

## 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	26/07/2019 11:42
Date Of Accident	25/07/2019 13:50
Exact Location Of Accident	ALONG ORCHARD ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6429C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-93854206
Alternative Phone No	OFFICE-81614216

### Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT-7.8 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	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	DMB1SN1825931800
Cover Note Number	

### Driver

Name of Driver	XI ZHIGANG
Passport No/FIN	G8230848U
Date Of Birth	07/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	15/07/2008
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854206
Fax Number	
Contact Number	OTHERS-81614216
Email Address	BC@LONGLIM.COM

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	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)	25

#### 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	SFU7737E
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

### SKETCH PLAN

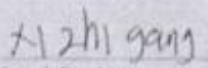
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8. Consent under the Personal Data Protection Act (PDPA)

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:

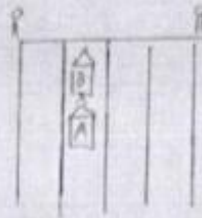
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

## Sketch Plan #2

### SKETCH PLAN

Orchard Rd



A - PC 6429 G  
B - SFU 7737 E

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/07/2019 @ 13:50 hrs, I was driving my bus PC 6429 G along Orchard Rd. I stop my bus while waiting for traffic light but I did not step my brake fully causing my bus to move follow and hit onto a car SFU 7737 E in front of me.

### DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature  
Date & Time:

XI ZHI GANG.

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

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

26/07/2019  
Rishi Kumar

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





# Identification Card

**S PASS**  
Employment of Foreign Manpower Act (28w/2016) (1A)  
Republic of Singapore

Employer:  
**LONGMATE LTD**

Service: **SEVICE**

Name: **W ZHIGANG**  
Occupation: **BUS CAPTAIN**

Pass No: **W12073266**

Valid From: **03-03-2015**  
Valid Until: **02-09-2017**  
Date of Issue: **12-09-2015**  
Date of Expiry: **02-09-2016**

**For LKK/NAC Use Only**

**LE208432**

**VISIT PASS**  
Immigration Regulations

Name: **W ZHIGANG**

**For LKK/NAC Use Only**

Photo of Person: 

Date of Birth: **07-01-1980** Sex: **M** Ethnicity: **CHINESE**

Date of Issue: **12-09-2015** Date of Expiry: **02-09-2016**

MULTIPLE JOURNEY PASS ISSUED

NOTE: TO ENTER/RE-ENTER THIS COUNTRY, THIS CARD MUST BE IN FORCE AND THE PASS MUST BE USED IN CONJUNCTION WITH AN AIRPORT IMMIGRATION PASSPORT.

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G8230848U**

Name: **W ZHIGANG**

**For LKK/NAC Use Only**

Birth Date: **07 Jan 1980**  
Valid From: **18 Apr 2013**  
Valid Till: **27 Apr 2018**

**060172236**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CATEGORIES**

**CLASS 3** Motor Cycles: Driving with or without passengers, exclusive of the driver, and other motor vehicles, i.e. Scooter

**CLASS 4** Motor vehicles which are constructed to carry load or passengers, and the unladen weight > 3500kg

**CLASS 5** Motor vehicles which are not constructed to carry load and the unladen weight < 3500kg

**For LKK/NAC Use Only**

License No: **G8230848U**

06-0204

HP : 81614216

**Land Transport Authority**

**VOCATIONAL LICENCE**

License No: **G8230848U**

Name: **W ZHIGANG**

**For LKK/NAC Use Only**

Card Issue Date: **11/10/2017**

Please visit [www.lta.gov.sg](http://www.lta.gov.sg) to check the status of this vocational licence

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 lost, please return to LTA, 10 Sin Ming Drive, Singapore 570731.

Type	Description	Issue Date
01	BUS, VL	11/10/2017

**For LKK/NAC Use Only**