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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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.
- 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 ladgement 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	05/03/2020 15:51
Date Of Accident	10/02/2020 18:10
Exact Location Of Accident	ALONG PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE
THE RESERVE TO SERVE TO BE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	CB6951U
Insured/Policyholder	
Name Of Registered Owner	AIK SHEN BUS SERVICE
Co Reg No	2XXXX400K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96327095
Alternative Phone No	OFFICE-87322811
Vehicle Particulars	
Manufacturer	ISUZU
Model	LT134P-7.8 D (A)
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	DMB1SN1521141904
Cover Note Number	
Driver	
Name of Driver	ZHOU JUN
Passport No/FIN	GXXXX231L
Date Of Birth	14/03/1968

14/03/1968 Occupation OUTDOOR Date Of Driving Pass 22/01/2008

Driving Experience 12 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96327095

Fax Number

Contact Number OTHERS-87322811

EMail Address NOEMAIL Address

BLK 27 MARSILING DRIVE #02-241 BUKIT REGENCY

Postcode

60007

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

NO COLLISION

Weather Conditions

UNKNOWN

Road Surface

UNKNOWN

Other Information

Was any foreign vehicle involved in this accident?

NO.

Number of vehicles (including own vehicle)

involved in the accident

1

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?
Was any other material or property damaged?

NO

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

NO

Number of Passengers (Including Driver)

12

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name 11.000

Wall Har to Wall

WOODLANDS WEST N.P.C

Police Station Address

ROAD: 1 WOODLANDS STREET 12 , POSTCODE: 738622 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

ii i es,against whoriti

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20200305/2037

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and <u>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.
- 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:
 - 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 Persoppel's Signature

Name:

NRIC/FIN No.:



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A - CB 69514.

B-un known.



PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDE

	Please	cafey	+0	Police		7/20200308/2037
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F.C. 4.0	RATION					+

I/We declare the foregood resoculars 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.:





Road surface: Dry / Wet	Usage of veh during of accident:
Weather condition: Clear / Raining	/
Speed:	Driver IC:
	Driver Name :
Does driver own a vehicle: Yes /no	Driver Pass date :
if yes, veh number plate:	Driver Birth date :
veh insurance co:	Drver Birth date .
Relationship with insured: Employee & Employee	<u> </u>
Witness (if any): yes/no	
Witness name:	
Witness hp: Witness email (if any):	
Witness add:	
Witness IC no:	
Third party veh number: un Know	
Name of third party driver:	
IC of third party driver:	
HP of third party driver:	
Address of third party driver:	
Insured/Co name of third party vehicle:	
Contact number of insured/Co:	
Insurance co of third party vehicle:	
Police report (if any): yes/po	The All Parent
Police report reported at which police station: Wood land	s Wost.
Any intended prosecution given: yes/no	
if yes, against whom: veh A /veh B driver	
Action taken : claiming third party / claiming own damage /	reporting only
No of Pax: 12.	
Connect3 client vehicle no: CB 6951U	
Owner contact no: 963 2 7095.	
Date of accident: 10/2/2020	
Location of accident: CTE	
Time of accident: 18:10\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	



Any Injury: yes-/no (if yes, must have police report)





Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622 Tel No: 1800-363 9999

1 of 3 Report No. T/20200305/2037

REPORT OF A TRAFFIC ACCIDENT

	ate/Time Report Made: 5/03/2020 11:55		Vide Report No.:	Station Diary No.:
Informa	nt's Partice	ulars	NOT NUMBER OF STREET	and the substitution of the substitution of
	Informant:		Address: APT BLK 27 MARSILING DR SINGAPORE 730027	RIVE #02-241 BUKIT REGENCY
	/ ID No.: / G8152231	L	Contact No.: Home/Office:	Mobile: 87322811
National CHINES			Email:	11100110. 07022011
Sex: Male	Age: 51	Date of Birth: 14/03/1968	Type of Informant: Driver	
Race: Chinese Occupation: Bus driver			Language:	Institution / School Name:
			Driving Licence Information; Class: 3,4,5	Date of Expiry: 13/01/2024

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2020 18	2-10	Type of Location Straight Road
Location: PAN ISLAND Weather:	EXPRESSWAY	Road Surface:		- In	
ricalite.		Troud Cullace.		1 200	d Connel Limit
UNKNOWN		UNKNOWN	761	Ros	ad Speed Limit:
College Strate of the Common			741	Trai	ffic Volume: Traffic

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
CB6951U	Bus/Coach/Mi	ISUZU	LT134P	Multi-Colored	No	0
	nibus				Damage	(3)

	shicle insurance	THE CHAPTER AS THE STATE	Carrie and	ATT ATT ATT ATT
APPENDING AND ADDRESS OF THE PARTY OF THE PA	Insurance Company	Insurance No	Effective	Expiry Date
CB6951U	CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.	DNB1SN15211419 04		







Police Station Of Origin: Woodlands West N.P.C.

1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

CONTINUATION OF REPORT

2 of 3 Report No. T/20200305/2037

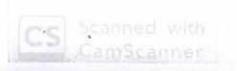
Details of Perso Any Pedestrian Ir					SULT	是
No. of Pedestrian	s Injured: NIL		Use of Pe	destriar	Cross	ing: NA
Driver	THE PLANE SHEET	SELLIN TO THE	Sen Works	acound	101033	
Name	ZHOU JUN			ID No		G8152231L
Related Vehicle	CB6951U (Bus/Coach/Minibus)			Conta	ct No.	87322811
Hospital/Clinic	NIL			Class Drivin Licent	g	Class: 3,4,5 Date of Expiry: 13/01/2024
Date Treatment	NIL		Date Disc	Annual Contract of the Contrac	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

Brief Details.

