

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	22/10/2019 16:53
Date Of Accident	22/10/2019 08:00
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON ROAD & SIMON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7956R
Insured/Policyholder	
Name Of Registered Owner	JOSEPH COACH PTE LTD
Co Reg No	201719851E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68585311

Vehicle Particulars

Manufacturer	YUTONG
Model	ZK6119H AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK
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	DMB1SN1928781900
Cover Note Number	

Driver

Name of Driver	WU DIANMING
Passport No/FIN	G5243056P
Date Of Birth	13/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2012
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93553456
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 1 DEFU LANE 10 #01-547
Postcode	539182
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUBSIDIARY EMPLOYEE
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	RAINING
Road Surface	WET

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?	YES
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)	21

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

On 22/10/2019 at 0800hrs, I was driving my company bus bearing the registration plate number PC7956R along Upper Serangoon Road. While approaching the junction of Upper Serangoon Road & Simon Road, the traffic light was green turning to amber and one vehicle bearing the registration plate number SMD5580J then came to a stop. I could not brake in time hence, I tried to move to the right lane however still collided to the right rear of the vehicle. I then called for the ambulance. Police & ambulance came and attended to us. The driver from the vehicle was conveyed to hospital due to shock. I was advised to lodge a traffic accident police report. Hence, I am lodging this report.

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	SMD5580J
Vehicle Make/Model/Colour	NISSAN SYLPHY
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)

DETAILS OF INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? SMD5580J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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:

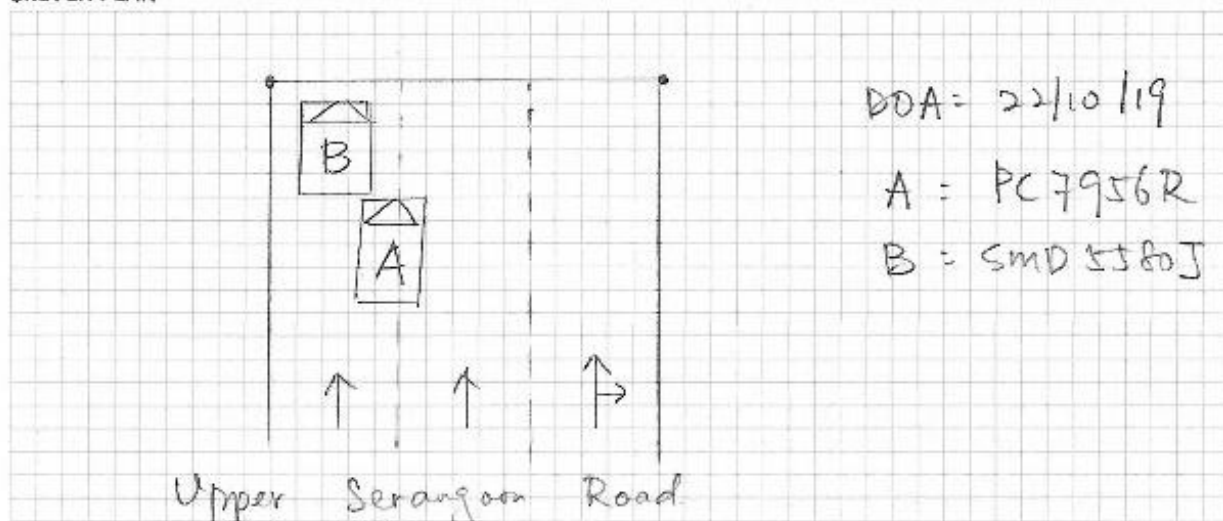
13:50 pm
22/10/19

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Please refer to the attached police report: T/2019/022/2070

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/20191022/2070

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

1 of 3

Report No. T/20191022/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/10/2019 13:08	Vide Report No.: F/20191022/0047	Station Diary No.: 89
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Informant's Particulars				
Name of Informant: WU DIANMING		Address: APT BLK 117 JURONG EAST STREET 13 #18-141 IVORY HEIGHTS SINGAPORE 600117		
ID Type / ID No.: FIN NO / G5243056P		Contact No.: Home/Office: Mobile: 93553456		
Nationality: CHINESE		Email:		
Sex: Male	Age: 48	Date of Birth: 13/05/1971	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/10/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 UPPER SERANGOON ROAD Along Upper Serangoon Road. Junction of Upper Serangoon Road & Simon Road				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
PC7956R	Bus/Coach/Mi nibus	YUTONG		Multi-Colored	Slightly Damaged	20
SMD5580J	Car	NISSAN	SYLPHY	Blue	Seriously Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20191022/2070

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

2 of 3

Report No. T/20191022/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	WU DIANMING	ID No.	G5243056P
Related Vehicle	PC7956R (Bus/Coach/Minibus)	Contact No.	93553456
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I am currently residing at B/24 Hougang Street level 22.

