



## 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	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

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6951U
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMB1SN1521141904
Cover Note Number	
<b>Driver</b>	
Name of Driver	ZHOU JUN
Passport No/FIN	GXXXX231L
Date Of Birth	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	760027
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 ambulance?	NO
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	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?	

#### 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

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5. Any false reporting may be referred to the Police for investigation.
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:

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

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

SKETCH PLAN

A - CB69514.

B - unknown.



PTE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report. T/20200305/2037

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.:

05/03/2020

Resda Norma

Road surface: Dry / Wet  
Weather condition: Clear / Raining  
Speed: \_\_\_\_\_

Does driver own a vehicle: yes / no  
if yes, veh number plate:                       
veh insurance co:                     

Relationship with insured: Employer & Employer  
Witness (if any): yes / no  
Witness name:                       
Witness hp:                       
Witness email (if any):                       
Witness add:                       
Witness IC no:                     

Third party veh number: UNKNOWN  
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 / no  
Police report reported at which police station: Woodlands West.  
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: 96327095.  
Date of accident: 10/2/2020  
Location of accident: CTE  
Time of accident : 18:10hrs.  
Any Injury: yes / no ( if yes, must have police report)

Usage of veh during of accident:  
\_\_\_\_\_

Driver IC:  
Driver Name :  
Driver Pass date :  
Driver Birth date :



# SINGAPORE POLICE FORCE



T/20200305/2037

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**

Date/Time Report Made: 05/03/2020 11:55	Vide Report No.:	Station Diary No.: 88
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**Informant's Particulars**

Name of Informant: ZHOU JUN			Address: APT BLK 27 MARSILING DRIVE #02-241 BUKIT REGENCY SINGAPORE 730027		
ID Type / ID No.: FIN NO / G8152231L			Contact No.: Home/Office: Mobile: 87322811		
Nationality: CHINESE			Email:		
Sex: Male	Age: 51	Date of Birth: 14/03/1968	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 3,4,5 Date of Expiry: 13/01/2024		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/02/2020 18:10	Type of Location: Straight Road
Location:  PAN ISLAND EXPRESSWAY				
Weather: UNKNOWN		Road Surface: UNKNOWN		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: UNKNOWN				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
CB6951U	Bus/Coach/Mi nibus	ISUZU	LT134P	Multi-Colored	No Damage	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
CB6951U	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.	DNB1SN15211419 04	11/06/2019	10/06/2020



**SINGAPORE  
POLICE FORCE**



T/20200305/2037

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

2 of 3

Report No. T/20200305/2037

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ZHOU JUN	ID No.	G8152231L
Related Vehicle	CB6951U (Bus/Coach/Minibus)	Contact No.	87322811
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4,5 Date of Expiry: 13/01/2024
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	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.



**SINGAPORE  
POLICE FORCE**



T/20200305/2037

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

3 of 3

Report No. T/20200305/2037

**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 / *[Signature]*  
Staff Sgt NUR HAZIMAH BINTE ZAINUDDIN

Signature Of Informant:

*[Signature]*

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](#)

