Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 21/05/2019 11:50

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 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.

ACCIDENT STATEMENT	
Date Of Report	21/05/2019 11:22
Date Of Accident	28/04/2019 00:00
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PA8365A
Insured/Policyholder	
Name Of Registered Owner	CHUAN'S TRANSPORT SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98577780
Alternative Phone No	OFFICE-98577780
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 COMMUTER GL (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	DMB1SN3001491901
Cover Note Number	
Driver	
Name of Driver	TAN KOK CHUAN (CHEN GUOCHUAN)
NRIC No	S7340428B
Date Of Birth	12/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98577780
Fax Number	
Contact Number	OTHERS-98577780
EMail Address	NOEMAIL

Address	BLK 24 TANGLIN HALT ROAD #03-18
Postcode	140024
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	SHC5600A
Vehicle Make/Model/Colour	RENAULT LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW CHEE SIANG
NRIC/Passport Number	S7712388A
Contact Number	98483821
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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**.
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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.

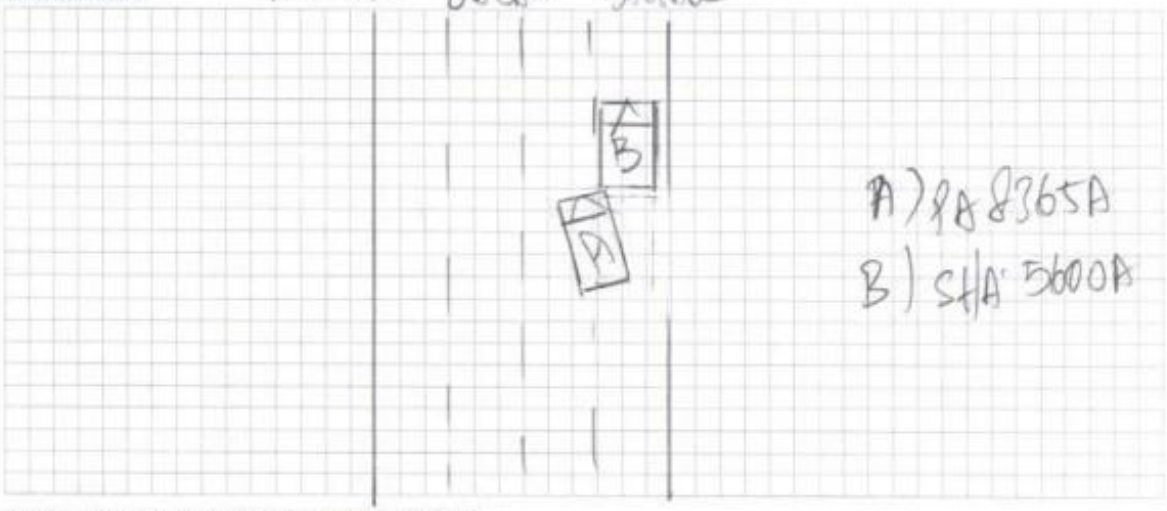
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN A Long Jalan Besar



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28/04/2015 AT ABOUT 00:00 HRS I WAS AT JLN BESAR GOING TOWARDS CITY AT THE TIME OF TIME I FELT A LITTLE BIT SLEEPY & I JUST CLOSE & OPEN MY EYES & SAW A TAXI WAS JUST INFRONT OF ME, I TRY TO SWERVE A LITTLE BIT TO THE LEFT MY ONE VAN FRONT RIGHT BRUSH AGAINST THE TAXI REAR LEFT BUMPER THAT ALL.

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.:

LETTER

A P Law Practice
(UEN No. 53380739E)

50 Chin Swee Road
#07-01 Thong Chai Building
Singapore 169874

T: +65 6955 8899
F: +65 6900 9899
E: enquiry@aplp.com.sg

We do not accept service of Court documents by fax

Our ref: AP/2019/001124

Date: 9 May 2019

CHUAN'S TRANSPORT SERVICES
Blk 24Tanglin Halt Road
#03-18
Singapore 140024

By Certificate of Posting

Dear Sir,

PERSONAL INJURY CLAIM ARISING FROM A ROAD TRAFFIC ACCIDENT ON 15 FEBRUARY 2019 AT ABOUT 16:30HRS HOURS INVOLVING SHC5600A & PA8365A ALONG JALAN BESAR TOWARDS BENCOOLEN STREET

We refer to the above matter.

We act for **LOW CHEE SIANG** the Driver of **SHC5600A** at the material time.

