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.**
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	02/03/2020 11:49
Date Of Accident	29/02/2020 21:45
Exact Location Of Accident	ALONG CHANGI VILLAGE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB8192E
Insured/Policyholder	
Name Of Registered Owner	BT & TAN TRANSPORT PTE. LTD.
Co Reg No	2XXXXX272G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93229966
Alternative Phone No	OFFICE-96814493
Vehicle Particulars	
Manufacturer	GOLDEN DRAGON
Model	XML6770J18-3.8 D (A)
Exact Purpose for which vehicle was being used at time of accident	BUS WAS PARKED
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	DMB1SN3053721900
Cover Note Number	
Driver	
Name of Driver	MOHAMAD SUHAIMI BIN MOHAMAD RADZI
NRIC No	SXXXX838I
Date Of Birth	04/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	13/11/2003
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93229966
Fax Number	
Contact Number	OTHERS-96814493
EMail Address	NOEMAIL

Address	BLK 263 YISHUN STREET 22 #10-163
Postcode	760263
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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	XD9495R
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)	

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.

BTETAN TRANSPORT PTE LTD

02/03/2020

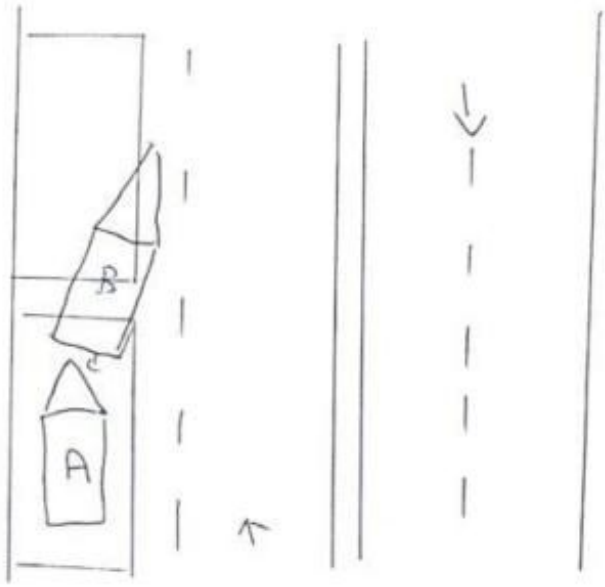
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



A – CB 8192E

B – XD 9495R

changi village

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/02/2020 around 21:47hrs at my Bus CB 8192E was parked along Changi village, veh B XD 9495R reversing into the parking lot hit onto my Bus Front portion

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:

05/03/2020

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

Private Settlement Form
和解协议书

Date & Time of accident
事故发生日期/时间: 29/02/2020 (Saturday) / 09:46pm

Location of accident
事故地点: CHANGI VILLAGE - OPP CARPARK BESIDE [illegible] CHEERS

Involving Vehicles
涉及车辆: 01 BUS & 01 TRAILER

1)		2)	
Vehicle Registration No. 甲方车辆注册号码:	CB 8192 E	Vehicle Registration No. 乙方车辆注册号码:	XD 9495R
Name of Owner 车主姓名:	BTB TAN TRANSPORT PTE LTD	Name of Owner 车主姓名:	MUSTARI
Driver's name 司机姓名:	SUHAIMI BIN MOHAMAD RAZI	Driver's name 司机姓名:	MUSTARI
Driver's NRIC No. 司机身份证号码:	S1427838I	Driver's NRIC No. 司机身份证号码:	S7555727B

The parties agree that
双方同意:

1) There are no injuries or death involved in the above accident.
上述事故没有涉及任何人员伤亡.

2) Driver/owner of (XD 9495R) has paid Driver/Owner of (CB 8192 E) sum of $ 800 as full and final settlement to all damages, losses and cost arising from the above accident.
甲方( ) 已支付乙方 ( ) 金额$ 作为终结赔偿解决上述事故所引起的任何损坏, 损失, 及费用. 今后双方互不追究由此引起的一切责任.

3) We agree that such payment is on without prejudice basis and without admission of liability of the part of any parties.
我们同意这项付款纯属为和解, 不涉及任何一方在此事故应承担的责任.

4) We agree that we will not involve each other's Insurance Company for this accident.
我们同意, 我们将不会为这起事故涉及双方的保险公司.

Signature of driver/owner of car 1 甲方车辆司机/车主签名	Signature of driver/owner of car 2 乙方车辆司机/车主签名
Name 姓名: BTB TAN TRANSPORT PTE LTD	Name 姓名: MUSTARI MUSTAKIM
NRIC No. 身份证号码: S1427838I	NRIC No. 身份证号码: S7555727B
Tel No. 电话号码: 64837260	Tel No. 电话号码: 87277375

Created by Tenet Sompo Insurance Pte Ltd

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09.00 – 17.00
UEN: S68SS0030G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1200026990 Vehicle Registration No: CG8192E

Name(as shown in NRIC) : BT & Tan Transport Pte Ltd NRIC/FIN/Passport No : –

(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : – Singapore( )

Contact (Tel) : – Mobile No. : 96814493

Email Address : –

Date of Accident : 29/02/2020 Time of Accident : 21.45hrs

Place of Accident : Changi Village

Insurance Company: Chine Taiping Ins. (S) Pte Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- to attach private settlement form
- to amend from "claim TP" to "repairing".

BT & TAN TRANSPORT PTE LTD

x

~~Policyholder~~ / ~~Driver's Signature~~

Date: 09/03/2020

09/03/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Date: