#### 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	29/04/2019 15:11
Date Of Accident	29/04/2019 08:30
Exact Location Of Accident	PIE SLIP RD TWDS LORNIE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC3305X
Insured/Policyholder	
Name Of Registered Owner	KAL T & T SERVICES
Co Reg No	53005838C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96936680
Alternative Phone No	OFFICE-67767371
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (A)
Exact Purpose for which vehicle was being used at time of accident	WORK 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	P0986612
Cover Note Number	

#### Driver

Name of Driver TAN GAI KIANG
NRIC No S1375050E
Date Of Birth 23/12/1959
Occupation OUTDOOR
Date Of Driving Pass 14/02/1996

Driving Experience 23 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98431376

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 535 HOUGANG ST 52 #02-02

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 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?

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

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)

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** 

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

SJV5042L

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)

### Sketch Plan Pg. 1

#### SKETCH PLAN

#### 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 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 cupies of this report will for a fee be made available upon application by interested parties.
- 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)

Lyngerstand, acknowledge, agree and consent that.

- 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;
  - (b) investigating the accident and/or my claims:

A3

- (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, invokes, 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
  - b) 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 Dato & Time: Onvet \$5 enature

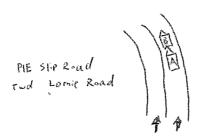
(If driver is not the policyfixider)
pare & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.

### Sketch Plan Pg. 2

SKETCH PLAN



A - PC 5305X B- 55 V 5042 L

SCRIBE CIRCUMSTANCES OF THE ACCIDENT	
On 29/04/2019 @ 08:30 hrs . I was driving my bus Pc3305X	
along PIE Slip Read Tod Lornie Road when a car SJV5042L	
sudden brake intrent at me and I could not stop in	
time and hit on to the said veh	
Claim own policy	32000
☐ Claim third party ☐ Claim OD / TP at other workshop	
For record purpose only Policy No P0986612	
Policy No P098 6612 Insurer AXA (C) Ven No PC 3305X	
A SATING	<u> </u>
I/We declare the foregoin country of true in every respect.	
(o) Is graph Janu	
Pointerholder's Signature, Derver's Signature Reporting Centre Personnel's Signature	
Pointyhonder's Digitation of the policyholder	

## Acknowledge Letter Pg. 1

C	ate:	29/04/2019
T	0 C	wner of Vehicle Number. <u>PC3305 X</u>
		ollowing has been advised to you via your workshop, through
ρ	ease	etick the applicable box if you had been advice on the content as seen below:
, 2006.	<b>/</b>	You had been advised by the workshop that in the case that you wish to claim against your own pathere is a Fourteen (14) days clause whereby the claim must be made within the stipulated timel from the day of occurrence.
ĺ	)	You had been advised by the workshop on the Rability 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 making due to this accident.
Ý	3	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there 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 have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses related charges incurred directly &/or indirectly to the procurement of the spare parts.
{	And And	The estimated waiting time for the spare parts to arrive is estimated arrival time does not include the repair period.
442//	j	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that vehicle may not be road worthy.
ď.	)	For vehicles below Three (3) years old, your Insurance Company will use only genuine onginal par repair your vehicle.
		For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
ŧ.	14.0	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> re on workmanship related to the accident.
\$	lines.	For vehicles that are under warranty with a local distributor, you have been advised by the work to sheck with your local distributor on any effect to your warranty prior to making this Own Dan claim.
, pline,	4	Others
Sig	ned	and acknowledge by.

Name and signature of workshop personnel including company stamp

#### **AXA INSURANCE PTE LTD**

S Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #81-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



Original

Agent Code: 03681

Policy No.(if any): P0986612

Extension for Road Tax (For Fleet)

SmartDrive Quote Ref:

### **MOTOR COVER NOTE**

No. CN006409

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated
   22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

