### 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 <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.
- 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.

aloresala.	
	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
Decement No/CIN	0.77004400

Name of Driver WANG BINGHL
Passport No/FIN 0 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 Vehicle

-

Insurance Company of Driver's Own Vehicle

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**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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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)

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1/31/2019

roundoube (2478×3500)

#### SKETCH PLAN

### **EMPORTANT NOTICE**

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- 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 aloresaid.
- E. 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)
  - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (a) 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 ma, 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 explicable law in administerine, 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 Porsonal information may/can be disclosed by any of the insurers and/or QUA 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.
- (id) my Personal information will also be collected and used to comple 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

Orlver's Signature

### **Accident Sketch Plan**

	resustante (2478=3500)	
	A= PC5931 A	
	Teocolye es	
	+ + + + + + Aloxandran Rd  Ands Jin. Ex. murah.	
	DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 15/02/2019 @ 09:05/ms. I was driving my bus PC5931 A behind a veh SKLG205T along Alexandra Rd toda Wh 8t.  merian & a veh on my veh sounded his hain a 1 turn to the CC if he was harning of me or I did not realized the veh almost of me has brake & I could not brake		
	fully in time a but onto the ven.	
E	ECLARATION	
	We declare the foregoing patientian on true in every respect.	
	We declare the foregoing policities for true in every respect.  Johnsy . (a Cost New	
	Chate & Time: NRIC/FIN No.: 1014 Way W	
ps://sg71.alngh	host.net/2096/cpsess2708497883/3rdparty/roundcube/?_task=mall6_frame=16_mbox=INBOX6_uid=273068_part=26_action=gel6	



# 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 FIN

CHINESE

Date of Issue

Date of Expiry

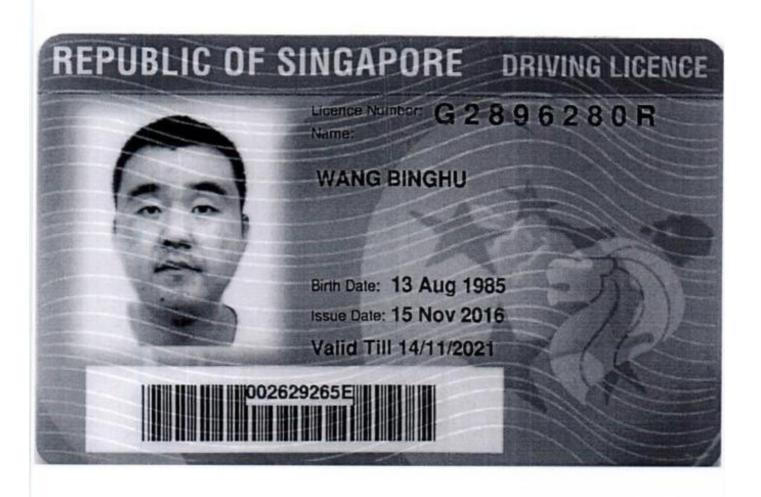
G2896280R 04-07-2017

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.





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

# **EFFECTIVE DATE**

C Class 2B

Motorcycles =< 200 CC

15 Nov 2016

Class 3

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the

21 Feb 2017

Class 4

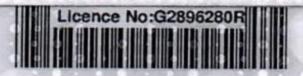
driver, and motor tractors/vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg

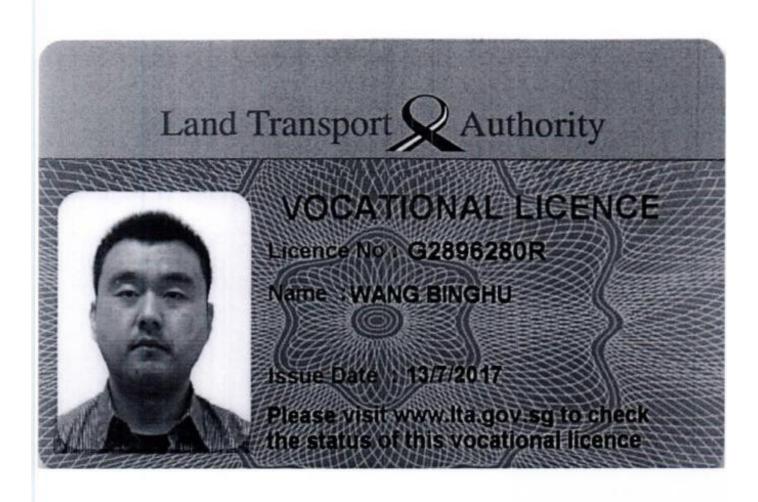
21 Feb 2017

G2896280R

S / No.9000256848

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
03	BUS VL	13/07/2017



### **Accident Photo**



## **Accident Photo**



# **Driving License**







## **Accident Photo**

