

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	04/03/2019 17:32
Date Of Accident	01/03/2019 19:05
Exact Location Of Accident	RAFFLES BOULEVARD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3981T
Insured/Policyholder	
Name Of Registered Owner	CHAN BUS SERVICES
Co Reg No	52995878C
Email Address	SERVEYOU5033@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91319667
Alternative Phone No	OFFICE-65156356

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 PURPOSE
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA381284/1
Cover Note Number	

Driver

Name of Driver	YUSMAN BIN MOHAMED ALI
NRIC No	S6813326B
Date Of Birth	07/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/10/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91319667
Fax Number	
Contact Number	
EEmail Address	SERVEYOU5033@GMAIL.COM

Address	BLK 692B CHOA CHU KANG CRESCENT #02-26 SINGAPORE
Postcode	682692
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?	
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)

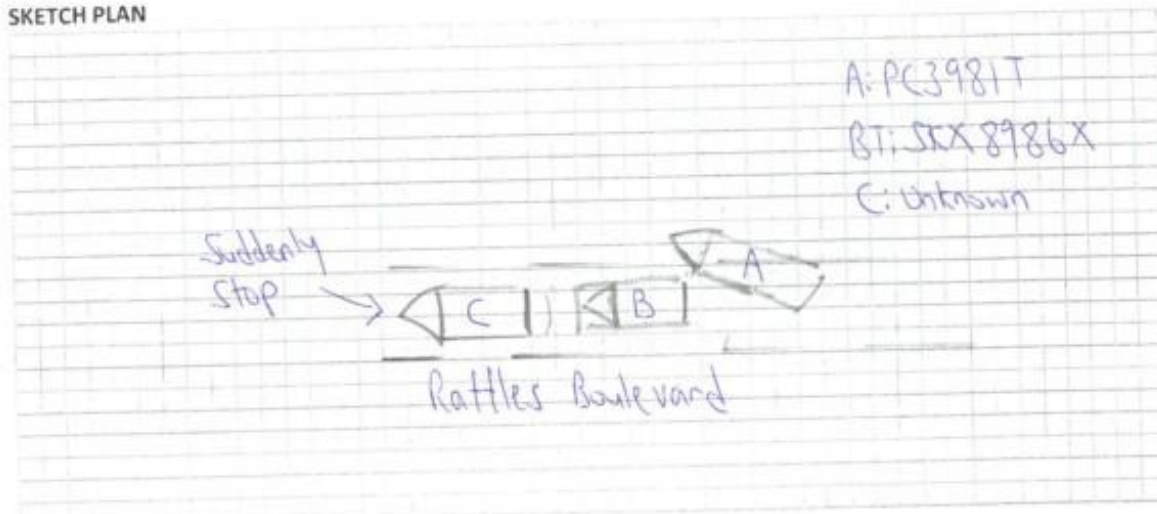
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	PENDING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX8986X
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	REAR PORTION
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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01.03.2019 at about 1905 I was travelling along Raffles Boulevard at a speed of 40 to 50 km/h. It's not busy traffic condition at that time. There's two cars in front of me, first are a Grabcar and the other are Mr Chia (SKX8986X) car. Suddenly the Grabcar make a sudden brake without any reason because from my view I confirmed that the traffic in front the Grabcar is clear. Mr Chia manage to stop in time. I pressed my brake hard and tried to swing to the right to avoid hitting Mr Chia (SKX8986X) car but unfortunately my bus too slow to react and collided the right rear side of the car. Both Mr Chia and me agreed the Grabcar was the cause of our accident. I have request Mr Chia the CC video for proof of the clear condition.

DECLARATION

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
01/03/2019	1905 hrs	Raffles Boulevard

INSURED/ POLICY HOLDER (VEHICLE A)	
Vehicle Registration Number	PC39817
Name of Policyholder	Chan Rui Services
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S2995878C
Address	1 Bukit Batok Crescent #05-44 (S) 658064
Contact Number	Tel: 65156356 Hp: 91319667
Occupation	Bus Service
VEHICLE PARTICULARS (VEHICLE A)	
Vehicle Make / Model	Isuzu LT434P
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, <input checked="" type="radio"/> Bus M/cycle, Others: _____
Exact Purpose for which vehicle was being used at the time of accident.	Work
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: _____
Vehicle category	<input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
INSURANCE COMPANY (VEHICLE A)	
Name of Insurance Company	AXA ins
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input checked="" type="radio"/> Yes <input type="radio"/> No
Policy Number	CB1/6A381284
DRIVER	
Name of Driver	Muhammad Bin Mohamed Ali
NRIC/ FIN/ Passport	S6813326B
Date of Birth	7/5/1968
Occupation	Bus driver
Driving Pass Date	5/2/2015
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: _____ Hp: 91319667
Address	BK 622B Chua Kang Crescent #02-26 (S) 622692
Email Address	service@5033E.com
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If No, relationship of Driver with the Insured	_____
Vehicle Number of Driver's Own Vehicle (if applicable)	_____
Insurance of Driver's Own Vehicle (if applicable)	_____
GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (E.g. Chain Collision/ Head-On, etc)	Head to rear
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	Front portion
OTHER INFORMATION	
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 checked="" type="radio"/> No <input type="radio"/> Yes
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes Pending
DETAILS OF POLICE ACTION	
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?	_____

Accident Sketch Plan

OWN VEHICLE REGISTRATION NUMBER

PC3981T

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SKX 8986X

Vehicle Make/ Model/ Colour

Mazda

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

Damage Area

Rear portion

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

Declaration

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



[Signature]

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

[Signature]

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

Date & Time

Common Statement

SKETCH PLAN

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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.



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



redefining / insurance

AXA Insurance Pte Ltd
1900 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customer.care@axa.com.sg
www.axa.com.sg

date
06/08/2018

policy number
CB1 / GA381284

Certificate of Insurance

(Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 15B) - Commercial Vehicles (Third Party Risks and Compensation) Rules, 1960; Road Transport Act, 1987 (Malaysia); Commercial Vehicles (Third Party Risks) Rules, 1959 (Malaysia))

Policy details

Policyholder name	CHAN BUS SERVICES	Certificate number	GA381284 / 1
Cover	Comprehensive	NCD	0%
Engine number	64HK1663573	Chassis number	JALLT434PE7000090
Vehicle Registration number	PC3981T		
Period of Insurance	from 06/08/2018 to 05/08/2019 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Loan Company	SC CREDIT PTE LTD		

Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their order or with their 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.

Limitations as to use*

- (a) Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
- (b) Use only in the Republic of Singapore.

The Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed testing
- (b) Use whilst drawing a trailer except the towing (other than for reward) of any disabled mechanically propelled vehicle

* Limitations rendered inoperative by Section 11 of the Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 15B) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess

Section I	SGD1,500.00
Section II	SGD1,500.00
Windscreen	SGD500.00

An additional excess is applicable as follows:

Additional All Claims Excess of S\$2,000 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 26 years old and/or
- b) is 66 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

DRIVER IC & DRIVING LICENCE

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6813326B

Name: YUSMAN BIN MOHAMED ALI

Race: MALAY
Date of Birth: 07-05-1968 Sex: M
Country of Birth: SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S6813326B
Name: YUSMAN BIN MOHAMED ALI

Birth Date: 07 May 1968
Issue Date: 27 Feb 2012



000045161B

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S6813326B
Name: YUSMAN BIN MOHAMED ALI
Issue Date: 22/10/2013



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

0927006

0-01-1997

APL 81X 8828 CHIA CHU KANG CRESCENT #02-26 SINGAPORE 687882

NPIC No: S6813326B

DOB: 01/03/2015



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

EFFECTIVE DATE: 27 Feb 2012 to 27 Feb 2015

Class 3 Motor cars up to 3000 kg with not more than 17 passenger seats, excluding of taxicabs, motor and motor tricycles with a seating capacity of not more than 10 persons and delivery vans with not more than 2000 kg

