Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/08/2019 09:51

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	08/04/2019 14:33
Date Of Accident	29/03/2019 13:35
Exact Location Of Accident	CARPARK BLK 469 ANG MO KIO AVE 10
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB7735X
Insured/Policyholder	
Name Of Registered Owner	BUS TECH PTE. LTD.
Co Reg No	201701862Z
Email Address	ROGERSHIN@BUSTECH.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91009186
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DBISN3021931900
Cover Note Number	
Driver	
Name of Driver	SHIN KIM HOCK
NRIC No	S0017206E
Date Of Birth	13/03/1953
Occupation	OUTDOOR
Date Of Driving Pass	25/01/2000
Driving Experience	19 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91009180
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 607 SENJA ROAD #22-12
Postcode	670607
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	
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	SLM2676B
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

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.

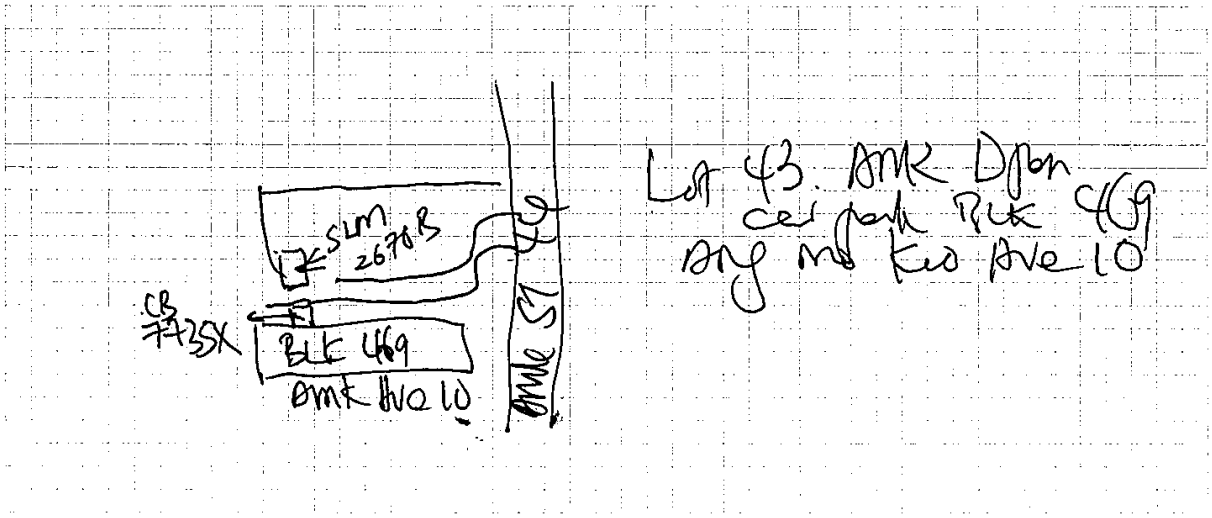
Bus Tech Pte. Ltd.
22 Sin Ming Lane #06-76 Midview City
Singapore 573969
UEN: 201701862Z

Policyholder's Signature
Date & Time: -8 APR 2019 14:33hrs

Driver's Signature
(If driver is not the policyholder)
Date & Time: -8 APR 2019 14:33hrs

Reporting Centre Personnel's Signature
Name: Lee Choo
NRIC/FIN No.: S0840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/3/19, I parked my ~~Bus~~ - CB7735X
at 1335 - 1338, I reversed from the carpark lot
and without noticing, go hit the front of
~~SBTA~~ SLM 2676B.

The weather is fine at that time

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Bus Tech Pte. Ltd.
22 Sin Ming Lane #06-76 Midview City
Singapore 573969
UEN: 201701862Z

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: - 8 APR 2019	(If driver is not the policyholder)	Name: Poh K... Choo
	Date & Time: - 8 APR 2019	NRIC/FIN No: S66...3A

GIARMC SketchPlanForm_v2

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0017206E

Name
SHIN KIM HOCK
沈 金 福
Race
CHINESE
Date of birth
13-03-1953
Sex
M
Country of birth
SINGAPORE
S0017206E

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0017206E
Name:
SHIN KIM HOCK
Birth Date: 13 Mar 1953
Issue Date: 02 Nov 2015
0024884521
SG 50

Land Transport Authority

VOCATIONAL LICENCE
Licence No : S0017206E
Name : SHIN KIM HOCK
Issue Date : 13/2/2014
Please visit www.lta.gov.sg to check the status of this vocational licence

4770898

NRIC No. S0017206E

Date of issue
14-09-2011
Address
APT BLK 607 SENJA ROAD
#22-12
SINGAPORE 670607

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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Feb 1976
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	25 Jan 2000

Licence No:S0017206E
NP 428A

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	07/06/1999
04	BUS ATTENDANT	07/06/1999

Accident Photo

Accident Photo

Accident Photo

CHASSIS NUMBER

SCENE PHOTOS

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

SCENE PHOTO

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
UEN: S66SS0026G / GST Reg. No.: M400017735

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 : MLHM1904544 9. Vehicle Registration No: CB7735X

Name(as shown in NRIC) : BUS TECH PTE. LTD. NRIC/FIN/Passport No : 201701862 2

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

Address : c/o BIK 607 Senja Road #22-12 Singapore(67067

Contact (Tel) : Mobile No. : 91009186

Email Address : rogershin@bustech.sg

Date of Accident : 29/03/2019 Time of Accident : 13:35hrs.

Place of Accident : CARPARK BLK 469 ANG MO KIO AVE 10

Insurance Company : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(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:

"THE DATE OF ACCIDENT SHOULD BE 29/03/2019. THAT'S ALL ! "

BUS TECH PTE. LTD.
Reg No : 201701862Z
SHIN FIM HERB
Authorised Signatory

Policyholder / Driver's Signature

Date: 29/8/19

LIM HUAT (MENG KEE)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: 28 AUG 2019