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

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
D	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

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

EMail 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

ambulance?

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

NO

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

NO

Details of Police Action

Was the accident reported to the police?

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)

Page 2 of 23

Accident Sketch Plan

SKETCH PLAN

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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 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:
 - 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:
 - 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: Driver's Signature

(if driver is not the policyholder)

Date & Time:

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Accident Sketch Plan

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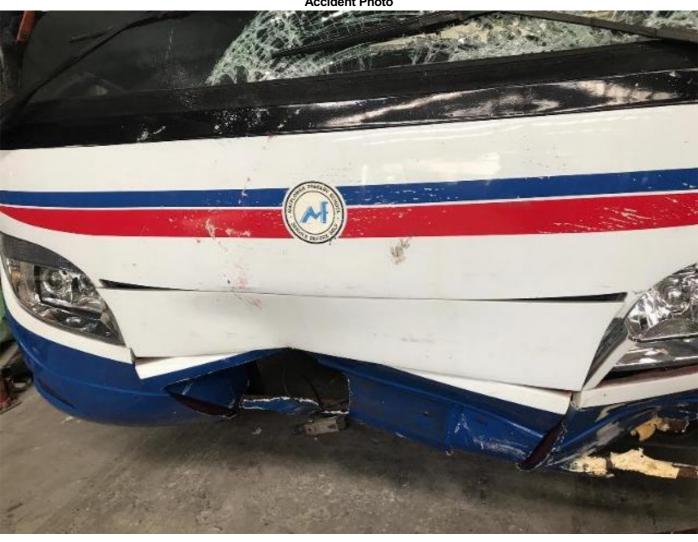




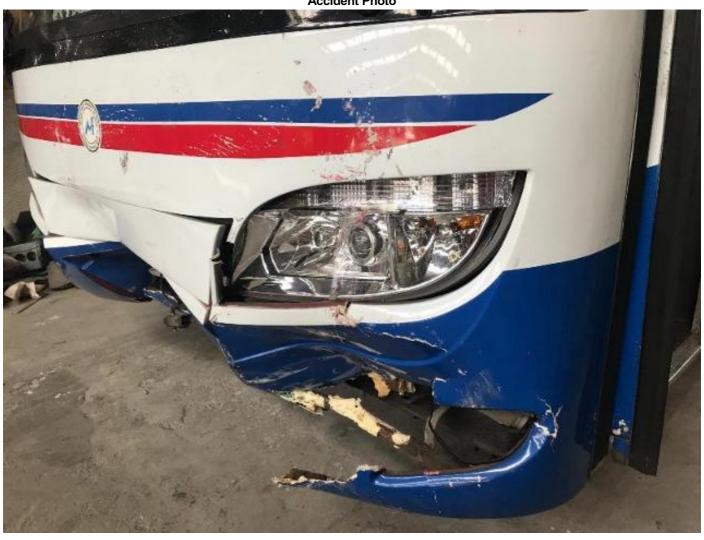


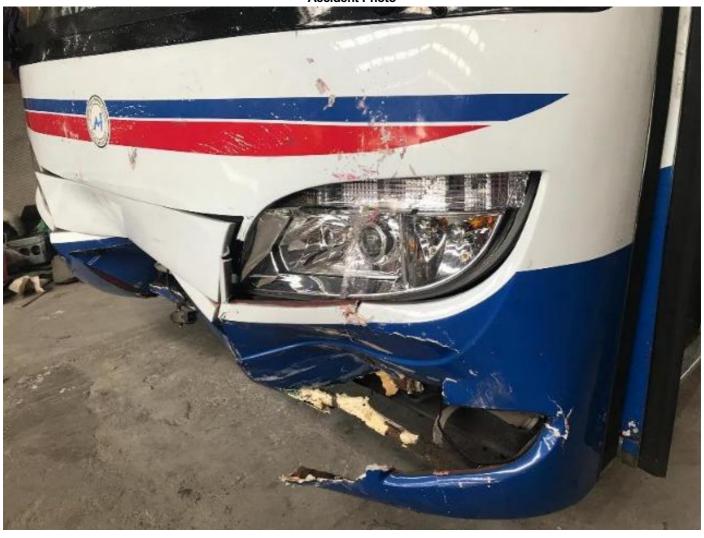




















Driving License



+1P: 8488 4547.

Driving License



20-11-2003

APT BLK 116 EDGEFIELD PLAGES #11-340 SINGAPORE 820116

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

Class 3

28 Aug 2009

Class 4

Motor cars with unladen weight =< 3000kg with == 7 passengers, exclusive of driver; and other motor weight =< 2500kg 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 > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 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



ASSESS CONTRACT OF

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay \$18-00 Singapore 048550
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 05:00 - 17:00
UEN: 3665500200 / GST Reg. New M400017733

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

	ADDENDUM .: 5
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : May 19038586 Vehicle Registration No: P2 1340K
	Name (as shown in NRIC): PARMEN HAR SINGH COPHAL STO PHON SKIND SASUBISE Z
	(*Vehicle Driver / Wehicle Owner) (*) Please delete as appropriate
	Address :Singapore(
	Contact (Tel) :Mobile No.: AVDERSY7
	Email Address :
	Date of Accident : 22/03/2019Time of Accident:
	Place of Accident : MCK TOWARDS FUP
	Insurance Company: CtINA MORPHY
	ADDITIONALINFORMATION AMENDMENTS: Thave made a report on the above mentioned accident and would like to include additional information or make the following amendments: DRURE NAME: PARMICHAE SWIFF CHAHAL
1	
	<u> </u>
	(m oxlox/2019)
	Policyholder / Driver's Signature Date: Name: NRIC/FIN No.: Policyholder / Driver's Signature NRIC/FIN No.: Policyholder / Driver's Signature NRIC/FIN No.: NRIC/FIN No.: