

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 | 28/08/2019 20:17 |
| Date Of Accident | 28/08/2019 08:30 |
| Exact Location Of Accident | ALONG YISHUN INDUSTRIAL STREET 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | PC643P |
| Insured/Policyholder | |
| Name Of Registered Owner | M/S LONGLIM PTE LTD |
| Co Reg No | 201109995N |
| Email Address | BC@LONGLIM.COM |
| Mobile Phone No | (LOCAL) +65-93854206 |
| Alternative Phone No | OFFICE-91297178 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | SCANIA |
| Model | KIB4X2-8.9 ABS (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 | DMB1SN1825891800 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | LI JIANGCHAO |
| Passport No/FIN | G2596646K |
| Date Of Birth | 04/02/1983 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/04/2017 |
| Driving Experience | 2 YEARS AND 4 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93854206 |
| Fax Number | |
| Contact Number | OTHERS-91297178 |
| 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 | SIDE SWIPE |
| 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? | YES |
| 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 | 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 |
| Police Station Address | ROAD: 20 CHAO CHU KANG STREET 52 #01-02 SINGAPORE 689286 , POSTCODE: 689286 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190828/2088

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 | GBH9808L |
| 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 INJURED PERSON 1 | |
|---|---------------|
| Name | UNKNOWN |
| Approximate Age | |
| Injuries Sustain | SLIGHT INJURY |
| Injured person in which vehicle? | GBH9808L |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | |
| Postcode | |

Accident Sketch Plan

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.:

Accident Sketch Plan

SKETCH PLAN

A - PL643P
B - GBH 9808L

Yishun Industrial
Street 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Kindly Refer to Police Report

1/20/2028/2028

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.: _____

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190828/2088

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20190828/2088

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 28/08/2019 15:09 | Vide Report No.: | Station Diary No.: 53 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|--|----------------------------|
| Name of Informant: LI JIANGCHAO | | | Address: APT BLK 441D FERNVALE ROAD #05-339 SINGAPORE 794441 | |
| ID Type / ID No.: FIN NO / G2596646K | | | Contact No.: | Mobile: 86601226 |
| Nationality: CHINESE | | | Home/Office: | |
| | | | Email: | |
| Sex: Male | Age: 36 | Date of Birth: 04/02/1983 | Type of Informant: Driver | |
| Race: Chinese | | | Language: | Institution / School Name: |
| Occupation: Bus driver | | | Driving Licence Information: Class: 3,4 | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|------------------|---|--|-------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 28/08/2019 08:40 | Type of Location: T-Junction |
| Location: Along Road 1 YISHUN INDUSTRIAL STREET 1 YISHUN INDUSTRIAL STREET 1 | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-----------------------|------|-------|-------|-------------------|-----------------|
| GBH9808L | Van | | | | Seriously Damaged | 1 |
| PC643P | Bus/Coach/Mi nibus | | | | Seriously Damaged | 0 |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190828/2088

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20190828/2088

CONTINUATION OF REPORT

Brief Details.

On 28/08/2019 at about 0840hrs, I was driving PC643P along Yishun Industrial street 1 on the left lane out of the two lane to turn into Picket Fence to fetch my passengers. I signal for my intention to turn right into the building and check my side mirrors and noticed that there were no cars behind me nor was there any vehicles on my right lane. Subsequently I check my opposite directions for vehicle and slowly inch out to turn.

As I was inching out to turn into the building, I made a check again on my side mirrors to check my right lane and vehicles behind my vehicle. I spotted a van, GBH9808L driving on my right lane and I immediately jammed my brake to avoid a collision however the van subsequently hit onto the front right of my Bus.

We then got down from our vehicles to check for damages and injuries and the other party informed that he was not injured and does not requires any ambulance. We then took the photos of our damages and exchanged particulars. We both agreed at that point in time to settle the issue by reporting to our insurance company as no one was injured and police did not came to scene.

On 28/08/2019 at about 1200hrs, I received a call from my supervisors and he informed that the other party called my company and informed that he is injured and will be seeking for medical treatment. My supervisors then informed me to go to a police station and make a Police report.

I suffered damages on my front right of my bus where there and multiple scratches and my front right glass panel was shattered.

The other party suffered damages on the left of his van , his left rear view mirror was damaged, left window shattered and scratches to the left of his van body.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190828/2088

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20190828/2088

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:

J/
Sgt 2 OH DING FENG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

28/08/2019 15:09

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
FIN G2596646K



Name
LI JIANGCHAO

For LKK/NAC Use Only

Date of Birth: 04-02-1983
Sex: M
Nationality: CHINESE



G2596646K

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: G2596646K
Name: LI JIANGCHAO

For LKK/NAC Use Only


Birth Date: 04 Feb 1983
Issue Date: 11 May 2015
Valid Till: 10 May 2020

0024259662K



USE QR

Land Transport Authority



For LKK/NAC Use Only



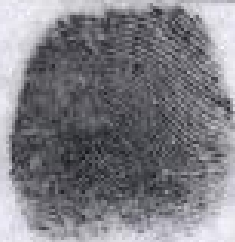
VOCATIONAL LICENCE
Licence No : G2596646K
Name : LI JIANGCHAO

Card Issue Date : 26/03/2018
Please visit www.lta.gov.sg to check the status of this vocational licence

H/P: 9129 7178

Driving License

Immigration Regulations



FIN G2596646K

For LKK/NAC Use Only

MULTIPLE JOURNEY VISA ISSUED

Date of Issue
14-05-2019

Date of Expiry
14-05-2021



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

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

| | | EFFECTIVE DATE |
|---------|---|----------------|
| Class 3 | Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 1200 kg | 11 Mar 2015 |
| Class 4 | Heavy motor cars and motor tractors > 2500 kg | 11 Apr 2017 |

For LKK/NAC Use Only

G2596646K

S / No. 9000258468

NP 428A



Licence No: G2596646K

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

| Type | Description | Issue Date |
|------|-------------|------------|
| 03 | BUS VL | 26/03/2018 |

For LKK/NAC Use Only

