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#### 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 witholding 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.
- 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.

aforesaid.	70 (1995) 1997 - TO 1998 (1996) 1997 - TO 1997 - TO 1997 - TO 1997 - TO 1997 - 1997 - 1997 - 1997 - 1997 - 199 
leks to the histories that he was	ACCIDENT STATEMENT
Date Of Report	03/01/2020 17:12
Date Of Accident	03/01/2020 06:30
Exact Location Of Accident	JUNC OF JLN SENANG & JLN KRIAN
Country/State of Loss	SINGAPORE
D. C.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6338R
Insured/Policyholder	
Name Of Registered Owner	BRISKEN TRANSPORT SERVICE
Co Reg No	5XXXX100M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67474825
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107553707
Cover Note Number	
Driver	
Name of Driver	XUE DEFA

 Name of Driver
 XUE DEFA

 NRIC No
 GXXXX144N

 Date Of Birth
 21/01/1976

 Occupation
 OUTDOOR

 Date Of Driving Pass
 25/11/2014

Driving Experience 5 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96138892

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 3004 UBI AVE 3 #03-96 Address

408860 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

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

9 Number of Passengers (Including Driver)

**Details of Police Action** 

YES Was the accident reported to the police?

If Yes. Please state which Police Station

TRAFFIC POLICE DIVISION HQ Police Station Name

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200103/2039

Attachment(s)

Are accident photos available for attachment? YES YES Was there any video captured by Car Camera?

WITH DRIVER Remarks/ Reasons:

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

GBB790T Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

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 CHILDREN 1

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name CHILDREN 2

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

**DETAILS OF INJURED PERSON 3** 

Name CHILDREN 3

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

**DETAILS OF INJURED PERSON 4** 

Name CHILDREN 4

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? CB6338R

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

#### SKETCH PLAN

### **IMPORTANT NOTICE**

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

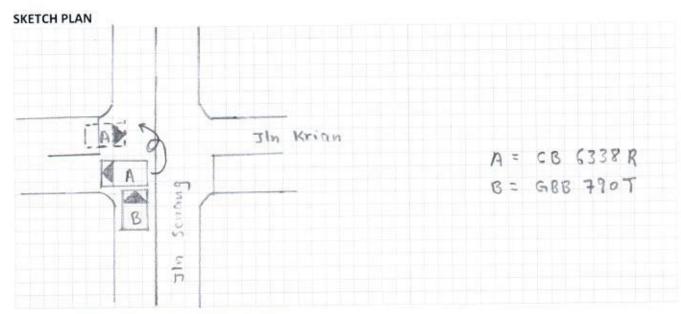
Policyholder's Signatore S Date & Time: Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

ivame:

NRIC/FIN No .:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1.0	+0	0.1/50	72	T/20200103	12039
Refer	70	Palice	REPORT	1/200103	
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			/		
		/			
		/			

# DECLARATION

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

Policyholders signature & Date & Time 135 180

**聲德发** Driver's Signature

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARDAS SERVENTIANTON VI





1 of 3

Report No. T/20200103/2039

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 020 12:00	Nade:	Vide Report No.: G/20200103/0055	Station Diary No.:
Informa	nt's Partic	ulars		
Name of	f Informant: FA	TX.		/ENUE 3 #03-96 KAMPONG UBI E SINGAPORE 408860
	/ ID No.: / G2510144	4N	Contact No.: Home/Office:	Mobile: 96138892
National CHINES			Email:	
Sex: Male	Age:	Date of Birth: 21/01/1976	Type of Informant: Driver	
Race: Chinese		*	Language:	Institution / School Name:
Occupat Bus driv			Driving Licence Inform Class: 3,4	nation:  Date of Expiry:

Type of Accident:	Injury Conveyed By Ambula	ance	Drink Drive: No	Date/Time of Accident: 03/01/2020 06:3	30	Type of Location: X-Junction
Location: Along Road 1 JALAN SENA						
Weather: Clear		Road S Dry	Surface:		Roa	d Speed Limit:
Traffic Flow: Two Way			Control: Light - Wo	rking	100000000000000000000000000000000000000	fic Volume: erate
Type of Collis	ion: ing Vehicles - Head To Re	ar	- XIII	0/8/		one conveyed by ulance:

Details of V	ehicle Involved					
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
CB6338R	Bus/Coach/Mi nibus (School Children)		HIACE 3.0DX A		Seriously Damaged	2000
GBB790T	Lorry		DYNA 150 MANUAL			0





Police Station Of Origin: Traffic Police

Report No. T/20200103/2039

2 of 3

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### CONTINUATION OF REPORT

#### Brief Details.

At the above mention date time and location,

I was driving my vehicle to Ngee Ann Primary School. I was at the junction of Jalan Senang when I wanted to straight and suddenly a lorry came from my left and collided with my vehicle. After the accident the lorry driver stopped and we exchange particulars. There was eight children in my vehicle.





A SECTION OF THE PERSON OF THE PERSON

3 of 3

Report No. T/20200103/2039

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

#### 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: TP / SM NAYKIB SYAWAL BIN NAZMUL HASSAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	西德·埃 Date/Time: 03/01/2020 12:00
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	NGAPORE
Authentication Stamp	BLICETORCE



# 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)

VIOTOR VEHICLES (THIRD FARTT MORE)	C. Vinnelli	
Cortificate Number · 5107553707	Cover :	Third Party, Fire & Theft

Certificate Number : 5107553707 CB6338R

 Index mark and Registration Number of Vehicle : KDH2010012046 Chassis Number

: BRISKEN TRANSPORT SERVICE 2. Name of Policyholder : 03 Mar 2019

3. Effective Date of Insurance : 02 Mar 2020 Expiry Date of Insurance

Persons or Classes of Persons entitled to drive\*

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission. 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.

6. Limitations as to Use\*

- (a) Use for the carriage of passengers in connection with the Policyholder's business.
- (b) Limited to carry 11 passengers

#### This Policy does not cover

(a) Use for racing, pace-making, reliability trial or speed-testing.

- (b) Use whilst drawing a trailer except the towing (Other than for reward) of any one disabled mechanically propelled vehicle.
  - Limitations rendered inoperative by Section 8 of the Motor Vehicle (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.

: WITHIN THE REPUBLIC OF SINGAPORE ONLY GEOGRAPHICAL LIMIT

: N/A EXCESS (SECTION I) : \$\$1,500 EXCESS (SECTION II) · YES INSURE WITH COE

CHUAN HUA CO (PTE) LTD HIRE PURCHASE COMPANY : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS SUM INSURED

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)

: SSTA INSURANCE AGENCY PTE. LTD. (00000572949)

: 25 Feb 2019 16:42 hrs Date of Issue

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

**Authorised Officer** 

Chief Executive

#### 1/3/2020 Claim Handling(accident reporting Claim Task ) Claim Handling Accident MT/1078440 Policy No. 5107553707 Weblete No. CD6338R GST Registration No. Certificate No. Policyholder Name BRISKEN TRANSPORT SERVICE Policyholder NRIC 53168100M Product Code BUS INSURANCE Third Party, Fire & Theft Loading Contact No.(Mobile) 67474825 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode. No ₹ TCA: - No Yes eCode Reason NCD Protection 140 NCD Entitlement(%) Private Hire Accident Details Report Date 03/01/2020 18:14 Accident Report Within 24 hrs Accident Type Collision - Major Minor Roar Date of Accident 03/01/2020 Time of Accident his:mm Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location JUNC OF JUN SENANG BOWN KRIAN ▼ Total Excess Applicable Excess Type Per Accident Windscreen Excess 0.00 QD Standard Excess 0.00 TP Standard Excess 1,500.00 YIED OD Excess 0.00 YIED TP Excess Driver is Covered? Additional Excess Total OD Excess Applicable Total TP Excess Applicable 1:500.00 GST Registered Information GST Registered Yes GST Registration Date 17/10/2013 GST Registration No. M90368731N GST Status Verified Modification History 03/01/2020 18:16:04 System changed GST Registered from No to Yes 03/01/2020 18:16:04 System changed GST Registration No. from null to M90366731N 03/01/2020 18:16:04 System changed GST Registration Date from null to 17/10/2013 Policyholder Mailing Address BLX 3004 #03-96 Address 2 LIBIT AVENUE TO Address 3 SINGAPORE 408860 Address 4 Address Type Singapore address Post Code 408860 Unit No. Related Policy Number 5108907665 OI Driver Info Briver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name XUE DEFA Driver NAIC GXXXX144N Driver DDS 21/01/1976 25/11/2014 Driver Age 43 Driving Experience Contact No.(Mobile) 96138892 Contact No.(Office) Contact No.(Home) Address 1 6LK 3004 #03-96 Address 2 UBJ AVENUE 3 Address 3 KAMPONG UBI INDUSTRIAL Address 4 SINGAPORE 408860 Address Type Singapore address Post Code 408860 Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? 0 mg + Yes No Modification History Claim 001 New Insured Name BRISKEN TRANSPORT SERVICE INSURED NRIC OD-MX 531681 Contact No. Contact Contact No.(Mobile) 97365432 674778 OI Vehicle Number TP Vehicle Number Email Address stsbus@singnet.com.sg C86338R G8879 Name of Preferred Worksho Claim Description CB5338R / GBB790T ON 3 Jan 2020 Preferred Preference Partially at Fault Workshop Boniet No. Finalisation Yes ▼ GIA Preferred Workshop, Name unknown Received Date Registered 03/01/2020 18:16 LIEW SHAN HUE Frint AK letter

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