

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 13/11/2018 11:39
 Date Of Accident 12/11/2018 19:20
 Exact Location Of Accident AYE TOWARDS TUAS (NEAR EXIT 14)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4308G
Insured/Policyholder
 Name Of Registered Owner BT & TAN TRANSPORT PTE LTD
 Co Reg No -
 Email Address CONNECT3WINNIE@GMAIL.COM
 Mobile Phone No (LOCAL) +65-93229966
 Alternative Phone No OFFICE-83354588

Vehicle Particulars

Manufacturer GOLDEN DRAGON
 Model XML6103J98-6.7 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 THIRD PARTY
 Vehicle Category BUS

Insurance Company

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
 Mobile Number (LOCAL) +65-93229966
 Fax Number
 Contact Number OTHERS-83354588
 Email Address CONNECT3WINNIE@GMAIL.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	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 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)	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	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	83107204
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

X

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

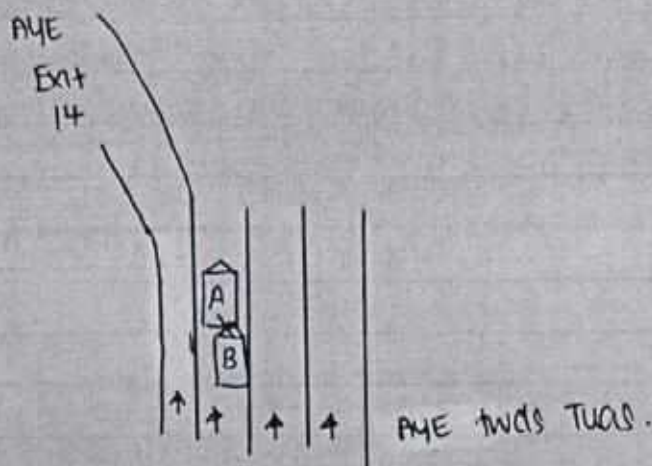
Name:

NRIC/FIN No.:

13/11/2018

Res Li WAT/AB

SKETCH PLAN



A= PC4308G
B= GBF 6A4S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/11/2018 @ 19:20hrs, I was driving my bus PC4308G along AYE towards Tuas when my bus was near exit 14, a lorry GBF 6A4S hit my bus rear end portion from behind.

DECLARATION

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

X

Policyholder's Signature
Date & Time:



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

Hu Jun

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

13/11/2018
Karl Winters

Road surface: Dry / Wet

Weather condition: Clear / Raining

Drizzling

Usage of veh during of accident: _____

Speed: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with insured: Employee & Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: 98F694S (Double - Trans Pte Ltd -)

Name of third party driver: _____

IC of third party driver: _____

HP of third party driver: 8310 7504

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: PC4308G

Owner contact no: 9322 9966

Date of accident: 12/11/2018

Location of accident: PYE ANDS TUN (near exit 14)

Time of accident: 19:20MS

Any Injury: yes / no (if yes, must have police report)

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

Employer:
STATAN TRANSPORT PTE. LTD.

Sector: **SERVICE** Name: **HU JUN**
Occupation: **BUS DRIVER**

S Pass No.: **O 77619364**

Date of Application: **27-07-2017**
Date of Issue: **22-08-2017**
Date of Expiry: **22-08-2019**

LA252186

Land Transport Authority

VOCATIONAL LICENCE
Licence No: **G3402633K**
Name: **HU JUN**

Card Issue Date: **08/03/2018**
Please visit www.lta.gov.sg to check the status of this vocational licence

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence No: **G3402633K**
Name: **HU JUN**

Birth Date: **30 Jan 1981**
Valid From: **31 Oct 2017**
Valid Till: **30/10/2022**

0027360440

HP: 8335 4588

VISIT PASS
Immigration Regulations

NAME
HU JUN



Date of Birth Sex Nationality
30-01-1981 M CHINESE

FIN Date of Issue Date of Expiry
Q3402633K 22-08-2017 22-08-2019

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.



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	08/03/2018



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


		EFFECTIVE DATE
CI	Class 1 Motor cars <= 2000 kg nett wt, <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	23 Jun 2018
	Class 4 Heavy motor cars and motor tractors > 2500 kg	23 Jun 2018

S / No. 9000277568

CHINESE

NP 426A

Licence No: Q3402633K





中国太平保險(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

MODEL: CN
AN0580A
Cov. Type: C
AUTOCARE

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.	DMB1SN3096041700	Engine No. 140857K07285N22326757 Chassis No. 1111100003K0001353
1. Index Mark and Registration Number of Vehicle	PC4308G	
2. Name of Policy Holder	WT&AN TRANSPORT PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	21 DECEMBER 2014	EXCESS SECT. I \$52,000.00 EXCESS SECT. II \$51,000.00 BY ON WINDSCREEN \$6500.00
4. Date of Expiry of Insurance	14 APRIL 2015	
5. Persons or Classes of Persons entitled to drive *		

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

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.

6. Limitations as to use: *

USE 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 RACING, JACK-HAMING, RELIABILITY TRIAL OR SPEED-TESTING.
- (2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.

WIRE PURCHASE CO. 1 DBS BANK LTD AS RD OWNER

* Limitations rendered inoperative by Section 8 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:

Authorized Officer

Authorized Signatory

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Tel: 6388 8111 Fax: 6225 3592 Website: www.sg.cntaiping.com

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.: 200505523H
 Owner ID Type: Company
 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: XML5103J98 AUTO
 Primary Colour: Multi-Colour
 Secondary Colour: -
 Passenger Capacity: 60
 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 Date: -
 Minimum PARF Benefit: -
 No. of Transfers: 1
 IU Label No.: 2050104725
 COE No.: 2015101505001011C
 COE Expiry Date: 14 Oct 2025
 COE Category: C - Goods Vehicle & Bus
 COE Registration Category: C - Goods Vehicle & Bus
 Quota Premium (QP) / Prevailing Quota: - / \$47,983.00

Premium:

PQP Paid: \$37,668.00

QP (Regn Cat): -

OPC Cash Rebate Eligibility: No

QP during COE Bidding Exercise: \$0.00

Additional Registration Fee Rate: 5.00 %

Actual ARF Paid: \$5,191.00

Vehicle Lifespan Expiry Date: 14 Oct 2035

CO2 Emission: -

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