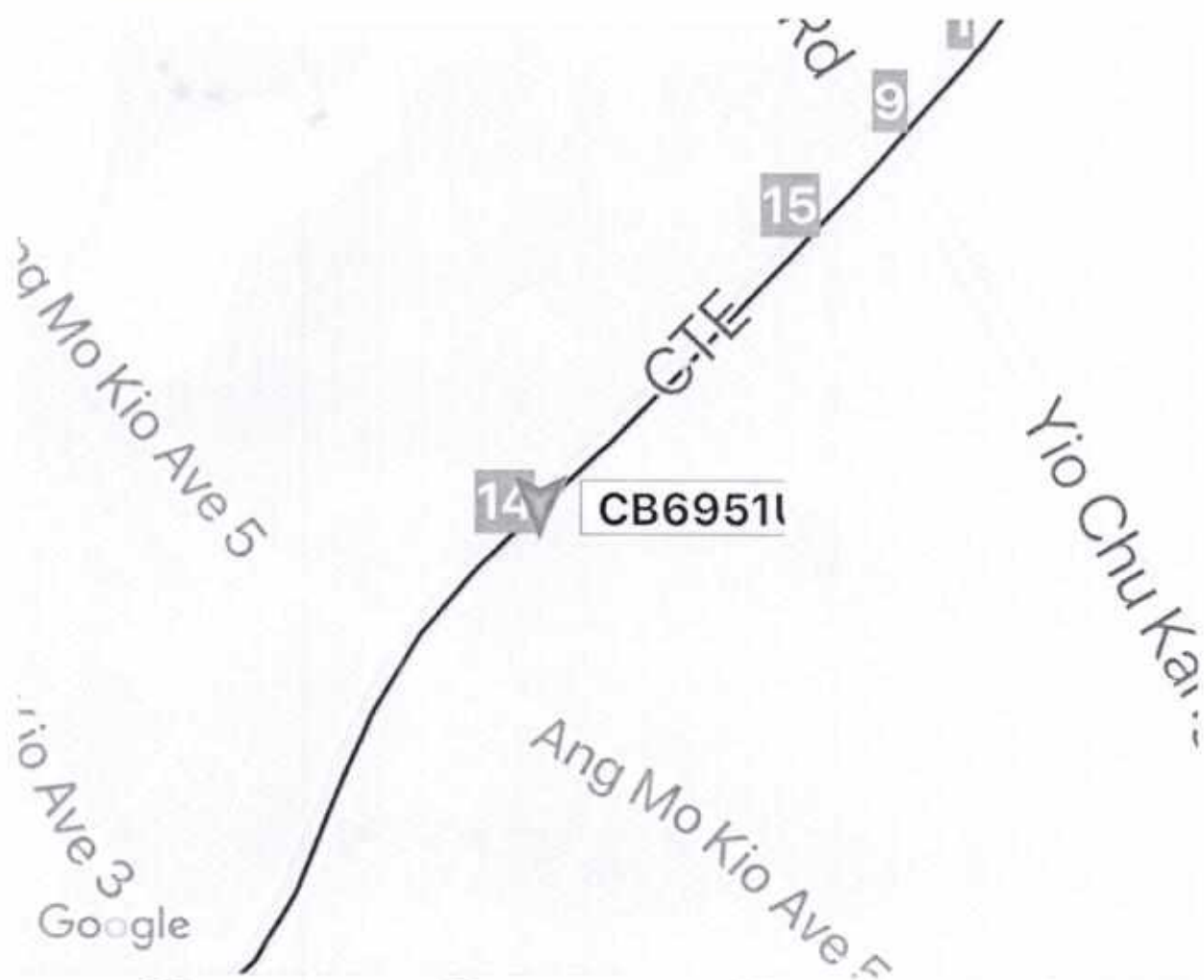
## Trip Detail

**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



Monitor



Jobs



Notify



Messages



中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司  
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
Co. Reg. No. 200208384E

HQ601  
R SH  
AN0580A  
Cov. Type: C

MOTOR PRIVATE BUS

### 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)

ORIGINAL

CERTIFICATE No.	DMB1SH1571141904	Engine No : 6HK1602552
		CHAND: 3ALLT134PH7000028
1. Index Mark and Registration Number of Vehicle	CB6951U	AUTOSAFE
2. Name of Policy Holder	M/S AIK SHEN BUS SERVICE	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	11 June 2019	Excess Sect. I ..... S\$2,500.00 Excess Sect. II ..... S\$2,500.00 EX ON WINDSCREEN ..... S\$800.00
4. Date of Expiry 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.

6. Limitations as to use:

Use only for the carriage of passengers or goods in connection with the Policyholder'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 (Chapter 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 (SINGAPORE) PTE. LTD.

Issued By: ..... DODS, & EVEN .....  
Authorised Officer



Authorised Signatory



**SINGAPORE  
POLICE FORCE**

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

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

000052



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.

2 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>).

3 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.

4 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.

5 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.



## Vehicle Registration Detail Information

## Enquire Vehicle Registration Details

## Owner Particulars

NRIC/Passport/Company Card No. 27455400K  
 Cert No.  
 Owner ID Type: BUSINESS  
 Owner Name: WIL SHEN BUS SERVICE  
 Registered Address: 107 WOODLANDS AVENUE #01-01 WIL SHEN BUS SERVICE

Mailing Address:

## Vehicle Particulars

Vehicle No. Q86951U  
 Previous Vehicle No.  
 Effective Date of Ownership 11 Jun 2012  
 Original Regn Date: 11 Jun 2012  
 Registration Date: 11 Jun 2012  
 Year of Manufacture: 2011  
 Vehicle Type: School Transport Bus/Coach/Minibus  
 Vehicle Scheme: School Bus with AWC  
 Vehicle Attachment 1: A - Conditioned  
 Vehicle Attachment 2:  
 Vehicle Attachment 3:  
 Vehicle Make: ISUZU  
 Vehicle Model: LT134P  
 Primary Colour: Multi-Colored  
 Secondary Colour:  
 Passenger Capacity: 49  
 Chassis No: JAL1T134PB7000028  
 Engine No: 6HK1602552  
 Engine Capacity/Power Rating: 1790 cc  
 Propellant: Diesel  
 Max Unladen Weight: 10320 kg  
 Maximum Laden Weight: 15200 kg  
 Open Market Value: \$102,597.00  
 PARF Eligibility: No  
 PARF Eligibility Expiry Date:  
 Minimum PARF Benefit:  
 No. of Transfers: 0  
 IU Label No: 2050092409  
 COE No:  
 COE Expiry Date:  
 COE Category:  
 COE Registration Category:  
 Quota Premium (QP):  
 Prevailing Quota Premium:  
 Actual QP Paid:  
 QP Regn Cat: