

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	26/08/2019 18:54
Date Of Accident	25/08/2019 14:10
Exact Location Of Accident	ALONG BAYFRONT AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC4895C
Insured/Policyholder	
Name Of Registered Owner	BKK TRAVEL PTE LTD
Co Reg No	201424387C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93854206
Alternative Phone No	OFFICE-93854206

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	DMB1SN1913641900
Cover Note Number	

Driver

Name of Driver	WANG XINFENG
Passport No/FIN	G5155078T
Date Of Birth	07/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	3 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93854206
Fax Number	
Contact Number	OTHERS-93854206
E-Mail 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 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 SHC5389K
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category TAXI
 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

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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.



x Wang

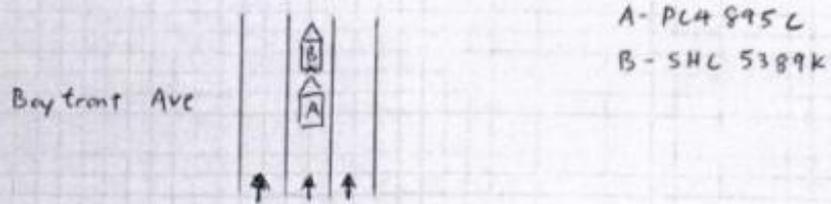
26/08/2018
 Reporting Centre Personnel's Signature: *Rosa*
 Name:
 NRIC/FIN No.:

Policyholder's Signature
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/8/2019 @ 14:10 hrs, I was driving my bus PL4895C along Bayfront Ave when a taxi SHC5389K in front of me suddenly brake and I could not stop in time and hit onto the said veh.

DECLARATION

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



Policyholder's Signature
Date & Time:

X Wang
Driver's Signature
(if driver is not the policyholder)
Date & Time:

25/8/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



NO. : JAL1T434PG7000006
: 10300 KG
: 15200 KG
: F.IIR-22.5-K
: R.IIR-22.5-AD
: 1 DRIVER ONLY
: 59 PASSENGERS

Identification Card

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

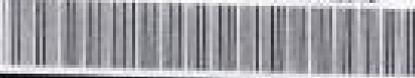
Employer:
CONGLIM PTE. LTD.

Service: **SERVICE**

For LKK/NAC Use Only

 Name: **WANG XINFENG**
Occupation: **BUS DRIVER**

S Pass No.: **G 74400183** Date of Application: **23-12-2017**
Date of Issue: **11-01-2018**
Date of Expiry: **14-11-2019**

 **L8562123**

REPUBLIC OF SINGAPORE DRIVING LICENCE

 Licence Number: **G5155078T**
Name: **WANG XINFENG**

For LKK/NAC Use Only

Date of Birth: **07 Jun 1978**
Issue Date: **07 Apr 2015**
Valid Till: **06 Apr 2020**

 **0024137348**



For LKK/NAC Use Only

Land Transport Authority

VOCATIONAL LICENCE

 Licence No.: **G5155078T**
Name: **WANG XINFENG**

Issue Date: **10/3/2018**

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

Driving License

VISIT PASS
Immigration Regulations

WANG JINSHAN

For LKK/NAC Use Only

DATE OF BIRTH	SEX	RELIGION
07-08-1978	M	CHINESE
ICN	DATE OF ISSUE	DATE OF EXPIRY
089550787	18-03-2018	14-03-2019

MULTIPLE JOURNEY VISA ISSUED.

PLEASE TO Surrender THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 1	ANYTHING WITH AN ENGINE THAT DOES NOT EXCEED 1000 CC AND DOES NOT EXCEED 1000 KG AND DOES NOT EXCEED 1000 KG AND DOES NOT EXCEED 1000 KG	Authorizing Agency
Class 2	ANYTHING WITH AN ENGINE THAT DOES NOT EXCEED 1000 CC AND DOES NOT EXCEED 1000 KG AND DOES NOT EXCEED 1000 KG	BY MR. 088

For LKK/NAC Use Only

IC / No. 0000042877

Licensed No. 08155875



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 Sir Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS V1	10/03/2018

For LKK/NAC Use Only

