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.

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	ACCIDENT STATEMENT
Date Of Report	25/05/2019 10:25
Date Of Accident	24/05/2019 17:45
Exact Location Of Accident	ALONG TUAS ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6185E
Insured/Policyholder	
Name Of Registered Owner	HONG YUN BUS SERVICES PTE LTD
Co Reg No	201433457Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98315851
Alternative Phone No	OFFICE-92721006
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6772J18-3.8 D (M)
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	DMB1SN1749731801
Cover Note Number	
Driver	
Name of Driver	CHENG HUICUN
December 11 - /EIN	000075577

Name of Driver

CHENG HUICUN

Passport No/FIN

G8267557X

Date Of Birth

16/11/1974

Occupation

OUTDOOR

Date Of Driving Pass

14/05/2008

Driving Experience 11 YEARS AND 0 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-98315851

Fax Number

Contact Number OTHERS-92721006

EMail Address NOEMAIL

Address

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

NO

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 5

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN5407H

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

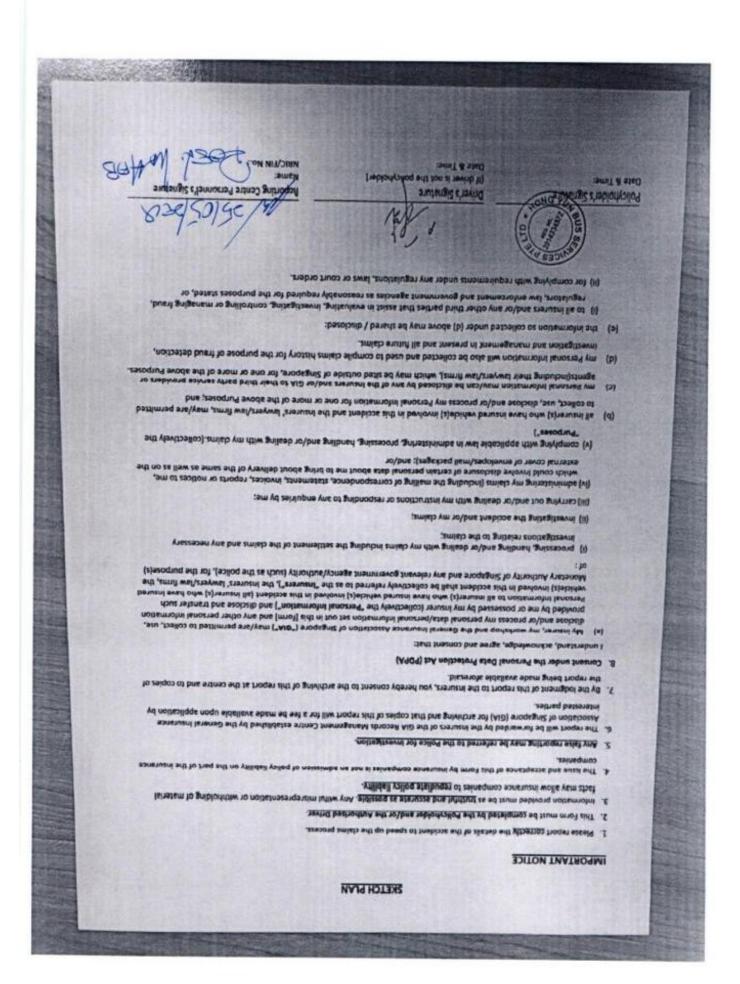
Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

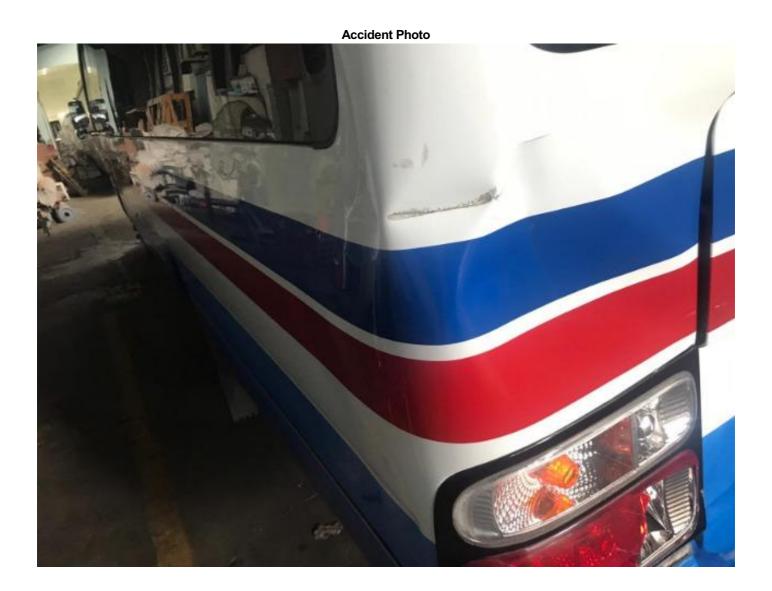
No. Of Passenger (Including Driver)

Accident Sketch Plan



Accident Sketch Plan

On 24105119	MSTANCES OF THE ACCIDENT (A) 17: 45/40, My bus PC of	195E NOS STORTORAY LANGE	Т
DECLARATION I/Ww declare the forego Folloyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel' Name: NRIC/FIN No.:	a Signature











Accident Photo



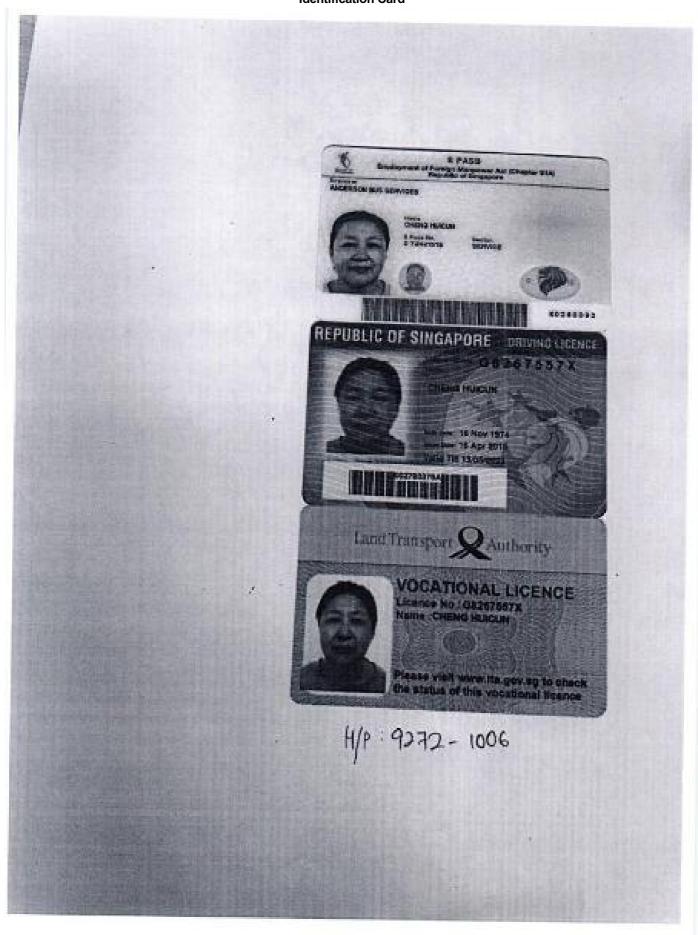






Accident Photo





Driving License

