

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	06/08/2019 14:42
Date Of Accident	05/08/2019 09:55
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7686U
Insured/Policyholder	
Name Of Registered Owner	M/S LONGLIM PTE LTD
Co Reg No	201109995N
Email Address	BC@LONGLIM.COM
Mobile Phone No	(LOCAL) +65-90230917
Alternative Phone No	OFFICE-93675463
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (A)
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	DMB1SN1832671800
Cover Note Number	

Driver

Name of Driver	WONG MIE WAH @CHEE WOON YING
NRIC No	S1338668D
Date Of Birth	03/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	01/09/1983
Driving Experience	35 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90230917
Fax Number	
Contact Number	OTHERS-93675463
Email Address	BC@LONGLIM.COM

Address BLK 230 ANG MO KIO AVENUE 3
#07-1266
Postcode 680230
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? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLQ7263E
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

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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.

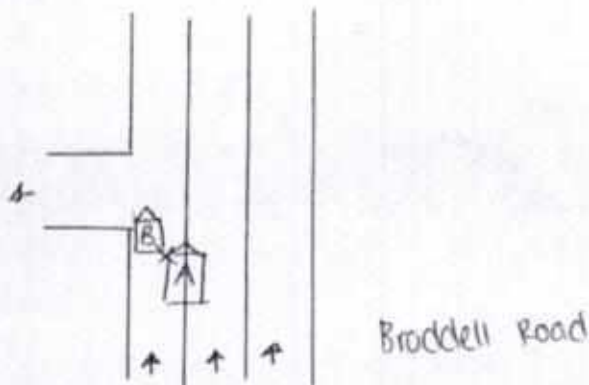


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A= PC7686 U

B= SLQ7263E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/08/2019 @ 09:55hrs, I was driving my bus PC7686U along Broddell Road travelling straight when a veh SLQ7263E in front of me suddenly brake & upon seeing I swerved my bus to my right in an attempt to avoid hitting the car but my bus front LH portion still hit onto the car rear RH side as a result.

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.:

06/08/2019

Rosa Victor

Road surface: Dry / Wet
Weather condition: Clear / Raining
Speed: _____

Usage of veh during of accident: _____

Does driver own a vehicle: yes / no

if yes, veh number plate: _____

veh insurance co: _____

Relationship with Insured: Employee x Employer

Witness (if any): yes/no

Witness name: _____

Witness hp: _____

Witness email (if any): _____

Witness add: _____

Witness IC no: _____

Third party veh number: SLQ7263E

Name of third party driver: _____

IC of third party driver: _____

HP of third party driver: _____

Address of third party driver: _____

Insured/Co name of third party vehicle: _____

Contact number of Insured/Co: _____

Insurance co of third party vehicle: _____

Police report (if any): yes/no

Police report reported at which police station: _____

Any intended prosecution given: yes / no

if yes, against whom: veh A / veh B driver

Action taken : claiming third party / claiming own damage / reporting only

No of Pax: 01 pax

Connect3 client vehicle no: PC76864

Owner contact no: 90230917

Date of accident: 05/08/2019

Location of accident: Broddell Rd

Time of accident: 09:55hrs

Any Injury: yes / no (if yes, must have police report)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1338668D

For LKK/NAC Use Only



WONG MIE WAH
CHEE WOON YING
黄美华

CHINESE
Date of Birth: 03-05-1958 F
Country of Birth: SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1338668D
Name: WONG MIE WAH

For LKK/NAC Use Only

Birth Date: 03 May 1958
Issue Date: 21 Jul 2004

0012618170

Land Transport Authority

VOCATIONAL LICENCE

Licence No: S1338668D
Name: WONG MIE WAH

For LKK/NAC Use Only

Issue Date: 23/2/2015

Please visit www.lta.gov.sg to check the status of this vocational licence

HP: 9367 5463.