#### **SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	KAL T & T SERVICES
INSURED BUSINESS REGISTRATION NO.	53005838C
MAKE AND DESCRIPTION OF VEHICLE	MITSUBISHI ROSA BUS BE641JRMDEB
VEHICLE REGISTRATION NO.	PC3305X
YEAR OF MANUFACTURE	2014
ENGINE NO.	4P10B26432
CHASSIS NO.	BE641JJ10131
SEATING CAPACITY	24PAX
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>01/08/2018</b> TO: <b>31/07/2020</b>
EXCESS (Ss)	SECT I & II: 1500; W/S: 500
AXA PREMIUM WORKSHOP?	YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

Issued by SC AUTO INDUSTRIES (S) PTE LTD John 25/07/2018 11:40 am

AXA INSURANCE PTE LTD

Authorised Signature

**Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST),
  if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

#### PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid. For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

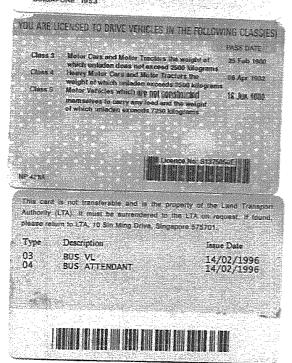
MTR/C/NOTE/VOL/03



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APT BLK 535 HOUGANG STREET 52 402-02 SINGAPORE 1953



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#### IC,DL,CI,LogCard Pg. 4



**Enquire Vehicle Registration Details** 

**Owner Particulars** 

NRIC/Passport

/Company Cert

53005838C

No.:

Owner ID Type:

**Business** 

Owner Name:

KALT&T SERVICES

Registered

Address:

11 DAIRY FARM HEIGHTS #02-26 THE SKYWOODS SINGAPORE 677661

Mailing Address:

Birth Date:

Vehicle Particulars

Vehicle No.:

PC3305X

Previous Vehicle

No.:

Effective Date of

Ownership:

22 Dec 2014

Original Regn Date: 22 Dec 2014

Registration Date:

22 Dec 2014

Year of

Manufacture:

2014

Vehicle Type:

Private Hire (Chauffeur) Bus/Coach/Minibus

Vehicle Scheme:

Bus Carrying School Children

Vehicle

Attachment 1:

Vehicle

Attachment 2:

Vehicle

Attachment 3:

Vehicle Make:

**MITSUBISHI** 

Air-Conditioned

Vehicle Model:

**ROSA BUS BE641JRMDEB** 

Primary Colour:

White

Secondary Colour:

Passenger

Capacity:

24

Chassis No.:

BE641JJ10131

Engine No.:

4P10B26432

**Engine Capacity** 

/Power Rating:

2998 cc/-

Maximum Power

Output:

Propellant:

Diesel

#### IC,DL,CI,LogCard Pg. 5

Max Unladen 4040 kg Weight: Maximum Laden 6040 kg Weight: Open Market \$63,398.00 Value: PARF Eligibility: No PARF Eligibility Expiry Date: Minimum PARF Benefit: No. of Transfers: 0 IU Label No.: 1550271761 COE No.: 2014122205000489D COE Expiry Date: 21 Dec 2024 COE Category: C - Goods Vehicle & Bus COE Registration C - Goods Vehicle & Bus Category: Quota Premium (QP) / Prevailing -/\$57,814.00 Quota Premium: PQP Paid: \$50,774.00 QP (Regn Cat): **OPC Cash Rebate** No Eligibility: QP during COE Bidding Exercise: \$0.00 Additional Registration Fee 5.00 % Rate: \$3,170.00 Actual ARF Paid: Vehicle Lifespan 21 Dec 2034 Expiry Date: CO2 Emission: CO Emission: HC Emission: NOx Emission: PM Emission: The vehicle is registered under Early Turnover Scheme. This is a public service

Message:

vehicle.

# LETTER OF AUTHORIZATION

Dear Sir/Madam,

I/We, KAL T x T Services	(policyholder),
	(vehicle no.)
hereby authorize Tan Gai Kiang	(driver),
S 13 7 50 50 E (NRIC/FIN) to submit a motor insurance	e report occurred
along PIE She rd Ands Tomie (location) on 29	<u>04 19</u> (date),
	(vehicle no/s)
Thank you.	
Sincerely.	
WAL AC	
Signature (co. chop if applicable)	
Name: KWEK HAN CONS	
Tel: 67767371	

















