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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
- 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. repudiate policy liability.
- 5. Any raise reporting may be selected to the Folio to the Folio Communication of Singapore (GIA) for 5. 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. Any false reporting may be referred to the Police for investigation.
- 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

foresaid.	ACCIDENT STATEMENT					
	13/11/2018 11:39					
Date Of Report	12/11/2018 19:20					
Date Of Accident	AYE TOWARDS TUAS (NEAR EXIT 14)					
Exact Location Of Accident	SINGAPORE					
Country/State of Loss	DETAILS OF OWN VEHICLE					
S. Johnston Number	PC4308G					
Vehicle Registration Number						
Insured/Policyholder	BT & TAN TRANSPORT PTE LTD					
Name Of Registered Owner						
Co Reg No	CONNECT3WINNIE@GMAIL.COM					
Email Address	(LOCAL) +65-93229966					
Mobile Phone No	OFFICE-83354588					
Alternative Phone No						
Vehicle Particulars	GOLDEN DRAGON					
Manufacturer	XML6103J98-6.7 D (M)					
Model						
Exact Purpose for which vehicle was being u- time of accident						
Are you claiming under your own insurance part for repair to your vehicle?						
If No, Please state action to be taken	THIRD PARTY					
Vehicle Category	BUS					
Insurance Company	CONCARORE ITD					
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.					
Type Of Coverage	COMPREHENSIVE					
Fleet Policy	NO					
Policy Number	DMB1SN3096041700					
Cover Note Number						
Driver						
Name of Driver	HU JUN					
NRIC No	G3402633K					
Date Of Birth	30/01/1961					
Occupation	OUTDOOR					
Date Of Driving Pass	23/01/2018					
Driving Experience	0 YEAR AND 9 MONTH					
Gender	MALE					
	(LOCAL) +65-93229966					

(LOCAL) +65-93229966 Mobile Number

Fax Number

OTHERS-83354588 Contact Number

CONNECT3WINNIE@GMAIL.COM EMail Address

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

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

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

NO

ambulance?

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)

46

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

GBF694S

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category

Contact Number

Name of Driver

NRIC/Passport Number

83107204

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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.
- 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.
- 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:
 - 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:

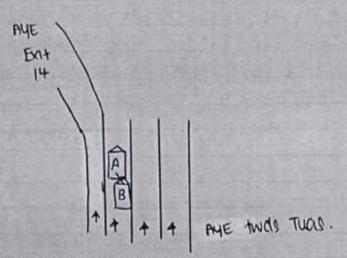
Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:



A= PC4308G B= GBF GAHS-

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 Signatures
Name: Korl Wartons

13/11/20

Road surface: Dry Wet	Usage of veh during of accident:
Weather condition: Clear / Raining D172 ling	
Speed:	
Does driver own a vehicle: yes /no	
if yes, veh number plate:	
veh insurance co:	
Relationship with insured: Employee a Employe	
Witness (If any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: 98F6949 (Double	e - Trans Ptc Ltd -)
Name of third party driver:	
IC of third party driver:	
HP of third party driver: 8310 구50나.	
Address of third party driver:	
Insured/Co name of third party vehicle:	
Contact number of insured/Co:	
Insurance co of third party vehicle:	
Police report (if any): yes/no	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage /	reporting only
No of Pax: 46 pax	
: vehicle no: PC H3 08G	
Owner contact no: 9300 9966	
Date of accident: 12/11/2018	or m).
Location of accidents 1-10	XI+ I+) .
Time of accident : 19: 30 MS	
Any Injury: yes /no (If yes, must have police report)	



· HP: 8335 4588.

VISIT PASS Immigration Regulation



30-01-1981 M Q3402533K F2-05-9017

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.

Description Type BUS YL

03

leeus Date

08/03/2018

THE REAL PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY.

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

S / No. 9000277586

NP 428A



中国太平保险(新加坡)有限公司

MISSIE SN ADMIDICA Cor, Types C AUTOCAPE

CERTIFICATE OF INSURANCE

stor Vehicles (Third-Party Risks and Compensation) Act (Chapter 180) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 Hoad Transport Act, 1987 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1859 (Malaysia)

CERTIFICATE NA

DMM15N3036041780

Angles No : (ant/Avza5822)26757 Chassis No:LLJWOCHN38A001353

1. Index Mark and Registration Number of Vehicle

PC43082

2. Name of Policy Holder

BTATAN TRANSPORT PTE LTD

4. Date of Expiry of Insurance

14 APRIL 2019

5. Persons or Classes of Persons entitled to drive *

ANY FERSON SECUTORD HE IS IN THE POLICYPOLDER'S EMPLOY AND IS DRIVERO ON TREES ORDER OR WITH THEIR PERMISSION OR ANY PERSON DELYING WITH POLICYHOLDEN'S PERMISSION

PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE DICENSING OR OTHER LANS OR REGILATIONS TO DRIVE THE MOTOR VEHICLE OF HAX BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY DRIVE OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM ERIVING THE MOTOR VEHICLE.

6. Limitations as to use ."

DIR ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.
THE POLICY DOES NOT COVER
(1) USE FOR RACIAS, PACK-MANING, BELIABILITY TRIAL OR SPECI-IESTING.
(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOKING (OTHER THAN FOR REMARD) OF ANY CME DISABLED

MECHANICALLY PROFELLED VEHICLS.

HIRE PURCHASE CO. 1 DRS BANE LTD As RP ORNER.
*Limitations randered inoperative by Section 6 of the Motor Vehicles (Thirst-Party Risks and Companisation) 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)

Countersigned By:

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Authorised Signatory

3 Areson Road #16-00 Springleaf Tower Singapore 079909 Tel. 6388 6111 Fax: 6225 3592 Website: www.sg.cntsiping.com



Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company 200505523H

Cert No.

Owner ID Type:

Owner Name.

BUS HUB SERVICE PTE LTD

Registered Address:

82 TAGORE LANE LANE 1 SINDO INDUSTRIAL ESTATE SINGAPORE 787524

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

PC4308G

Previous Vehicle No.

Effective Date of Ownership:

22 Oct 2015

Original Regn Date:

15 Oct 2015

Registration Date:

15 Oct 2015

Year of Manufacture:

2014

Vehicle Type:

Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme:

Public Service Vehicle (Others)

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Make:

GOLDEN DRAGON

Vehicle Model:

XML6103J98 AUTO

Primary Colour:

Multi-Colour

Secondary Colour; Passenger Capacity:

Chassis No.:

LL3BGCDH3EA001353

Engine No.:

ISB67EV285B22126757

Engine Capacity/Power

Rating:

6690 cc/-

Maximum Power Output:

Propellant

Diesel

Max Unladen Weight:

11440 kg

Maximum Laden Weight:

16000 kg

Open Market Value:

\$123,816.00

PARF Eligibility:

No

PARF Eligibility Expiry

Minimum PARF Benefit: No. of Transfers:

IU Label No.:

2050104725

COE No.

2015101505001011C

COE Explry Date:

14 Oct 2025

COE Category:

C - Goods Vehicle & Bus

COE Registration

C - Goods Vehicle & Bus

Category: Quota Premium (QP) /

Prevailing Quota

-/\$47,983.00

Premium:

PQP Paid:

\$37,668.00

No

\$0.00

5.00 %

QP (Regn Cat).

OPC Cash Rebate

Eligibility: QP during COE Bidding

Exercise: Additional Registration Fee Rate:

Actual ARF Paid

Vehicle Lifespan Expiry

Date:

\$5,191.00

14 Oct 2035

CO2 Emission:

Message:

The vehicle is registered under Early Turnover Scheme. This is a public service vehicle