

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	13/03/2019 11:35
Date Of Accident	11/03/2019 14:00
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA9480T
Insured/Policyholder	
Name Of Registered Owner	M/S GUILLEMARD BUS SERVICE
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97920384
Alternative Phone No	OFFICE-90577868

Vehicle Particulars

Manufacturer	ISUZU
Model	LT134P-7.8 D (A)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMB1SN3027401800
Cover Note Number	

Driver

Name of Driver	LI ZHUANG
NRIC No	G6424639P
Date Of Birth	29/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	22/09/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90577868
Fax Number	
Contact Number	OTHERS-97920384
EEmail Address	NOEMAIL

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) 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?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH8029G
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

2. 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.
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3. 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) 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.

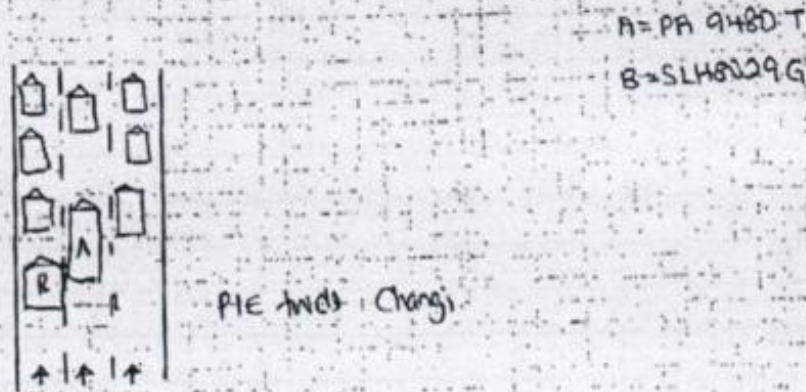
Policyholder's Signature
Date & Time:

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

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

基理時已士服務
GULLETT'S SERVICE

Accident Sketch Plan




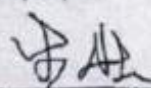
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

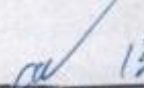
On 11/03/2019 @ 14:00hrs, I was driving my bus PA9480T along PIE Inds Changi while I was driving past a veh SLH8029G, my bus rear LH side panel brushed against the veh front RH rear view mirror cover as the said veh was positioned too near to the dotted line hence her veh front rear view mirror was protruding out.

DECLARATION

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

x 
Policyholder's Signature
Date & Time:


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

 13/03/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

基理瑪巴士服務
GUILLEMAUD BUS SERVICE

ID

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

Employer
DULLEMAND BUS SERVICE

Sector: **SERVICE**

Name
LI ZHUANG

Occupation
BUS DRIVER

Work Permit No.
0 73885892

Date of Application
22-06-2015

Date of Issue
24-06-2017

Date of Expiry
01-05-2019

L7961359

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6424639P**

Name
LI ZHUANG

Birth Date: **29 May 1971**

Issue Date: **08 Jul 2015**

Valid Till: **19/07/2020**

SG 50

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **G6424639P**

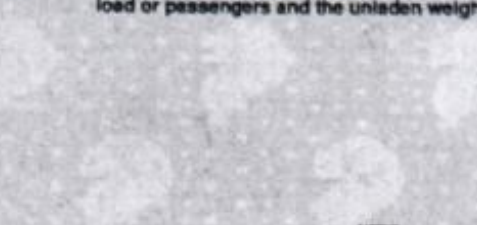

Name: **LI ZHUANG**

Issue Date: **30/7/2015**

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


HP: 9057 7868.

VISIT PASS			
Immigration Regulations			
Name LI ZHUANG			
	Date of Birth	Sex	Nationality
	29-05-1971	M	CHINESE
	FIN	Date of Issue	Date of Expiry
	06424830P	24-05-2017	01-05-2019
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
Class 3	Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg	20 Jul 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	22 Sep 2010
		
NP 428A		
		Licence No: 06424830P

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	30/07/2015



SETTLEMENT

Private Settlement Form

[Private settlement between parties involved in motor accidents]

When involved in a motor accident, you can choose to enter into a private settlement with the owner of the other car if there are no personal injuries and damages are minor. Under this private settlement, both parties agree to settle the matter amicably without suing each other. It is a legally binding agreement.

1. Details of the Accident:

Date: 11/3/19	Time: 1900
Location: Changi PIE and Changi	

2. Details of Vehicles

	Vehicle A	Vehicle B
Registration Number	PA948UT	SLH8029G
Name of Driver	Li Zhuang	Winnie Liew Mei San
NRIC Number	G 6424639P	S7419598J
Name of Owner	Guillemao Bus Service	Winnie Liew Mei San
NRIC Number	20973700W	S7419598J

3. There are no personal injuries to the undersigned parties.


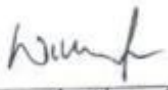
4. The parties hereby agree to settle the matter amicably as follows:

IMPORTANT: * circle a) or b) as applicable

a. Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.

b. Without any admission of liability, A (party paying compensation) has paid a sum of \$ 160.50 which B (owner receiving compensation) hereby acknowledges receipt thereof in full and final settlement of all damages and costs incurred and/or to be incurred as a result of the accident.

5. Both parties are free to make an accident report to comply with the accident reporting requirements.

	Vehicle A	Vehicle B
Signature		
Name	CHAN GUANLIANG	Winnie Liew Mei San
Home Tel:	97920384	82285620
Hand Phone		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0080
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66500206 / GST Reg. No.: M400017765

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNR 419033646 Vehicle Registration No: PA9480T
Name (as shown in NRIC) : Guillemaud Bus Service NRIC/FIN/Passport No : 289737006
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 52 Foulie Road Singapore (428496)
Contact (Tel) : - Mobile No.: 9792 0384
Email Address : -
Date of Accident : 11/03/19 Time of Accident: 14:00hrs
Place of Accident : PIE Add Changi
Insurance Company: China Taping Ins

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- to attach private settlement form

基理瑪巴士服務
GUILLEMAUD BUS SERVICE

Policyholder / Driver's Signature

Date: 13/03/19

13/3/2019
Reporting Centre Personnel's Signature

Name: Poh Lian

NRIC/FIN No.:

Date: