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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 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

ACC	IDEM	T STA	10.00	150	ш
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Date Of Report

31/01/2019 11:02

Date Of Accident

30/01/2019 19:05

Exact Location Of Accident

ALONG CHOA CHU KANG CRESCENT

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

CB5778K

Insured/Policyholder

Name Of Registered Owner

AIK SHEN BUS SERVICE

Co Reg No

29635400K

Email Address

NOEMAIL

Mobile Phone No

(LOCAL) +65-96327095

Alternative Phone No

OFFICE-93631824

Vehicle Particulars

Manufacturer

time of accident

YUTONG

Model

ZK6107HE-6.7 D (A)

Exact Purpose for which vehicle was being used at

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

COMPREHENSIVE

Fleet Policy

NO

Policy Number

DMB1SN3095141801

Cover Note Number

Driver

Name of Driver

LAW KIN CHWEE

NRIC No

S1217495J

Date Of Birth Occupation

13/05/1956 OUTDOOR

Date Of Driving Pass

10/02/1978

Driving Experience

40 YEARS AND 11 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-96327095

Fax Number

OTHERS-93631824

Contact Number EMail Address

NOEMAIL

Address

BLK 174 WOODLANDS STREET 13

#09-351

Postcode

2573

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?

Number of vehicles (including own vehicle) involved in the accident

2

NO

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)

LS

soliciting/offering accident claims assistance.

NO:

Number of Passengers (Including Driver)

6

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

SG6009A

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)

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 Pollcyholder 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. 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)
 - (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"
- 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:

NAIC/FIN No.:

A= C85778K B= 34 6009A.

Bus Stop Choo thu trong cresent.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 3	cirre	2019 (t but	240 b	hor, o	intend	alic	two	enuclent	s @	choa sus	Chu
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DECLARATION

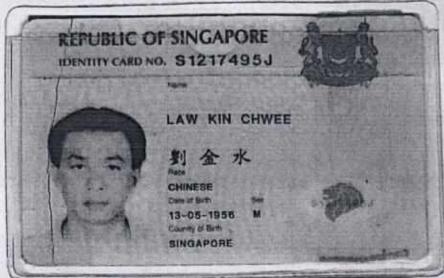
Policyholder's Signature Date & Time:

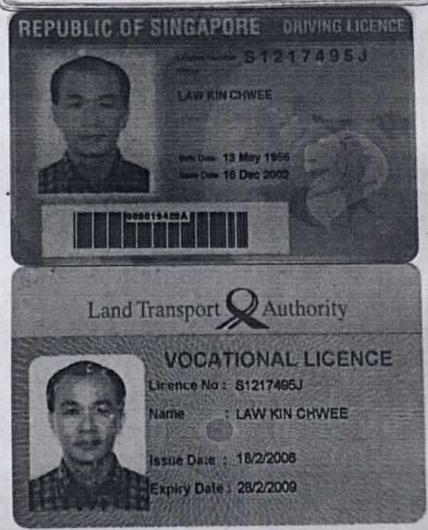
Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature HAR

Road surface: Dry Wet	Usage of veh during of accident:
Weather condition: Clear Raining	
Speed:	Help the second of a
Does driver own a vehicle: yes /no	
if yes, veh number plate:	
veh insurance co:	
Relationship with insured: Forplayee a Employee	
Witness (if any)=yes/no	
Witness name:	
Witness hp:	
Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: SG 6009 A	
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:	
The state of the s	
Police report (if any): yes/no	
Police report reported at which police station:	
Any intended prosecution given: yes /no	
f yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage / /ep	porting only
No of Pax: 05 pax	
vehicle no:	
The same of the control of the contr	
Owner contact no: 9632 7095	
Date of accident: 30/01/2019	
ime of accident: D 19:05ht1	
ny Injury: yes /no (if yes, must have police report)	





HP: 9363 - 1824.



BICM S1217495J



Calle of Isolia

06-08-1994

APT BLK 174 WOODLANDS STREET 13 #09-351 SINGAPORE 2573

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

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

09 Jan 1976

Class 4 Heavy Motor Cars and Motor Tractors the

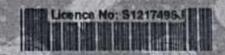
10 Feb 1978

weight of which unladen exceeds 2500 kilograms Motor Vehicles which are not constructed

02 Oct 1978

Class 5 themselves to carry any load and the weight of which unladen exceeds 7250 kilograms

NP 428A



This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

02

TAXI VL BUS VL

24/03/1994 24/04/1979





中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Co. Rep. No. 200000E384E

M2601 R SN AN0580A COV. Type: C

MOTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

stor Verticles (Tred-Party Risks and Compensation) Act (Chapter 189) Motor Verticles (Trind-Party Risks and Compensation) Rules. 1000 Road Transport Act, 1967 (Malaysia) Motor Verticles (Thirs-Party Risks) Rules. 1009 (Malaysia)

ORIGINAL

CERTIFICATE No.

DMB1SN3095141801

Engine No :ISB67E525022235346 Chano: LZYTBTD68H1021079

Intro Mark and Regulation Number of Vehicle

CB5778x

AUTOSAFE

2. Name of Poncy Holder

AIK SHEN BUS SERVICE

Efficave date of the Commencement of insurance for the purposes of the Regulations. Ordinance or Enathment

15 December 2018 Excess Sect I \$\$2,000.00

EX ON WINDSCREEN 55500.00

a. Date of Expiry of Insurance

14 December 2019

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, pace-making, 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.

HIRE PURCHASE CO. : MAYBANK AS HP 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 (Motoysia).

Please see reverse.

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: IXOS. & EVER. Authorised Offices

Authorised Signatory

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company

Cert No.:

29635400K

Owner ID Type:

Business

Owner Name:

AIK SHEN BUS SERIVCE

Registered Address:

APT BLK 337 WOODLANDS AVENUE 1#07-531

SINGAPORE 730337

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

CB5778K

Previous Vehicle No.:

Section 1

Effective Date of

Ownership:

15 Dec 2017

Original Regn Date:

15 Dec 2017

Registration Date:

15 Dec 2017

Year of Manufacture:

2017

Vehicle Type:

School Transport Bus/Coach/Minibus

Vehicle Scheme:

School Bus with AWC

Vehicle Attachment 1:

Air-Conditioned

Vehicle Attachment 2:

Vehicle Attachment 3:

YUTONG

Vehicle Model:

Vehicle Make:

ZK6107HE AUTO

Primary Colour:

Multi-Colour