

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	25/03/2019 11:17
Date Of Accident	22/03/2019 11:55
Exact Location Of Accident	MCE TOWARDS ECP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PZ1340K
Insured/Policyholder	
Name Of Registered Owner	M/S A & K COACH SERVICES
Co Reg No	53158641C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84884547
Alternative Phone No	OFFICE-84884547

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	THIRD PARTY
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	DMB1SN1747971801
Cover Note Number	

Driver

Name of Driver	PARMESHAR SINGH CHAHAL S/O PRITAM SINGH
NRIC No	S8846138Z
Date Of Birth	22/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	19/07/2011
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84884547
Fax Number	
Contact Number	OTHERS-84884547
EEmail Address	NOEMAIL

Address	BLK 116 EDGEFIELD PLAINS #11-340
Postcode	820116
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	SJR6505H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD ELFIE BIN RAHMAT
NRIC/Passport Number	S8929987Z
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.

A & K COACH SERVICES
Blk 79B #36-27
Toa Payoh Central
X Singapore 312059
Tel: 6884 7480 Fax: 6884 7481
Policyholder's Signature
Date & Time:

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

25/08/2018
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No: *W03*

Accident Sketch Plan

SKETCH PLAN



A= P21340K
B= SJR 6505H

MCE twds ECP

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/03/2019 @ 11:55 hrs, I was driving my bus P21340K along MCE twds ECP when a veh SJR 6505H stalled suddenly in front of me & upon seeing I apply my brakes but could not brake in time & hit onto the said veh as a result.

Both the car driver & myself wrote an acknowledgment that the car SJR 6505H stalled suddenly & caused the accident.

DECLARATION

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

A & K COACH SERVICES

Blk 79B #36-27

Toa Payoh Central

Singapore 312059

Tel: 6884 7480 Fax: 6884 7481

X

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

Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.:

LETTER

Address

22/3/18

~~SSR~~ SSR 6505H & P21340K

Accident between the 2 vehicles

~~SSR~~ SSR 6505H suddenly broke down on MCE Tolls
Charger.

The Engine suddenly died off and stall in the middle
of the road.

P21340K could not stop in time and hit the
Back of SSR 6505H

There were no passenger and injury.

Mohamed Elie Ben Rant

50949872

Formesh Sigs

~~SSR~~

508461382

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO. : JAL L T134P77000299
U.W. : 10100 KG
M.L.W. : 15200 KG
TYRE SIZE : F.11R-22.5-14
: R.11R-22.5-14(D)
PASS. CAP. : 1 DRIVER ONLY
: 49 PASSENGERS

Driving License

IDENTITY CARD NO. S8846138Z



Name
PARMESHAR SINGH CHAHAL
S/O PRITAM SINGH

Race
SINGH

Date of Birth
22-11-1988

Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8846138Z

Name
PARMESHAR SINGH CHAHAL S/O
PRITAM SINGH


Birth Date: 22 Nov 1988

Valid Date: 22 Nov 2016



002631521C

Land Transport Authority



VOCATIONAL LICENCE

Licence No : S8846138Z

Name : PARMESHAR SINGH CHAHAL
S/O PRITAM SINGH

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

HP: 8488 4547.

Driving License


Licence No: 560561382


Date of Issue: 20-11-2009

Address:
APT DLX 116 EDGEFIELD PLAZA
#11-340
SINGAPORE 820116

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	28 Aug 2009
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	19 Jul 2011

NP 420A



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

Type	Description	Issue Date
03	BUS VL	26/12/2018
04	BUS ATTENDANT	26/12/2018



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048560
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: S663500200 / GST Reg. No: M400017733

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 : MIA49038536 Vehicle Registration No: P2 B40K
Name (as shown in NRIC) : PARMINDER SINGH CHATAL NRIC/FIN/Passport No : S88461382
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 84884547
Email Address : _____
Date of Accident : 22/03/2019 Time of Accident : 11:55
Place of Accident : MCKE TOWARDS FELP
Insurance Company : CHINA MARINE

(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:

DRIVER NAME : PARMINDER SINGH CHATAL

Policyholder / Driver's Signature
Date:

[Signature] 08/04/2019
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: