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IP Particulars: Veh No:	m 6021m . INC		
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Policy No: ( ) Peri	od: ( )	Cover Type: (	
Confirmed by : (	· Dates	Timer	,
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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.
- 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	30/01/2019 11:40
Date Of Accident	29/01/2019 10:20
Exact Location Of Accident	ALONG THOMSON ROAD
Country/State of Loss	SINGAPORE
Angelonia de la companya de la compa	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6010B
Insured/Policyholder	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	201424387C
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-81269631
Vehicle Particulars	
Manufacturer	SCANIA
Model	KIB4X2-8.9 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	DMB1SN1745861700
Cover Note Number	
Driver	
Name of Driver	HUANG MAOYI
Passport No/FIN	G3098041M
Date Of Birth	12/04/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-81269631

BC@LONGLIM,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

SIDE SWIPE

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

IVO

Number of Passengers (Including Driver)

2

**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

SJM6021M

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### IMPORTANT NOTICE

- 1 Please report correctly the cetails 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
- 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
- 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.
- S Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- My invurer, 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 (collect vely the
- (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

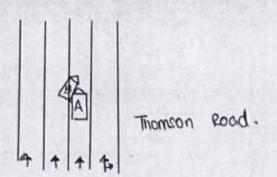
Date & Time.

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

Reporting Central Personnel's Signature Who Hops

NRIC/FIN No.

A= PCGOIDB B= 93m6021M.



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 2	2006/10/1	101	0: 20/15	1 W	or du	ving m	y bus	PCGOIOB
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I/We declare the foregoing particulars are true in every respect.

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time.

According Centre Personners Senature
Native
NIIIC/LIN No. POS UN HAM

Road surface: Dry / Wet	Usage of veh during of accident:
Weather condition (Clear ) Raining	
Speed:	
Does driver own a vehicle: yes /no	
if yes, veh number plate:	
veh insurance co:	
Relationship with insured: Employee a Employee	
Witness (if any): yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SIM 602 I M	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
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	
il yes, against whom very very	
Action taken : claiming third party/ claiming own damage /	reporting only
No of Pax: O\	
Vehicleno: PCGOIOB	
Owner contact no: 9023 0917.	
Date of accident: 29 01 2019	
Date of accident	
Location of accident: Thomson Road	
Time of accident : 10:20his.	
Any Injury: yes/no ( if yes, must have police report)	



# S PASS

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

Employer
LONGLIM PTE. LTD.



Name HUANG MAOYI

S Pass No. 0 76389748 Sector: SERVICE







K0420043

# VISIT PASS Immigration Regulations

Name HUANG MAOYI

> FIN G3098041M

Date of Birth Sex 12-04-1991 M

Nationality CHINESE

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.

Download SGWorkPass App to check status





# REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G3098041 M

Name:

HUANG MAOY

Birth Date: 12 Apr 1991

Issue Date: 24 May 2018

Valid Till 26/12/2019



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

## **EFFECTIVE DATE**

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 27 Dec 2014
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

Class 4 Motor vehicles which are constructed to carry load
or passengers and the unladen weight > 2500kg
Motor vehicles which are not constructed to carry

load or passengers and the unladen weight =< 7250kg

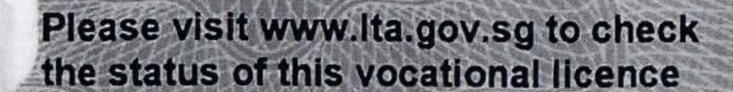






# VOCATIONAL LICENCE

Licence No: G3098041M Name: HUANG MAOYI



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.

Туре	Description	Issue Date
03	BUS VL	18/06/2018





Cou

# 中国太平保险(新加坡)有限公司

MESSIE EN ANDSISA Cor.Types C AUTOMATE

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)

Motor Vehicles (Third-Party Risks and Compensation) Rules. 1950.

Ribad Transport Act, 1987 (Malaysia)

Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.		ACCUSED A VALUE OF PROPERTY.
	DMB1781745861700	Engine No :6679078 Chaesis No:YEZX4XZ0001875734
Index Mark and Registration     Number of Vehicle	PC6010B	
2. Name of Policy Holder	. BEX TRAVEL PTE LT	
Effective date of the Commencement of Insurar the purposes of the Regulations, Ordinance or E	nce for JO DECEMBER 2018	EXCESS SECT I
4. Date of Expiry of Insurance	25 JUNE 2015	EXCESS SECT. 11 (OUTSIDE SINGAPORE) 531, 200.00
5. Persons or Classes of Persons entitled to drive		EX ON WINDSCHERM
ANY PERSON PROVIDED HE IS IN TH PERMISSION OF ANY PERSON DRIVEN	E POLICYHOLDER'S EMPLOY	AND IS DELVING ON THEIR CHOICE OF MITH THEIR
PROPERTY OF THE PROPERTY.	VEHICLE OF SAN BERN MACH	ONCE WITH THE LICENSING OF OTHER LAWS OF A CONTITUE AND IS NOT DISQUALIFIED BY ORDER OF A IN THAT BEHALF FROM ENIVING THE MOTOR VEHICLS.
Limitations as to use: *		
USE CHLY FOR THE CARRIAGE OF PA	SENGERS OR GOODS IN COM	MICTION WITH THE POLICYHOLDER'S BUSINESS AN
THE POLICY DOES NOT COVER (1) USE FOR PACING, PACE-MAKING	REGIANTELY TRIAL OR ST C. EXCEPT THE TOWING (CT)	
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*Limitations rendered inoperative beand Section 95 of the Road Transport	y Section 8 of the Motor Vehicles of Act, 1987 (Malaysia), are not to the policy to which this Certific to Party Risks and Compensation	(Third-Party Risks and Compensation) Act (Chapter 189) obe included under these headings.  ate relates is issued in accordance with the control of the contr
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### > Back to OneMotoring

### **Enquire Transfer Fee**

Vehicle Details

Vehicle No.: PC6010B

Vehicle Type: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Attachment 1: Air-Conditioned

Public Service Vehicle (Others) Vehicle Scheme:

Vehicle Make: **SCANIA** Vehicle Model: KIB4X2

V52K4X20001875736 Chassis No.:

Propellant: Diesel 6679078 Engine No.: 8867 cc Engine Capacity: Maximum Power Output:

Maximum Laden Weight: 19000 kg 12460 kg Unladen Weight:

2011 Year Of Manufacture: 30 Dec 2013 Original Registration Date: 29 Dec 2033 Lifespan Expiry Date:

C - Goods Vehicle & Bus COE Category:

\$76,310.00 Quota Premium: 29 Dec 2023 COE Expiry Date: Road Tax Expiry Date: 29 Dec 2018 29 Dec 2018 Inspection Due Date: Intended Transfer Date: 02 Jul 2018

CO2 Emission: CO Emission: HC Emission: NOx Emission: PM Emission:

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

Amount After GST Amount Before GST **GST Amount** (5\$) (S\$) (55)25.00 25.00 Transfer Fee: 25.00 Total Amount Payable:

Message This vehicle has a road tax Over Payment of \$523.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

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