

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 | 22/04/2020 15:03 |
| Date Of Accident | 30/03/2020 16:25 |
| Exact Location Of Accident | ALONG TUAS SOUTH AVENUE 3 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | PC4851U |
| Insured/Policyholder | |
| Name Of Registered Owner | AEDGE HOLDINGS PTE LTD |
| Co Reg No | 2XXXXX323E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91460806 |
| Alternative Phone No | OFFICE-93289413 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | YUTONG |
| Model | ZK6107H-6.7 D (M) |
| 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 | DMB1SN1925171900 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | BOO TENG KIM |
| NRIC No | SXXXX935D |
| Date Of Birth | 15/12/1950 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 22/01/2020 |
| Driving Experience | 0 YEAR AND 2 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91460806 |
| Fax Number | |
| Contact Number | OTHERS-93289413 |
| Email Address | NOEMAIL |

| | |
|---|-----|
| Address | - |
| 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

| | |
|--------------------|--------------|
| Type Of Accident | NO COLLISION |
| 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 | 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? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

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/20200421/2006

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 | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | UNKNOWN |
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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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.

B. 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/TIN No.:

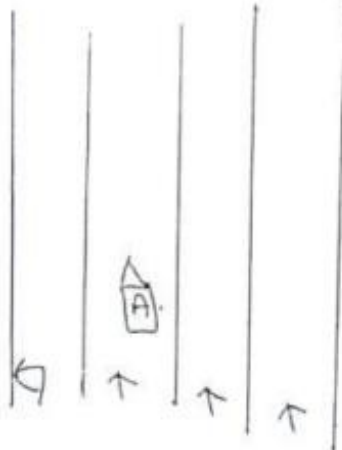


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Accident Sketch Plan

SKETCH PLAN



A-PC 4851D

g- unknown.

Tuas South Ave 3.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report T/20000421/2006

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: _____

NRI/C/TIN No.:

22/04/2020

Personnel's Signature *Kesha Williams*



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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200421/2006

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/20200421/2006

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 21/04/2020 10:59 | Vide Report No.: | Station Diary No.: 73 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | |
|--|---|------------------------------|------------------------------|
| Name of Informant: BOO TENG KIM | Address: APT BLK 868 WOODLANDS STREET 83 #12-337 SINGAPORE 730868 | | |
| ID Type / ID No.: NRIC NO / S0979935D | Contact No.: Home/Office: 93289413 Mobile: | | |
| Nationality: SINGAPORE CITIZEN | Email: | | |
| Sex: Male | Age: 69 | Date of Birth: 15/12/1950 | Type of Informant: Driver |
| Race: Chinese | Language: | | Institution / School Name: |
| Occupation: Bus driver | Driving Licence Information: Class: | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|---|--------------------|--|------------------------------------|
| Type of Accident: | Non-Injury Others | Drink Drive: No | Date/Time of Accident: 30/03/2020 16:25 | Type of Location: Straight Road |
| Location: Along Road 1 TUAS SOUTH AVENUE 3 | | | | |
| Weather: Clear | Road Surface: Dry | | Road Speed Limit: | |
| Traffic Flow: Two Way | Traffic Control: Traffic Light - Working | | Traffic Volume: | |
| Type of Collision: Unsure | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|-------------------|------|-------|-------|-----------|-----------------|
| PC4851D | Bus/Coach/Minibus | | | | No Damage | 0 |

Details of Person Involved

| | |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |



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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20200421/2006

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

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Report No. T/20200421/2006

CONTINUATION OF REPORT

| | | | | |
|-----------------------------------|--------------|--|--|-----------------------------------|
| Driver | | | | |
| Name | BOO TENG KIM | | ID No. | S0979935D |
| Related Vehicle | NIL | | Contact No. | 93289413 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | | Degree of Injury | NIL |

Brief Details.

On the 30/03/2020, I remember I was travelling along Tuas South Avenue 3 as it was a daily work route that I have to take as I have to fetch workers. At that time I do not have any passengers in my vehicle and I do not remember knocking into anything and my vehicle does not have any damages as well. I was informed by my company that there is a TP letter REF: TP/IP/19147/2020 in regards to a traffic accident which I have no knowledge of and am unsure what was the report about.



POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20200421/2006

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Report No. T/20200421/2006

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 /

Sgt 2 CHOONG JIA LE, DION

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

21/04/2020 10:59

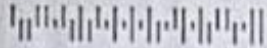
Classification Of Case:



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POLICE REPORT

AEDGE HOLDINGS PTE LTD
C/O BLK 4009 ANG MO KIO AVE 10
#04-33
TECHPLACE 1
SINGAPORE 569738



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT INVOLVING PC4851D ALONG TUAS SOUTH AVENUE 3 ON 30 MAR
2020 @ 4.25 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 IRMAN BIN MOHAMAD SAID at his / her office number 65476145 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.

A FORCE FOR THE NATION

The image shows a metal identification plate for a vehicle, likely a bus, mounted on a dark surface. The plate contains the following information:

- Logo:** A blue circular logo with a stylized 'Y' and 'G' is visible on the left side.
- Model:** ZK 5107H (in red text)
- Manufacturer:** Zhengzhou Yutong Bus Co., Ltd. (in red text)
- VIN:** L20012F10422171482- (in red text)
- Engine NO.:** 22171482- (in red text)
- Dimension (LxWxH (mm)):** 4600x2500x3500 (in red text)
- Front & rear axle load of max. total wt.:** 3500kg & 11000kg (in red text)
- Year of Prod.:** 2015-08 (in red text)
- Max. total wt.:** 16500kg (in red text)
- Passenger amt.:** 46 (in red text)
- Product NO.:** 15C14H-0002 (in red text)
- Country:** Made in the People's Republic of China (in red text)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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