

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	16/02/2019 11:05
Date Of Accident	15/02/2019 09:05
Exact Location Of Accident	ALEXANDRA ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5931A
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-91803612

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT-7.8 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	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	DMB1SN1744741801
Cover Note Number	

Driver

Name of Driver	WANG BINGHU
Passport No/FIN	O 77261400
Date Of Birth	13/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-91803612
Email Address	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	COLLISION - HEAD TO REAR
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) 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

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	SKL6205T
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)	

Accident Sketch Plan

1/31/2019

roundcube (2478x3500)

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.

Long.
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NIC/PIN No.:

Accident Sketch Plan

1/31/2019

roundcube (2478x3800)

SKETCH PLAN

A= PC5931 A
B= SKL6205T



Alexandra Rd
towards Jln. Bt. Merah.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/02/2019 @ 09:05hrs. I was driving my bus PC5931A behind a veh SKL6205T along Alexandra Rd towards Jln Bt. Merah & a veh on my left sounded his horn & I turn to check if he was honking @ me & I did not realized the veh ahead of me has brake & I could not brake fully in time & hit onto the veh.

DECLARATION

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

Long.
Policyholder's Signature
Date & Time:



↑ 2/15/19
Driver's Signature
(if driver is not the policyholder)
Date & Time:

16/02/2019
Responsible Centre Personnel's Signature
Name:
NRIC/FIN No.:



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

Employer
EML TRANSPORT SERVICE PTE. LTD.

Sector: **SERVICE**



Name
WANG BINGHU
Occupation
BUS DRIVER

S Pass No.
0 77261400



Date of Application
15-05-2017

Date of Issue

04-07-2017

Date of Expiry

04-07-2019



L8092734

VISIT PASS
Immigration Regulations

Name

WANG BINGHU



Date of Birth

Sex

Nationality

13-08-1985

M

CHINESE

FIN

Date of Issue

Date of Expiry

G2896280R

04-07-2017

04-07-2019


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.**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G 2896280R**
Name: **WANG BINGHU**



Birth Date: **13 Aug 1985**
Issue Date: **15 Nov 2016**
Valid Till **14/11/2021**

 002629265E

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

EFFECTIVE DATE

C
C

Class 2B	Motorcycles \leq 200 CC	15 Nov 2016
Class 3	Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors/vehicles \leq 2500 kg	21 Feb 2017
Class 4	Heavy motor cars and motor tractors $>$ 2500 kg	21 Feb 2017

G2896280R

S / No. 9000256848

Licence No: G2896280R

NP 428A

Land Transport  Authority



VOCATIONAL LICENCE

Licence No : G2896280R

Name : WANG BINGHU

Issue Date : 13/7/2017

Please visit www.lta.gov.sg to check
the status of this vocational licence

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
03	BUS VL	13/07/2017





Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo

