

## 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	11/01/2019 22:07
Date Of Accident	10/01/2019 21:20
Exact Location Of Accident	T JUNCTION OF PRINSEP STREET AND BENCOOLEN STREET
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC1135H
Insured/Policyholder	
Name Of Registered Owner	ADDVENTUS TRAVEL & TRANSPORT PTE LTD
Co Reg No	201020243M
Email Address	FASTCAB888@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98486699
Alternative Phone No	OFFICE-98486699
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VIANO-2.2 D CDI (W639) (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MCV0003108
Cover Note Number	
Driver	
Name of Driver	TAY KIEN LOONG, JACKSON
NRIC No	S7533930E
Date Of Birth	11/11/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/09/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84990742
Fax Number	
Contact Number	
EEmail Address	FASTCAB888@GMAIL.COM

Address	BLK 5 ST. GEORGE'S LANE #02-193
Postcode	320005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by 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)	1

#### 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

REFER TO STATEMENT

#### Attachment(s)

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

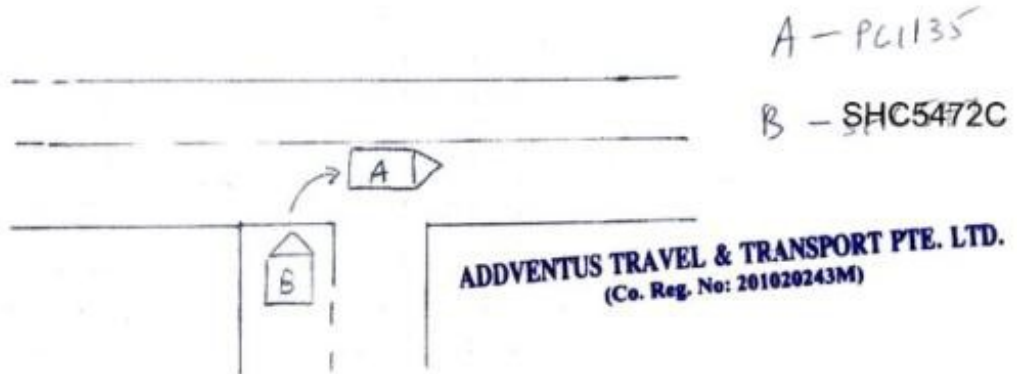
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5472C
Vehicle Make/Model/Colour	
Details Of Properties	
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

PRINSEP STREET BEN COULEN STREET



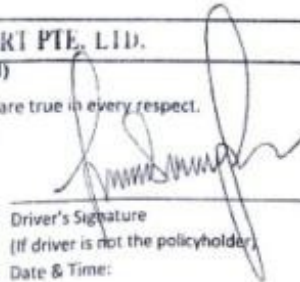
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

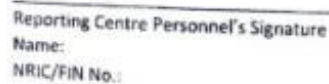
on the stated date and time, I was driving my vehicle  
along T-Junction of Prinsep St and Ben Coulen St. Suddenly  
vehicle B drive out from side road and hit on my  
RH side rear portion

ADDVENTUS TRAVEL & TRANSPORT PTE. LTD.  
(Co. Reg. No: 201020243M)

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 Signature  
Name:  
NRIC/FIN No.:

# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident	Time	Location of Accident
16-1-2019	21.40pm	T JUNCT (or) PRINSEP STREET BEACOLEN STREET
<b>INSURED/ POLICY HOLDER (VEHICLE A)</b>		
Vehicle Registration Number	PE 1135 H	
Name of Policyholder	ADVENTUS TRAVEL & TRANSPORT PTE LTD	
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	201020243 M	
Address	102E PASIR PANJANG ROAD #02-12 (S118529)	
Contact Number	Tel: Hp: 98486699	
Occupation	OUTDOOR	
<b>VEHICLE PARTICULARS (VEHICLE A)</b>		
Vehicle Make / Model	MERCEDES BENZ / KIANO CD 12.2 EL	
Type of Vehicle	Saloon, MPV, CRV, <input checked="" type="radio"/> Carry Bus, M/cycle, Others:	
Exact Purpose for which vehicle was being used at the time of accident.	WORKING PURPOSE	
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle category	<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle	
<b>INSURANCE COMPANY (VEHICLE A)</b>		
Name of Insurance Company	INDIA	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	D18MCLV0003108	
<b>DRIVER</b>		
Name of Driver	TAY KIEN LOON JACKSON	
NRIC/ FIN/ Passport	37533930B	
Date of Birth	OUTDOOR 11-1-1975	
Occupation	OUTDOOR	
Driving Pass Date	05-09-2010	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel: Hp: 84990742	
Address	BKS ST. GEORGE'S LANE #02-193 (S320005)	
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured	DRIVER	
Vehicle Number of Driver's Own Vehicle (if applicable)	01	
Insurance of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (E.g. Chain Collision/ Head-On, etc.)	TP HIT INSURED	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others	
Damage Area		
<b>OTHER INFORMATION</b>		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
Was there any camera video footage (in car)?	<input type="radio"/> No <input checked="" type="radio"/> Yes	
<b>DETAILS OF POLICE ACTION</b>		
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

fastcab888@gmail.com

## Common Statement

OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

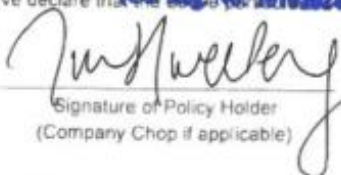
☐ Yes

☐ No

### ADDVENTUS TRAVEL & TRANSPORT PTE. LTD.

Declaration

I/We declare that the information provided above are true in every aspect.



