

## 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	25/07/2019 14:55
Date Of Accident	24/07/2019 17:45
Exact Location Of Accident	ALONG KJE TOWARDS BKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4171H
<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-81615527

### 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	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	DMB1SN1745431802
Cover Note Number	

### Driver

Name of Driver	ZHENG RUIFENG
Passport No/FIN	G2796811U
Date Of Birth	05/10/1984
Occupation	OUTDOOR
Date Of Driving Pass	07/07/2016
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854206
Fax Number	
Contact Number	OTHERS-81615527
EEmail 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 CHAIN COLLISION  
 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 4  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name SENGKANG NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address **ROAD:** 2 SENGKANG SQUARE #01-02 SINGAPORE , **POSTCODE:** 545025 , **COUNTRY:** SINGAPORE  
 Police Station Contact **TEL NO:** 1800 - 3438999 - **FAX NO:**  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190724/2230

### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Was there any audio recorded? NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number PA4943H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category BUS  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YP2070D  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number GBF674A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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 copies of this report will for a fee be made available upon application by interested parties.
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:

郭瑞峰

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

25/07/2019  
Kee Koo Lim



POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190724/2230

1 of 3

Report No. T/20190724/2230

Police Station Of Origin:  
Sengkang N.P.C.  
2 Sengkang Square #01-02 SINGAPORE  
545025

Tel No: 1800-343 8999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 24/07/2019 23:44	Vide Report No.: J/20190724/0104	Station Diary No.: 187
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**Informant's Particulars**

Name of Informant: ZHENG RUIFENG		Address: APT BLK 223B COMPASSVALE WALK #09-639 COMPASSVALE VISTA SINGAPORE 542223	
ID Type / ID No. FIN NO / G2796811U		Contact No.:	
Nationality: CHINESE		Home/Office:	Mobile: 81615527
Sex: Male	Age: 34	Date of Birth: 05/10/1984	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Driver		Driving Licence Information: Class: _____ Date of Expiry: _____	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police:	Drink Drive: No	Date/Time of Accident: 24/07/2019 17:45	Type of Location: Expressway
Location: Along Road 1 KRANJI EXPRESSWAY Along KJE towards BKE before Choa Chu Kang Way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Chain Collision			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBF674A	Lorry					0
PA4943H	Bus/Coach/Mi nibus					0
PC4171H	Bus/Coach/Mi nibus					0
YP2070D	Lorry					0

POLICE REPORT



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No. 1800-343 8999



T/20190724/2230

2 of 3

Report No. T/20190724/2230

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ZHENG RUIFENG	ID No	G2796811U
Related Vehicle	NIL	Contact No	81615527
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 24/07/2019 at about 1745hrs, I was driving my bus ( PC4171H) along KJE and heading towards BKE. The traffic was moderate and the road surface was dry, I was driving alone at that point of time.

As I was still driving straight, all of a sudden, there was a lorry ( YP2070D) who was driving in front of me suddenly jammed brake. As such, I had to apply my emergency brake as well and managed to stop in time to prevent any collision.

After coming to a complete stop for about 3 to 4 seconds, I heard a loud bang coming from the rear and realized one bus (PA4943H) had collided onto the rear of my bus. I alighted from the bus and realized it was a chain collision involving four vehicle. My bus was the 3rd vehicle and the 1st vehicle was one lorry ( GBF674A)

Ambulance and traffic police came to scene reference J/20190724/0104. I am not injured and no government property damaged. I had an in car camera inside my bus and the accident was captured.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190724/2230

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

3 of 3

Report No: T/20190724/2230

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:  
F /  
Staff Sgt CHEE SI WEI, FELIX

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
24/07/2019 23:44

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt CHONG GUAN FATT  
Contact No.: 65476083

Classification Of Case:

Authentication Stamp

NP168

POLICE REPORT

Officer- In -Charge  
Investigation Section  
Traffic Police Department  
10 Ubi Avenue 3  
Singapore 408865

Name: Zheng RuiFeng  
NRIC: G27968111  
Add: B/223B Compassvale Walk  
#09-639 Singapore 542223  
Tel: -  
Pg/Hp: 81615527

Dear Sir

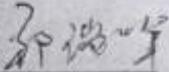
ACCIDENT INVOLVING GBF674A, PA4943H, PC4171H AND YP2070D ALONG  
Along KJE towards BKE before Chao Chu Kang Way ON 24/07/2019 AT  
0545 AM / PM

With reference to the above, I have on 24/07/2019 (date) at 2344hrs (time) make  
a police report at Sengkang Neighbourhood Police Post (Name of police station / NPP)  
in NP 168 / T/20190724/2230.

2 On 25/07/2019 (date), at 1017hrs (time), at Sengkang Neighbourhood Police  
Centre (Name of Police Station/NPP), I make the following amendments to the above  
report.

- a. After Coming to a complete stop for about 3 to 4 seconds. A Bus registration plate  
PA4943H collided onto the rear of my bus registration plate PC4171H causing  
my bus to move forward and hit on the vehicle in front of me. I alighted from the  
bus and realized that the lorry has hit on to another lorry registration plate  
GBF674A. (Please note is amend for paragraph 3)

Yours faithfully



Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: SGT Edmund Ong	Station Diary No. 09 dated on 25/07/2019 at 1021hrs.
Signature: 	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



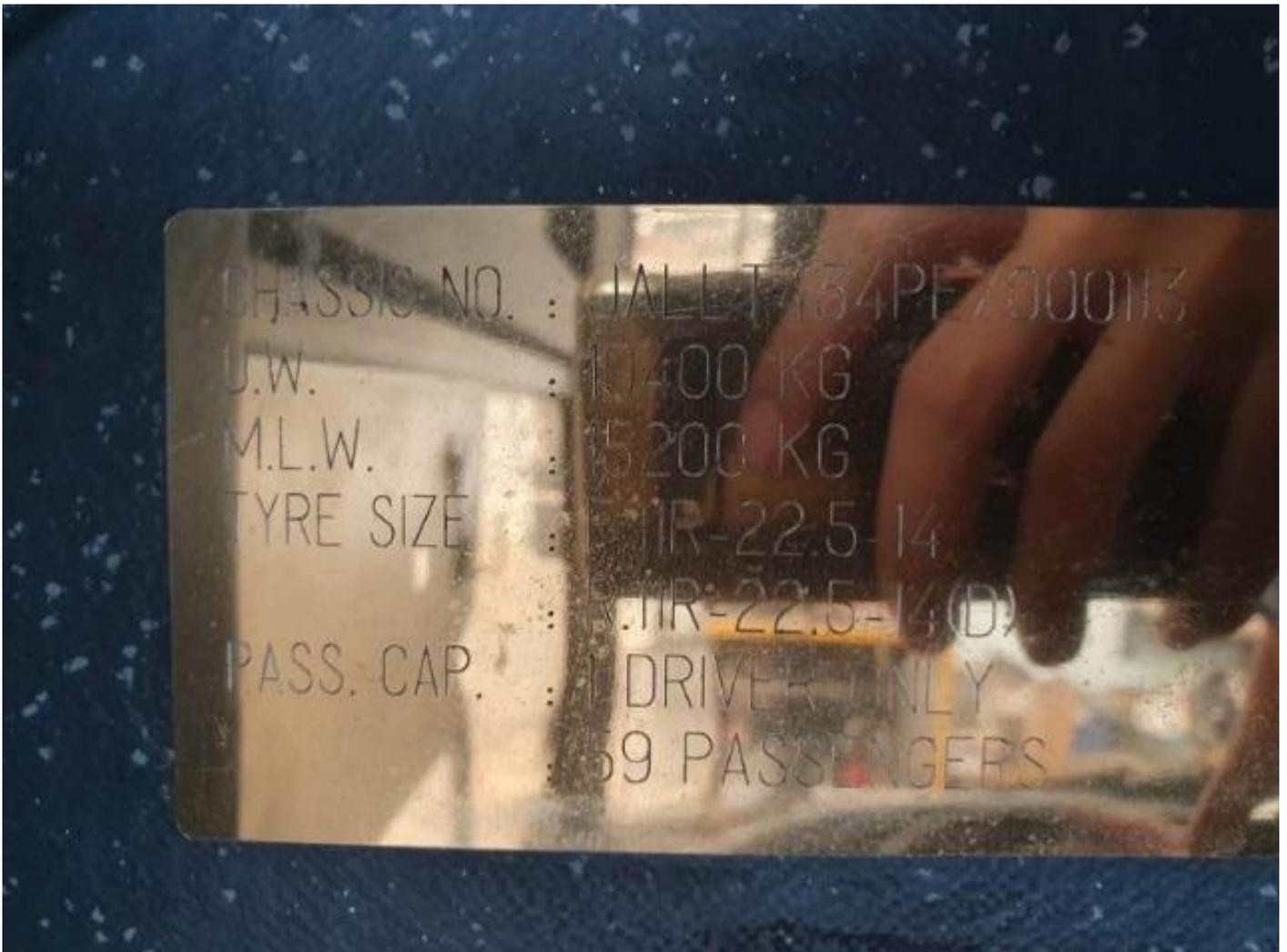
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Accident Photo



Accident Photo



Accident Photo



Identification Card



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LONGLIM PTE. LTD.**

*For LKK/NAC Use Only*

Sector: **SERVICE**



Name  
**ZHENG RUIFENG**  
Occupation  
**BUS DRIVER**

S Pass No.  
**0 77016724**

Date of Application  
**06-06-2017**



Date of Issue  
**22-06-2017**

Date of Expiry  
**22-06-2019**



**L8061501**

Identification Card

**VISIT PASS**  
Immigration Regulations

Name  
**ZHENG RUIFENG**

*For LKK/NAC Use Only*



Date of Birth	Sex	Nationality
<b>05-10-1984</b>	<b>M</b>	<b>CHINESE</b>
FIN	Date of Issue	Date of Expiry
<b>G2796811U</b>	<b>22-06-2017</b>	<b>22-06-2019</b>

**MULTIPLE JOURNEY VISA ISSUED**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED  
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **G 2796811U**  
Name: **ZHENG RUIFENG**

*For LKK/NAC Use Only*

Birth Date: **05 Oct 1984**  
Issue Date: **31 May 2016**  
Valid Till **30/05/2021**

**002572742G**



Driving License

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

EFFECTIVE DATE

C	Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	07 Jul 2016
	Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	07 Jul 2016

*For LKK/NAC Use Only*

S / No. 9000249620

G2796811U



NP 428A

Land Transport  Authority



**VOCATIONAL LICENCE**

Licence No : **G2796811U**

Name : **ZHENG RUIFENG**

*For LKK/NAC Use Only*

Issue Date : **13/7/2017**

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

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	13/07/2017

For LKK/NAC Use Only