We understand that you are the owners of motor vehicle **PA8365A**.

In the above-mentioned accident, your servant and/or agent had negligently driven your motor vehicle and allowed it to collide into our client's vehicle. A copy of the Police Report is enclosed.

We note that your servant and/or agent had not file any report in respect of the above-mentioned accident.

If you fail to do so, your said insurers may exercise their rights not to cover you against our client's claim. In such event, our client will have to look towards you for his claim and if you are found liable, you will have to pay our client's damages out of your own pocket.

In the meantime, please let us have the Name, Identity Card Number and Address of your rider who was riding your motor vehicle on 28 April 2019 at about 12:00 hours.

Yours faithfully,

Charles Hoon
encl.

91714767

Accident Photo

Accident Photo

Accident Photo

Accident Photo

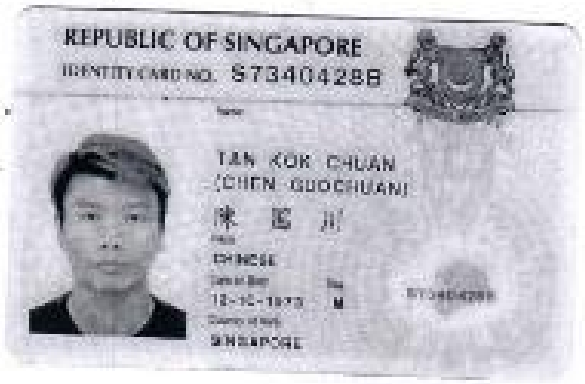
Driving License

Accident Photo

Accident Photo

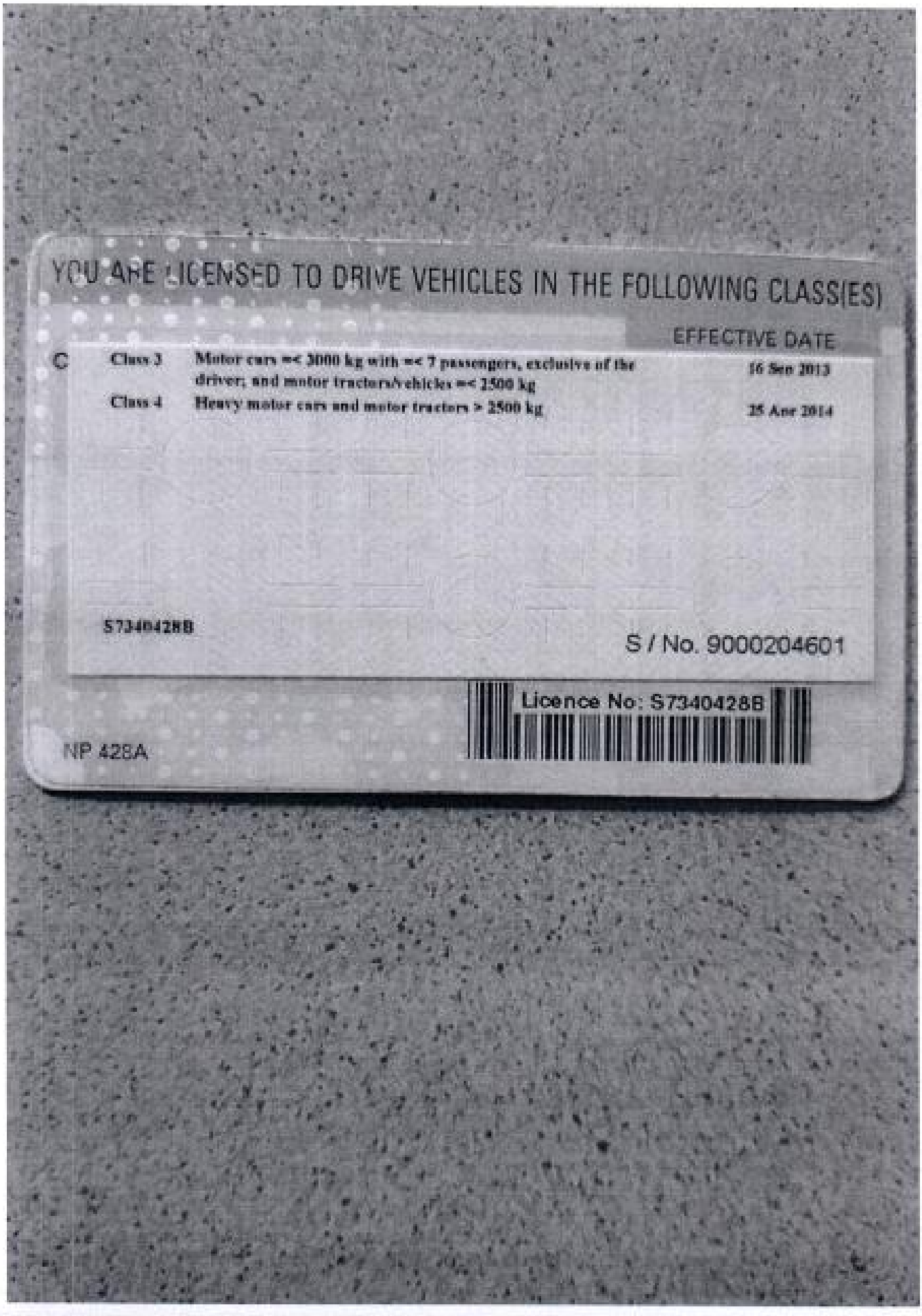
Driving License

Identification Card

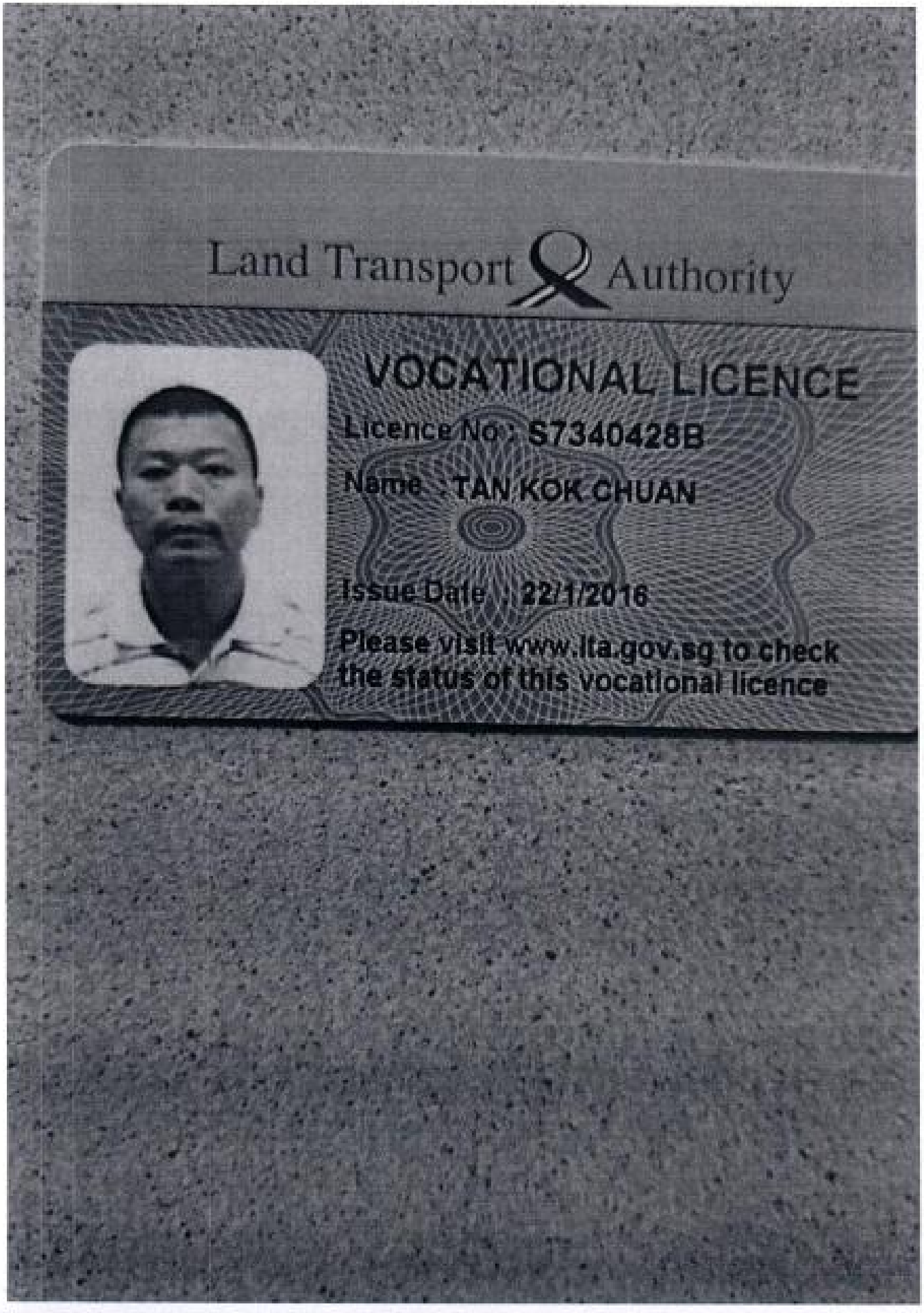


Driving License

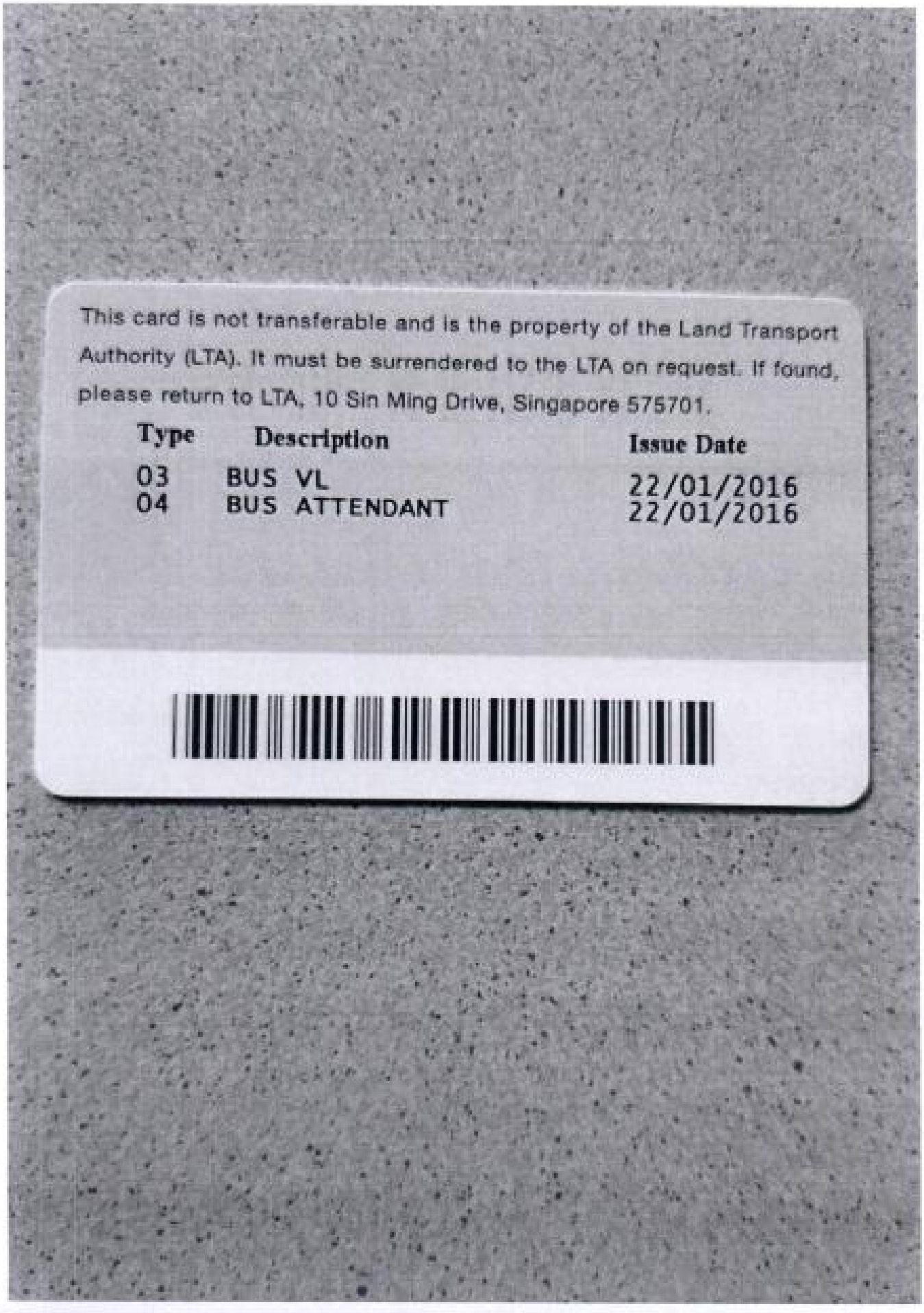
Driving License



Driving License



Driving License



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	22/01/2016
04	BUS ATTENDANT	22/01/2016