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 <u>truthful and accurate</u> 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.

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	02/11/2018 14:34			
Date Of Accident	01/11/2018 16:00			
Exact Location Of Accident	AYE TOWARDS CLEMENTI AVENUE 6			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	PH9559P			
Insured/Policyholder				
Name Of Registered Owner	I'ANG BUS TRANSPORT SREVICES			
Co Reg No	53179924K			
Email Address	CONNECT3WINNIE@GMAIL.COM			
Mobile Phone No	(LOCAL) +65-96388289			
Alternative Phone No	OFFICE-96388289			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	RM117NSRDEB-7.5 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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	DMB1SN3094321700			
Cover Note Number				
Driver				
Name of Driver	ANG GUAN JOO (HONG YUANYU)			
NRIC No	\$76230601			

 NRIC No
 \$76230601

 Date Of Birth
 02/08/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 16/08/2003

Driving Experience 15 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96388289

Fax Number

Contact Number OTHERS-96388289

EMail Address CONNECT3WINNIE@GMAIL.COM

Address BLK 653A JURONG WEST STREET 61

#09-420

Postcode 541653

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.

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?

NO

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

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)
 - (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
 - (iii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signatu

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

NRIC/FIN N

Accident Sketch Plan

		A= PH9554P
	Jewenti (Pala)	B= nucumb Bn3.
ESCRIBE CIRCUMSTANCE	AYE + + +	
to clonenti Ave 6	my hazard light a a	bus PH9559P from AVE entering led that to insufficient our from big bus drove past me ~ at
aid bus left bod	in prof 1 am rucer to	toke down the number plate.
and bus left bod	y but I am unable to	toke down the namember plate.
aid bus left bod	y but I am unatur to	toke down the number place.
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LETTER



10 Sin Ming Drive Singapore 575701 Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

11 Dec 2017

Our ref 1112170501N052952640

I'ANG BUS TRANSPORT SERVICES APT BLK 653A JURONG WEST STREET 61 #09-420 SINGAPORE 641653

Dear Sir/Madam

NOTIFICATION ON TRANSFER OF OWNERSHIP FOR VEHICLE NO. PH9559P

We are pleased to inform you that your application to transfer ownership of the above-mentioned vehicle has been approved. The Business Transaction Reference No. is 20171211110905016136. You are the registered owner of the vehicle with effect from 11 Dec 2017.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

Name : l'ANG BUS TRANSPORT SERVICES
 Identification No. Type : Business

Identification No. : 53179924K
 Place Of Passport Issue :-

5. Vehicle No. : PH9559P

6. Vehicle Type : D20 • Private Hire Bus/Coach/Minibus
7. Vehicle Scheme : Bus Carrying School Children

8. Vehicle Make : MITSUBISHI
9. Vehicle Model : RM117NSRDEB

10. Remarks

: Upon the expiry of the vehicle's 5-year COE on 25

Jan 2020, you may further renew the COE of your
vehicle for another 5 years, subject to the statutory
lifespan (if applicable) of the vehicle. This is a public

service vehicle.

LETTER

Annex A

Transaction ref 20171211110905016136

The owner and vehicle particulars for Vehicle No. PH9559P as at 11 Dec 2017 are as follows:

1.	Name	: I'ANG BUS TRANSPORT SERVICES
2.	Identification No. Type	: Business
3.	Identification No.	: 53179924K
4.	Place Of Passport Issue	
5.	Vehicle No.	: PH9559P
6.	Previous Vehicle No.	· ·
7.	Effective Date of Ownership	: 11 Dec 2017
8.	Original Registration Date	: 26 Jan 2005
9.	First Registration Date	: 26 Jan 2005
10.	Vehicle Type	: D20 - Private Hire Bus/Coach/Minibus
11.	Vehicle Scheme	: Bus Carrying School Children
12.	Attachment 1	: Air-Conditioned
13.	Attachment 2	3.
14.	Attachment 3	1.
15.	Vehicle Make	: MITSUBISHI
16.	Vehicle Model	: RM117NSRDEB
17.	Year of Manufacture	: 2004
18.	Primary Colour	: Multi-Colour
19.	Secondary Colour	
20.	Passenger Capacity	: 49
21.	Chassis/Trailer Chassis No.	: RM117NB20302 /-
22.	Propellant	: Diesel
23.	Engine No./Motor No.	:6D16971691/-
	Engine Capacity(cc)/Power Rating(kW)	: 7545 / -
	Maximum Power Output(kW/bhp)	:-/-
	Unladen Weight(kg)	: 9420



