A8038922



Reference: **S1338668D**

For LKK/NAC Use Only

Valid From: 01-09-2001

APT BLK 230 AND MO 830 AVENUE 3 #07-129H
SINGAPORE 589230
S1338668D 03/01/2014

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

Class	Description	Issue Date
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	20 May 1983
Class 4A	Omni-buses	01 Sep 1983
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kg	15 Sep 1987
Class 5	Motor Vehicles which are not constructed themselves to carry any load and the weight of which unladen exceeds 2500 kg	13 Oct 1987

For LKK/NAC Use Only

NP 425A

License No: S1338668D



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	22/03/1997
04	BUS ATTENDANT	22/03/1997

For LKK/NAC Use Only





中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

REG. NO. 19
ADDRES
CONTACT N
AUTOCAPT

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No	APR13A872471307	Engine No 10R10D49710
1. Trade Mark and Registration Number of Vehicle	207A662	Chassis No 1018A6112R10106
2. Name of Policy Holder	M.P. CHEONG SEE ELL	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	18 OCTOBER 2018 00:00:00 UTC+8 TO 18 OCTOBER 2019 00:00:00 UTC+8	
4. Date of Expiry of Insurance	18 OCTOBER 2019	
5. Persons or Classes of Persons entitled to drive *	ANY PERSON LICENSED TO DRIVE IN THE JURISDICTIONS OF THE POLICY AND IS DRIVING ON THE POLICY OR WITH THE PERMISSION OF ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION. PROVIDED THAT THE PERSON DRIVING IS LICENSED IN ACCORDANCE WITH THE LICENSING IN FORCE IN THE JURISDICTION TO DRIVE THE MOTOR VEHICLE ON THE DATE OF PERMITTING AND IS NOT DISQUALIFIED BY COURT OR BY COURT OF LAW OR BY REASON OF THE EXHAUSTION OR REGULATION TO THAT EFFECT FROM DRIVING THE MOTOR VEHICLE.	
6. Limitations as to use *	THIS POLICY DOES NOT COVER THE MOTOR VEHICLE OR THE DRIVER THEREOF WHEN USED FOR THE FOLLOWING PURPOSES: THE POLICY DOES NOT COVER: (1) USE FOR RACING, JACK-RACING, RALLYING, TRIAL OR SPEED-TESTING. (2) USE WHILE DRIVING A TRUCK, BULDOZER OR TOWING TRUCK OR TRAILER OR ANY OTHER VEHICLE.	

NOTE: POLICYHOLDERS MAY BE REQUIRED TO SIGN THE POLICYHOLDERS' DECLARATION.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).
Please see reverse.

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Countersigned By

Authorized Officer

Authorized Signatory

3 Anson Road #16-00 Springhill Tower Singapore 079909 Tel: 6380 6111 Fax: 6225 3502 Website: www.sg.cntaiping.com

Annex

Transaction ref 20180926121114947194

Please check that the owner and vehicle details are correct:

1. Name	: LONGLIM PTE LTD
2. Identification No. Type	: Company
3. Identification No.	: 201109995N
4. Country/Region	: -
5. Registered Address	: 34 JALAN TARI PIRING JALAN KAYU ESTATE SINGAPORE 799187
6. Mailing Address	: -
7. Vehicle Registration No.	: PC7686U
8. Effective Date of Ownership	: 26 Sep 2018
9. Original Registration Date	: 26 Sep 2018
10. First Registration Date	: 26 Sep 2018
11. Vehicle Type	: Z20 - Private Hire (Chauffeur) Bus/Coach/Minibus
12. Vehicle Scheme	: Public Service Vehicle (Others)
13. Attachment 1	: Air-Conditioned
14. Attachment 2	: -
15. Attachment 3	: -
16. Vehicle Make	: MITSUBISHI
17. Vehicle Model	: ROSA BE641JRMDEE
18. Year of Manufacture	: 2018
19. Primary Colour	: White
20. Secondary Colour	: -
21. Passenger Capacity	: 24
22. Chassis/Trailer Chassis No.	: BE641JK30508 / -
23. Propellant/Emission Standard	: Diesel / Euro VI
24. Engine No./Motor No.	: 4P10D49720 / -
25. Engine Capacity(cc)/Power Rating(kW)	: 2998 / -
26. Maximum Power Output(kW/bhp)	: - / -
27. Unladen Weight(kg)	: 4100
28. Maximum Laden Weight(kg)	: 6040
29. Open Market Value	: \$72,922.00
30. PARF Eligibility	: No
31. PARF Eligibility Expiry Date	: -
32. Minimum PARF Benefit	: \$0.00

