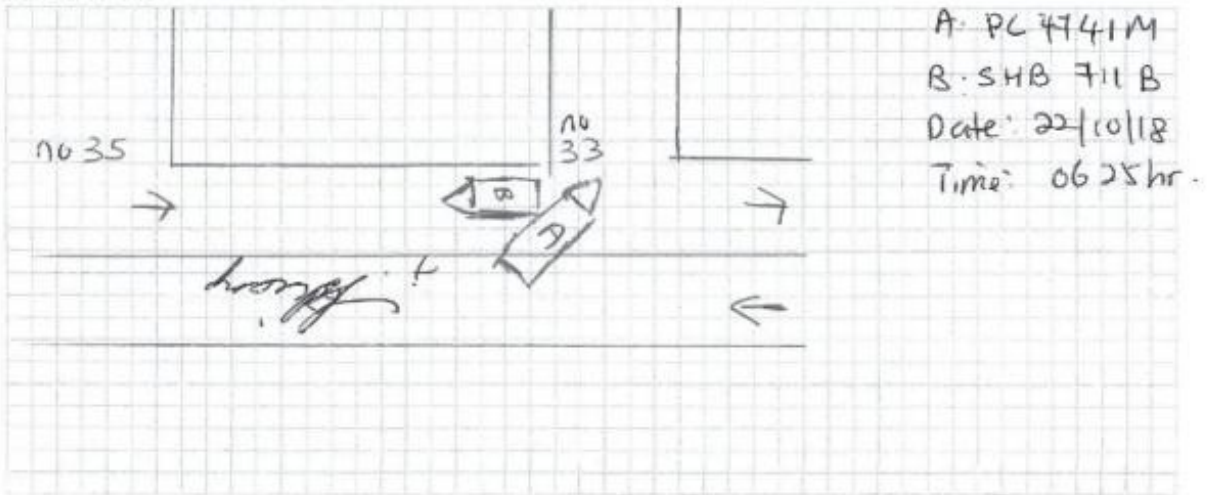
23/10/18  
10:45pm.

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above mentioned date & time, I was heading to No 33 Simei Rise to pick up student, upon seeing a parking against traffic flow TAXI SHB 711 B obstructing my way, I horn at the driver's but he did not move or give way, after that I proceed to turn into the entrance and at this moment the rear LH portion of my vehicle's had collided onto SHB 711 B rear LH side.

## DECLARATION

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

基理瑪巴士服務  
GUILLEMARD BUS SERVICE

Policyholder's Signature  
Date & Time:

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

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



# Certificate Of Insurance

Page 1 of 2

reby attach a copy of Certificate of Insurance for Vehicle No: PC4741M  
 idly arrange the payment with amount: \$332.15  
 que must be crossed and make payable to : **ODDS & EVEN**  
 Thanks/ Jess

From: Nicholas's Office Tel: 6316 3238

有限公司

CHINA TAIPING  
 MOTOR PRIVATE BUS

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MZ601E SN  
 AN0580A  
 Cov.Type: F

## CERTIFICATE OF INSURANCE

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)

CERTIFICATE No.	DMB1SN30865917C0	Engine No :1KD1730465 Chassis No:KDH2230002254
1. Index Mark and Registration Number of Vehicle	PC4741M	
2. Name of Policy Holder	GUILLEMARD BUS SERVICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	15 NOVEMBER 2018	EXCESS SECT. II .....S\$750.00
4. Date of Expiry of Insurance	31 JANUARY 2019	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	

\* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**I/We hereby Certify** that the policy to which this Certificate relates 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).  
 Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By:


  
 Authorised Officer

  
 Authorised Signatory




# Identification Card

3613704




NRIC No. S1088898J



Date of issue  
16-09-2004

Address  
APT BLK 3 HAIG ROAD  
#13-537  
SINGAPORE 430003



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
02	TAXI VL	23/12/2015
03	BUS VL	22/05/2015
04	BUS ATTENDANT	22/05/2015

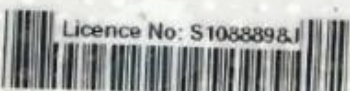


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Effective Date
Class 3	Motor Cars =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	26 Mar 2013

NP 428A

Licence No: S1088898J



Driving Licence

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S1088898J



Name  
CHIANG KOON SECK  
郑 群 锡

Race  
CHINESE


Date of birth  
18-03-1947

Sex  
M

Country of birth  
SINGAPORE



Land Transport Authority



**VOCATIONAL LICENCE**

Licence No: S1088898J

Name: CHIANG KOON SECK

Issue Date: 23/12/2015

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

REPUBLIC OF SINGAPORE **DRIVING LICENCE**




Licence Number: S1088898J

Name:  
CHIANG KOON SECK

Birth Date: 18 Mar 1947

Issue Date: 26 Mar 2013



002163955G



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 LOCATION



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO





SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



## Addendum Sheet



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: S66530020G / 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 : MJAS 18137440 Vehicle Registration No: PC 4741 M  
Name (as shown in NRIC) : Chiang Koon Seck NRIC/FIN/Passport No : S1088898J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK HAZIG ROAD #13-537 Singapore (430003)  
Contact (Tel) : 64819813 Mobile No. : 97438189  
Email Address : Mailus @ guillemardbus.com  
Date of Accident : 22/10/2018 Time of Accident : 0625 hrs  
Place of Accident : 33 SAVANNAH RONDO (33 SIMEI ROAD)  
Insurance Company : Ching Tai Ping Insurance (Singapore) pte Ltd

#### (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:

Attach another video footage.

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\_\_\_\_\_

P. Andy.  
Policyholder / Driver's Signature  
Date:

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