Signature of Policy Holder  
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time



## Common Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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.

**ADDVENTUS TRAVEL & TRANSPORT PTE. LTD.**  
(Co. Reg. No: 201020243M)

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.:

## CERTIFICATE OF INSURANCE



### INDIA INTERNATIONAL INSURANCE PTE LTD

Co. Reg. No. 198703792k | GST Reg. No. M2-0078806-X  
6-4 | Cecil Street | #04 | #05 | #06-02 | 10th Building | Singapore 049711  
Office (65) 63476100 Email insare@iil.com.sg  
Fax (65) 62244174 Website www.iil.com.sg

### THE SCHEDULE

Agency : Excel Insurance Agency/A000031  
Policy Number : D18MCV0003108  
Issued on : 29 Nov 2018 in Singapore (SIF)  
Type of Policy : Bus - Company Use

Period of Insurance : 07 Dec 2018 to 17 Jan 2020 both dates inclusive  
Insured's Name : ADDVENTUS TRAVEL & TRANSPORT PTE. LTD.  
Address : 102E PASIR PANJANG ROAD  
#02-12, CITILINK WAREHOUSE COMPLEX  
SINGAPORE  
118529

Nature of Business : Tour agency/ Operator/ Chartered Bus service

Premium  
After 0% No Claim Discount : SGD 1,980.03  
7% GST : SGD 138.60  
Total Premium Due : SGD 2,118.63

#### Bus - Company Use

Registration : PC1135H  
Type of Cover : Comprehensive  
Make/Model : MERCEDES BENZ / VIANO CDI2.2 EL  
Body Type : Bus  
Seating Capacity : 9  
Year of Manufacture : 2011  
Engine No. : 65194030817028  
Chassis No. : WDF63981523694031  
Hire Purchase : United Overseas Bank Limited

Excess Section I & II Separately: SGD1500.00

Windscreen Excess: SGD200.00

TERRITORIAL LIMIT: WITHIN THE REPUBLIC OF SINGAPORE ONLY

SUM INSURED: MARKET VALUE AT TIME OF LOSS

The following clauses and endorsements apply to this vehicle:

Endorsements Applicable : PASSENGER RISK  
M1,M2,M6,M8,M11,M12,M15,M19,M20,M21,M28,M29 & MEMO1  
25(SRCC),57(FLOOD),72(B),WAR & TERRORISM EXCLUSION ENDT  
CONDITION 5 OF THE POLICY IS REVISED AS PER THE ATTACHED  
AMENDED CONDITION 5 ENDT,NOTIFICATION CLAUSE  
WINDSCREEN LIMIT: \$2000/-

FOR DRIVERS BELOW 21 YEARS OR ABOVE 65 YEARS OF AGE &/OR LESS THAN 2 YEARS SINGAPORE DRIVING LICENCE, ADDITIONAL EXCESS OF \$2500/- ON SECTION I & II SEPARATELY WILL BE APPLICABLE.

A PERSON WHO IS NOT A PARTY TO THIS POLICY CONTRACT SHALL HAVE NO RIGHT UNDER THE CONTRACTS (RIGHTS OF THIRD PARTIES) ACT 2001 TO ENFORCE ANY OF ITS TERMS.

DRIVER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7782907E



Name  
ONG LEE CHUAN

Race  
王 丽 娟  
CHINESE

Date of birth  
24-01-1977

Sex  
F

Country of birth  
MALAYSIA

S7782907E



REPUBLIC OF SINGAPORE DRIVING LICENCE


License Number S7782907E  
Name  
ONG LEE CHUAN

Birth Date 24 Jan 1977  
Issue Date 03 Sep 2006

001646941F



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7533930E




Name  
TAY KIEN LOONG, JACKSON

Race  
CHINESE

Date of birth  
11-11-1975

Sex  
M

Country of birth  
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S7533930E  
Name  
TAY KIEN LOONG, JACKSON

Birth Date 11 Nov 1975  
Issue Date 09 Feb 2015

002384332E





DRIVER IC & DRIVING LICENCE



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo







Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
5 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UTR: S665506206 / 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 : MBHA195005144 Vehicle Registration No: PC1135H  
Name (as shown in NRIC) : ADVENTUS TRVL AND TRANSPORT PTE LTD NRIC/FIN/Passport No : 201020243M  
(\* Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : NIL Singapore ( )  
Contact (Tel) : NIL Mobile No. : 98486699  
Email Address : NIL  
Date of Accident : 10/01/2019 Time of Accident : 2120HRS  
Place of Accident : T JUNCTION OF PRINSEP STREET AND BENCOOLEN STREET  
Insurance Company : INDIA INTERNATIONAL INSURANCE 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:

AMEND 3RD PARTY VEHICLE NUMBER.

**ADVENTUS TRAVEL & TRANSPORT PTE. LTD.**  
(Co. Reg. No: 201020243M)

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

JACELYN LOH CAILING  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: