

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	23/04/2019 14:18
Date Of Accident	23/04/2019 09:30
Exact Location Of Accident	ANG MO KIO AVENUE 3 (ANG MO KIO HUB TAXI STAND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6406T
Insured/Policyholder	
Name Of Registered Owner	M/S KIM BUS CO PTE LTD
Co Reg No	201110478Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94517007
Alternative Phone No	OFFICE-92287718

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN3082871801
Cover Note Number	

Driver

Name of Driver	CHUA AH AI
NRIC No	S1184153H
Date Of Birth	02/11/1955
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1981
Driving Experience	37 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-94517007
Fax Number	
Contact Number	OTHERS-92287718
E-Mail Address	NOEMAIL

Address	BLK 203 YISHUN STREET 21 #05-251
Postcode	2776
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 - OPENING DOOR OF VEHICLE
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)	2

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	SHA9950Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIM KEIA JOO
NRIC/Passport Number	S1390787J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

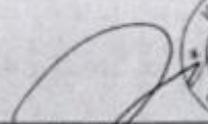
SKETCH PLAN

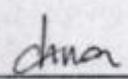
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

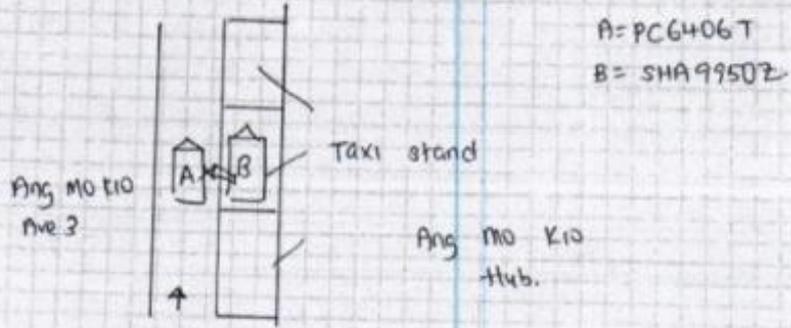

Policyholder's Signature
Date & Time:


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

 23/04/2019
Reporting Centre Personnel's Signature
Name: Rosli Wajah
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

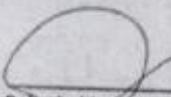


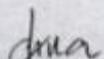
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

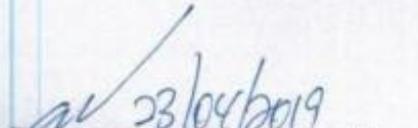
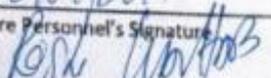
On 22/04/19 @ 09:30hrs, I was driving my bus PC6406T along Ang mo Kio Ave 3 travelling straight when a taxi SHA9950Z passenger open the taxi LH rear passenger door & brushed against my bus front in to rear in position while my bus was driving past.

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.:

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



Accident Photo



Accident Photo



Accident Photo



Identification Card



0455465
S1390787J
26-08-1992
APT BLK 21 HOUGANG AVENUE 3 #05-247
SINGAPORE 530021
NRIC No: S1390787J Date: 08/07/2010 (R) No: 6522754

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



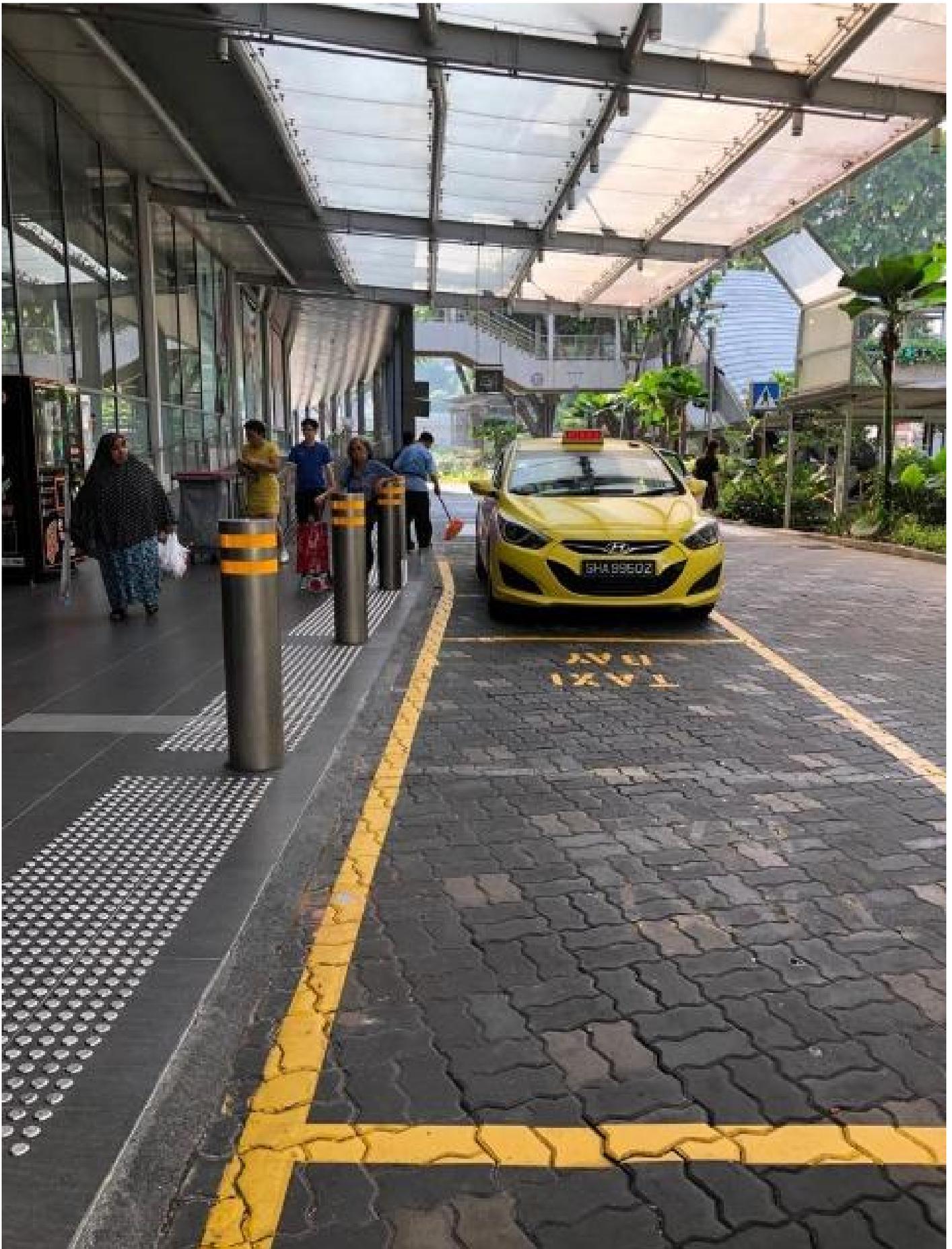
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1184153H



NAME
CHUA AH AI

RACE
CHINESE

Date of Birth
02-11-1956

Sex
F

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S1184153H

NAME
CHUA AH AI

Valid From: 02 Nov 1999

Valid Until: 23 Jun 2009



Land Transport Authority



VOCATIONAL LICENCE

Licence No : S1184153H

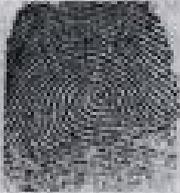
Name : CHUA AH AI

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

92287718

Driving License


LICENCE NO: **S11B4153H**

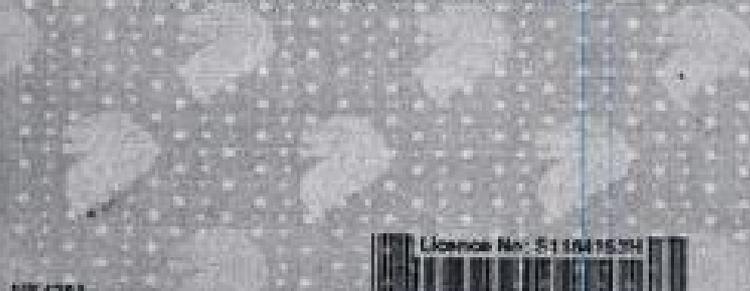


Blood Group: **A+** Date of Issue: **31-08-1994**

Address:
**APT BLK 203 YISHUN STREET 21
#05-251
SINGAPORE 7776**

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

Class	Description	Issue Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	23 Jul 1991

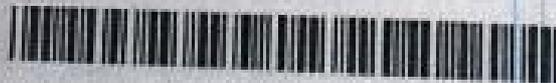


Licence No: **S11B4153H**

HP 428A

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	14/12/2018
04	BUS ATTENDANT	14/12/2018



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
VEN: 368500200 / GST Reg. No: M40017733

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 : MUA419052502 Vehicle Registration No: PCL6406T

Name (as shown in NRIC) : CHIA AH AI NRIC/FIN/Passport No : S10415314

(* Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)

Address : Singapore ()

Contact (Tel) : Mobile No.: 92287718

Email Address :

Date of Accident : 23/04/2019 Time of Accident : 09:30

Place of Accident : ANG MO KIO AVENUE 3 (ANG MO KIO TUB TAXI STATION)

Insurance Company : CHINA AIRPAC

(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:

Policy number to BMB1SV3082071801

Multiple horizontal lines for additional information or amendments.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Wadhwa
NRIC/FIN No.:
Date:

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
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Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rishi Wadhwa
NRIC/FIN No.:
Date: