

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	13/08/2019 12:17
Date Of Accident	08/08/2019 06:25
Exact Location Of Accident	SEMPAWANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6030T
Insured/Policyholder	
Name Of Registered Owner	M/S ALBERT PANG TRANSPORT
Co Reg No	52922438X
Email Address	SIAOMSM@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-90480084

Vehicle Particulars

Manufacturer	ISUZU
Model	LT434P 7.8 SMT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	YES
Policy Number	DMB1SN1691261802
Cover Note Number	

Driver

Name of Driver	WANG MOHAI
Passport No/FIN	G5266996R
Date Of Birth	09/05/1970
Occupation	OUTDOOR
Date Of Driving Pass	16/05/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82897999
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 45 BOON TECK ROAD #07-01
Postcode	329610
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	COLLISION - CHANGE/CROSS LANE
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5549999 - FAX NO: 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20190808/2021.

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	FBF1986T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBF1986T
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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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.
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: 13 AUG 2019

12:17hs

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 AUG 2019

12:17hs

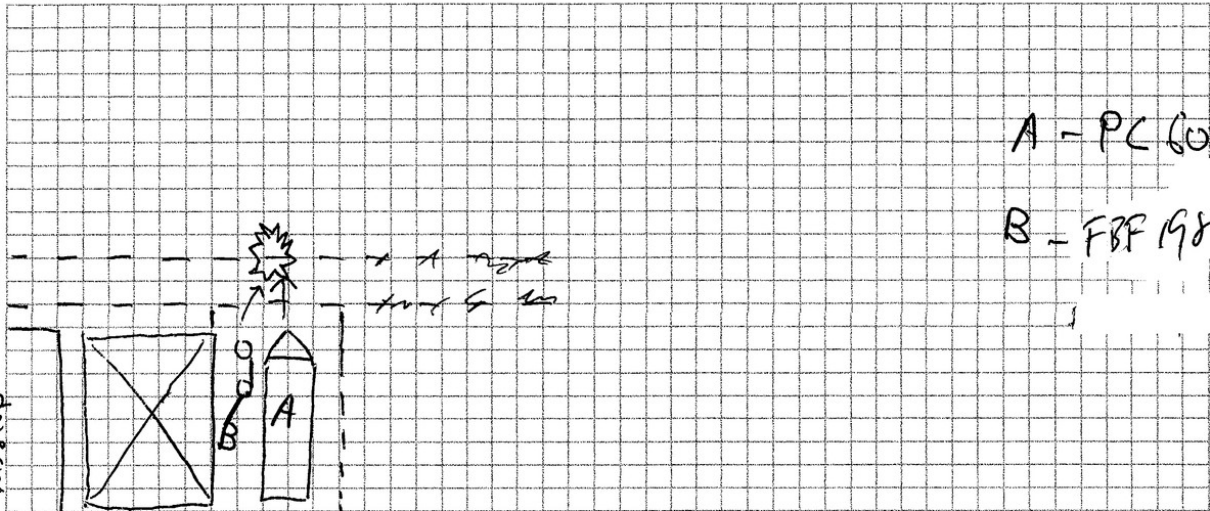
Reporting Centre Personnel's Signature

Name: P. Kwee Choo
NRIC/FIN No.: S6640583A

SKETCH PLAN

(B)

Bus stop



A - PC 60307

B - FBF 1986T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am driving Bus A, me and motor B both stop at the stop line waiting for the traffic signal to change green.

Then traffic light (B) light up ~~Red~~, then the motor B start to move forward.

Bus A

I thought (B) light is for Bus and I also move forward. Suddenly motor B Jam brake, then I hit him.

Also attach police report

DECLARATION

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



Policyholder's Signature
Date & Time: 13 AUG 2019

Driver's Signature
(If driver is not the policyholder)
Date & Time: 13 AUG 2019

Reporting Centre Personnel's Signature
Name: Poh Kwee Choo
NRIC/FIN No.: S6840583A



**SINGAPORE
POLICE FORCE**



T/20190808/2021

1 of 3

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

Report No. T/20190808/2021

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/08/2019 08:19	Vide Report No.: L/20190808/0035	Station Diary No.: 22
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Name of Informant: WANG MOHAI		Address: APT BLK 46 BOON TECK ROAD #07-01 SINGAPORE 329610	
ID Type / ID No.: FIN NO / G5266996R		Contact No.: Home/Office: Mobile: 82897999	
Nationality: CHINESE		Email:	
Sex: Male	Age: 49	Date of Birth: 09/05/1970	Type of Informant: Driver
Race: Chinese		Language: Chinese	Institution / School Name:
Occupation: Bus driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

Type of Accident:	Injury: Attended by Police	Drink Drive: No	Date/Time of Accident: 08/08/2019 06:30	Type of Location: Straight Road
Location: Along Road 1 SEMBAWANG ROAD Sembawang Road near to Sembawang CC Lamp Post Number: 308				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make		Color	Condition	No of Passenger
FBF1986T	Motorcycle	YAMAHA	YZF-R1	White		0
PC6030T	Bus/Coach/Mi nibus	ISUZU	LT434P 7.8 SMT	Multi-Colored	Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190808/2021

2 of 3

Report No. T/20190808/2021

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

CONTINUATION OF REPORT

Driver		ID No.		G5266996R	
Name	WANG MOHAI			Contact No.	82897999
Related Vehicle	PC6030T (Bus/Coach/Minibus)			Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Hospital/Clinic	NIL			Date Treatment	NIL
Date Discharge			NIL		
No. of Days granted Medical Leave			NIL		
Degree of Injury			NIL		

Brief Details.

On 08/08/2019, at about 0630hrs, I was driving my bus, PC6030T, along Sembawang Road towards Sembawang Park direction. As I was approaching the traffic light junction near to Sembawang Community Club, the traffic light was red, and thus I stopped my vehicle. I was on the first lane of the two lanes.

Subsequently, the traffic light signal for buses turned green and there were buses on the second lane which moved off. I also wanted to drive off and thus I moved forward. After moving forward, I heard a loud collision sound and I saw a motorcycle which had fallen on the left of my bus. I came down from my bus and saw that the front left bumper of my bus had knocked into the motorcycle.

The motorcyclist called for the police and subsequently, Traffic Police and the ambulance came to scene. The motorcyclist was conveyed by the ambulance and I was told by the Traffic Police officer to lodge a report immediately. There is a scratch on the left front bumper of my bus.



**SINGAPORE
POLICE FORCE**



T/20190808/2021

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3


Report No. T/20190808/2021

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 TAN YU KAI, MARCUS <i>Marcus</i>	Signature Of Informant: <i>2/2/19</i>
Signature Of Interpreter: Not applicable	Date/Time: 08/08/2019 08:19
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN IBRAHIM Contact No.: 93265045	Classification Of Case:
Authentication Stamp NP168	SN 085
 Signature: <i>Marcus</i> Singapore Police Force	

CERTIFICATE OF INSURANCE Pg. 1



MOTOR PRIVATE BUS

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

MZ601
 R SN
 AN0580A
 Cov.Type: C

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.	DMB1SN1691261802	Engine No :6HK1686645 ChaNo:JALLT434PG7000108
1. Index Mark and Registration Number of Vehicle	PC6030T	AUTOSAFE
2. Name of Policy Holder	M/S ALBERT PANG TRANSPORT	
3. Effective date of the Commencement of Insurance for the purposes of the Regulations, Ordinance or Enactment	28 December 2018	Excess Sect I S\$2,000.00 Excess Sect. II S\$1,300.00 EX ON WINDSCREEN S\$800.00
4. Date of Expiry of Insurance	27 December 2019	
5. Persons or Classes of Persons entitled to drive*	<p>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</p> <p>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.</p>	
6. Limitations as to use:	<p>Use only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Schedule.</p> <p>The Policy does not cover</p> <p>(1) Use for racing, pace-making, reliability trial or speed-testing.</p> <p>(2) Use whilst drawing a trailer, except the towing (other than for reward) of any one disabled mechanically propelled vehicle.</p>	
<p>HIRE PURCHASE CO. : MAYBANK AS HP OWNER</p> <p><i>* 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></p>		

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: _____
 ODDS & EVEN
 Authorised Officer



 Authorised Signatory

DRIVER'S WORK PERMIT + DRIVING LICENCE Pg. 1

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
ALBERT PANG TRANSPORT

Name:
WANG MOHAI

S Pass No.
0 74871879

Sector:
SERVICE

K1035447

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number:
G5266996R

Name:
WANG MOHAI

Birth Date: **09 May 1970**

Issue Date: **23 Feb 2017**

Valid Till **28/03/2022**

002659703F

VISIT PASS
Immigration Regulations

18-12-2018

Name:
WANG MOHAI

FIN
G5266996R

Date of Birth
09-05-1970

Sex
M

Nationality
CHINESE

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Download SGWorkPass App to check status

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	29 Mar 2012
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	29 Mar 2012
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 7250kg	16 May 2012

NP 428A

Licence No: G5266996R

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NUMBER