S / No: 90000213730

Licence No: S6813326B

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	22/10/2013
04	BUS ATTENDANT	22/10/2013



HP 91319667

June

VEHICLE LOG CARD

Annex A

Transaction ref 20180806090324352978

The owner and vehicle particulars for Vehicle No. PC3981T as at 06 Aug 2018 are as follows:

1. Name	: CHAN BUS SERVICES
2. Identification No. Type	: Business
3. Identification No.	: 52995878C
4. Country/Region	: -
5. Vehicle No.	: PC3981T
6. Previous Vehicle No.	: -
7. Effective Date of Ownership	: 06 Aug 2018
8. Original Registration Date	: 28 Jul 2015
9. First Registration Date	: 28 Jul 2015
10. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
11. Vehicle Scheme	: Bus Carrying School Children
12. Attachment 1	: Air-Conditioned
13. Attachment 2	: -
14. Attachment 3	: -
15. Vehicle Make	: ISUZU
16. Vehicle Model	: LT434P 7.8 SMT
17. Year of Manufacture	: 2014
18. Primary Colour	: Multi-Colour
19. Secondary Colour	: -
20. Passenger Capacity	: 45
21. Chassis/Trailer Chassis No.	: JALLT434PE7000090 / -
22. Propellant	: Diesel
23. Engine No./Motor No.	: 6HK1663573 / -
24. Engine Capacity(cc)/Power Rating(kW)	: 7790 / -
25. Maximum Power Output(kW/bhp)	: - / -
26. Unladen Weight(kg)	: 10560

VEHICLE LOG CARD

Annex A

Transaction ref 20180806090324352978

The owner and vehicle particulars for Vehicle No. PC3981T as at 06 Aug 2018 are as follows:

27. Maximum Laden Weight(kg)	: 15200
28. Open Market Value	: \$95,544.00
29. PARF Eligibility	: No
30. PARF Eligibility Expiry Date	: -
31. Minimum PARF Benefit	: \$0.00
32. No. of Transfers	: 1
33. IU Label No.	: 2050098291
34. COE No.	: 2015080105000072N
35. COE Expiry Date	: 27 Jul 2025
36. COE Category	: C - Goods Vehicle & Bus
37. Quota Premium/Prevailing Quota Premium	: \$50,001.00 / -
38. Actual Quota Premium/PQP Paid	: \$50,001.00
39. Actual ARF Paid	: \$4,778.00
40. CO2 Emission(g/km)	: -
41. CO Emission(g/km)	: -
42. HC Emission(g/km)	: -
43. NOx Emission(g/km)	: -
44. PM Emission(mg/km)	: -
45. Actual CEVS/VES Rebate Utilised	: -
46. CEVS/VES Surcharge Paid	: -
47. Actual Green Vehicle Rebate Utilised	: -
48. Vehicle Lifespan Expiry Date	: 27 Jul 2035
49. Road Tax Amount	: -
50. Road Tax Start Date	: -
51. Road Tax End Date	: -
52. Remarks	: This is a public service vehicle.

AXA FORM

Form 1001 - 1001 - 1001

Date: 04/03/2019

To: Owner of Vehicle Number PC 3981 T

The following has been advised to you via your workshop, BH Auto Through the staff,

Please tick the applicable box if you had been advised on the content as seen below

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
 - ☐ You had been advised by the workshop on the liability and merits of the case accordingly
 - ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident
 - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas
 - ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts
 - ☐ The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period
 - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy
 - ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident
 - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor as any effect to your warranty prior to making this Own Damage claim

Others: Reporting only

Signature and Acknowledgement



X



[Signature]

Name and signature of policyholder or authorized driver

Consent and signature of workshop representative

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