On 04/03/20, I was informed by my boss that he had received a letter from Traffic Police vide TP/IP/11025/2020 stating that I need to lodge a traffic accident report for an accident happened on 10/02/2020 at 1810hrs.

However, I did not recall any accident that happened on that day and did not travel along PIE at that point of time. I also did witness any kind of road traffic accident. My supervisor then checked the GPS and it showed that on that day and time, I did not travel along PIE at all.

The bus in-camera footage had already overwritten as well.







Report No. T/20200305/2037

3 of 3

Police Station Of Origin: Woodlands West N.P.C. 1 Woodlands Street 12 SINGAPORE 738622

Tel No: 1800-363 9999

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: L / Staff Sgt NUR HAZIMAH BINTE ZAINUDDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 05/03/2020 11:55
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:

✓ GPS Trips

Trip Detail

Plat CB6951 2020-02-10 17:11 ~ 18:23

e: U

Fro 7 WOODLANDS LINK

m:

To: RUBY INDUSTRIAL COMPLEX, 35

TANNERY ROAD





Speed:

Progress:

Current: 2020-02-10 18:10:56





中国太平保险(新加坡)有限公司

CHINA TAPING INSURANCE (SINGAPORE) PTE. LTD.

Co-Reg No. 2002083848

HQ 501 B SN ANOS 80A Cov. Type: C

HITTOR PRIVATE BUS

CERTIFICATE OF INSURANCE

Motor Venices (Thirt-Parly Risks and Compensation) Ad. (Chapter 189) Motor Venicles (Thirt-Parly Risks and Compensation) Rules. 1990 Robot Transport Ad., 1997 (Malaysia) Motor Venicles (Thirt-Parly Risks) Rules. 1959 (Maraysia)

ORIGINAL

CERTIFICATE No.

DMR15N1571141904

Engine No :6HK1602552 Chang: 34LLT134PH7000G28

1 Index Man and Registration

CB6951u

AUTOSAFE

Number of Vehicle

M/S AIR SHEN BUS SERVICE

Effective calle of the Commencement of insurance for the purposes of the Regulations Onti-naive or Englishment

11 June 2019

Excess Sect 1 5\$7,500.00

EX ON WINDSCREEN \$\$800.00

4. Date of Expey of Insurance

10 June 2020

5. Persons or Classes of Persons entitled to drive?

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

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.

5. Limitations as to use "

use only for the carriage of passengers or goods in connection with the Policyhelder's business as specified in the Schedule.

The Policy does not cover

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

(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO. : MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD *Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chepter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

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 (BINGAPORE) PTE. LTD.

Issued By: mos. & EVEN. Authorised Office

Authorised Signatory

3 Anson Road #18-00 Springleaf Tower Singapore 079909 Tel: 6389 6111 Fax: 6225 3592 Website: www.sg.cntaiping.com





Traffic Police Singapore Police Force 10, Ubi Avenue 3 Singapore 408865 Tel: 6547 0000

Fax: 6547 6259

Date: 28 Feb 2020

Your Ref :

Our Ref : TP/IP/11025/2020

000052 AIK SHEN BUS SERVICE APT BLK 337 WOODLANDS AVENUE 1 #07-531 SINGAPORE 730337

հիվրդիվիդիրկիկիկիկիկ

Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING CB6951U ALONG PAN ISLAND EXPRESSWAY ON 10 FEB 2020 @ 6.10 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course,

- IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (http://www.police.gov.sg/epc).
- Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.
- You may contact the Investigation Officer GOH GEOK LYE PAMELA at his / her office number; 65476148 or the supervisor TAN CHIN YONG at 65476425 if you have any further queries.

Thank you,

Yours faithfully,

PUTEH BTE SHARIFF (DSP) CHIEF INVESTIGATION OFFICER INVESTIGATION BRANCH TRAFFIC POLICE

This is computer generated and does not require a signature.



Enquire Vehicle Registration Details

Owner Particulars

VAIC Passon Contains

194354008

Cert No

Owner IC Tare

HISTORY

Outer Name

HIS SHEN BUS SERVICE

Registeres Antiless

AT MODDLANDS AVENUE #1. 2015 A ... FORE

Манид нергазы

Vehicle Particulars

Vanicle No

CB8951U

Previous vanide No.

Effective Date of Direction 11 July 2012

Onginal Regit Daile.

1 9 #5 2512

Registration Date

** Jun 2012

Year of Manufacture

353.1

Venicle Type

School Transport Bus Coecoldmiu. 5

Ge Screme

School Bus with ASVO

Vanicia Attacomans

+Canadished

Vahiole Attachment 2

Venicle Attachment 1

Venicle Make

SUZU

vetucia Moda

T134P

Primary Colo.

Must-Colored

Secondary Coubus

Pessenger Capacity

40

Chassis No.

ALL 7434PB7300023

Engine No

5HK1602552

Engine Catacty Power

Rating

TT90 35 --

Propellant

Dese

Max Unladen Weight

10320 +0

mum Laden Waight.

5200 ×g \$102,597.00

Open Market Value PARF Eligibility

PARF Enginery Every Date

Minimum PARF Benefit

No of Transfers

IU Label No.

2050092409

COE No

COE Expiry Date

COE Category

GOE Registration Category

Quota Premium (QP)

Prevailing Quota Frem-um

Actual QP Paid

OP (Rean Cat)