On 22/10/2019 at 0800hrs, I was driving my company bus bearing the registration plate number PC7956R along Upper Serangoon Road. While approaching the junction of Upper Serangoon Road & Simon Road, the traffic light was green turning to amber and one vehicle bearing the registration plate number SMD5580J then came to a stop. I could not brake in time hence, I tried to move to the right lane however still collided to the right rear of the vehicle. I then called for the ambulance.

Police & ambulance came and attended to us. The driver from the vehicle was conveyed to hospital due to shock. I was advised to lodge a traffic accident police report.

Hence, I am lodging this report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20191022/2070

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/20191022/2070

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 / Sgt 1 TENG WEI KANG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/10/2019 13:08
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt CHONG GUAN FATT Contact No.: 65476083	Classification Of Case: 
Authentication Stamp NP168	

Identification Card



 **WORK PERMIT**
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore


Employer
JOSEPH COACH SERVICES

 Name
WU DIANMING

Work Permit No.
0 74780075

Sector:
SERVICE


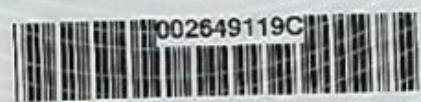
 

 **K1215711**

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **G5243056P**
Name: **WU DIANMING**


Birth Date: **13 May 1971**
Issue Date: **19 Jan 2017**
Valid Till **12/02/2022**

  **002649119C**

Land Transport Authority

VOCATIONAL LICENCE


Licence No : **G5243056P**
Name : **WU DIANMING**



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

Identification Card

VISIT PASS		04-03-2019
Immigration Regulations		
Name WU DIANMING		
	FIN G5243056P	
	Date of Birth 13-05-1971	Sex M
	Nationality CHINESE	
	MULTIPLE JOURNEY VISA ISSUED	
Download SGWorkPass App to check status 		
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 2B	Motorcycles \leq 200 cc	13 Feb 2012
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	13 Feb 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $>$ 2500kg	17 May 2012
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight \leq 7250kg	
Licence No: G5243056P 		
NP 428A		

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	08/04/2019



AUTHORIZATION LETTER

Joseph Coach Pte Ltd
201719851E

Blk 1 Defu Lane 10
#01-547 Singapore 539182
Tel : 68585311/91781988

To Whom which may concern

Dear Sir,

I am writing to seek your approval to allow our Joseph Coach Services driver, Mr WU DianMing(G5243056P) to drive PC7956R . Thanks.

Your faithfully



Koh Lee Joo
Admin Officer





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

M2601N SN
AN0666A
Cov.Type: C
AUTOSAFE

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.	DMB1SN1929781900	Engine No : ISB67E6C29022325346 Chassis No: L2YTBTE69J1052149
1. Index Mark and Registration Number of Vehicle	PC7956R	
2. Name of Policy Holder	JOSEPH COACH PTE LTD	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	19 JULY 2019	EXCESS SECT I S\$2,000.00 EXCESS SECT. II S\$2,000.00 EX ON WINDSCREEN S\$350.00
4. Date of Expiry of Insurance	24 JANUARY 2021	
5. Persons or Classes of Persons entitled to drive *	<p>ANY PERSON PROVIDED HE IS IN THE POLICYHOLDER'S EMPLOY AND IS DRIVING ON THEIR ORDER OR WITH THEIR PERMISSION OR ANY PERSON DRIVING WITH POLICYHOLDER'S PERMISSION</p> <p>PROVIDED THAT THE PERSON DRIVING IS PERMITTED IN ACCORDANCE WITH THE LICENSING OR OTHER LAWS OR REGULATIONS TO DRIVE THE MOTOR VEHICLE OR HAS BEEN SO PERMITTED AND IS NOT DISQUALIFIED BY ORDER OF A COURT OF LAW OR BY REASON OF ANY ENACTMENT OR REGULATION IN THAT BEHALF FROM DRIVING THE MOTOR VEHICLE.</p>	
6. Limitations as to use: *	<p>USE ONLY FOR THE CARRIAGE OF PASSENGERS OR GOODS IN CONNECTION WITH THE POLICYHOLDER'S BUSINESS AS SPECIFIED IN THE SCHEDULE.</p> <p>THE POLICY DOES NOT COVER</p> <p>(1) USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.</p> <p>(2) USE WHILST DRAWING A TRAILER, EXCEPT THE TOWING (OTHER THAN FOR REWARD) OF ANY ONE DISABLED MECHANICALLY PROPELLED VEHICLE.</p>	
<p>HIRE PURCHASE CO. : SINGAPORE FINANCE LTD AS HP OWNER</p> <p>* 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.</p>		

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.

Authorised Signatory

Countersigned By:

Authorised Officer

SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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